



Alarm Business License Application

Louisville Metro Police Department

Make check payable, and mail application and required documentation, to: **False Alarm Reduction Program**
Annual License Fee - \$100.00 **701 West Ormsby Avenue, Suite 001**
Louisville, KY 40203

- NEW**—Fill out ALL information on this application.
 RENEWAL—Fill out only highlighted information if nothing has changed.
 *By checking this box I confirm that nothing has changed within my previous application.

Alarm Business Name: _____ **License #:** _____ **Expires:** _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

D/B/A: _____ **Email Address:** _____

Local Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: () _____ **Cell or Other:** () _____

State of Incorporation: _____

Are you in the business of: **Installing** Yes No **Servicing** Yes No **Monitoring** Yes No

If you do not monitor, please list who you use: **Business Name:** _____

Address: _____ **City/State/Zip:** _____ **Phone:** () _____

Per the ordinance, if you install and/or service alarm systems in Jefferson County, you shall have at least 1 licensed alarm tech with the LMPD.

List below the names, addresses, and LMPD license numbers of all alarm technicians or temporary alarm technicians who are under contract or employed by you full-time or part-time (please include a separate sheet for additional names):

Technician Name: _____ **Address:** _____ **License #:** _____

Technician Name: _____ **Address:** _____ **License #:** _____

Technician Name: _____ **Address:** _____ **License #:** _____

Unemployment and Workers' Compensation Insurance: _____

Name of Insurance Company: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Policy Number: _____ **Expiration Date:** _____

Liability Insurance: You must submit a certificate of insurance verifying commercial general liability insurance with limits of liability of not less than \$250,000 for each occurrence and also for the aggregate limits. The policy shall contain products and completed operation coverage with a minimum of \$250,000 aggregate limit. Additionally, these certificates of insurance shall name Louisville Metro Government as a certificate holder.

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of chapter §127 or failed to provide all of the information required by §127.08. I understand that a violation of §127.08 shall be sufficient cause for refusal to issue a license or to revoke a license.

I further understand that the above information will be used by the Louisville Metro Police Department to issue an alarm business license and any untruthfulness or falsification with intent to mislead may result in my prosecution under Kentucky Revised Statute (KRS) 523.100.

Applicant's Signature _____ **Date** _____

THIS FORM MUST BE NOTARIZED AND ALL DOCUMENTATION MUST BE ATTACHED

Subscribed and sworn before me _____ on the _____ day of _____ 20_____.

Notary Public: _____

State of: _____

My Commission Expires: _____ Seal: _____