

ALARM BUSINESS LICENSE

City of Terre Haute

Gen. Ord. No. 5, 1996

Permit Fee: \$250.00

Business Name _____

Business Address _____

Business Phone () _____

Manager's Full Name _____

Manager's Business Address _____

Manager's Home Address _____

Contact Person _____

Contact Phone Number () _____

ALARM AGENTS:

1.) Name _____

Address _____

DOB _____

2.) Name _____

Address _____

DOB _____

3.) Name _____

Address _____

DOB _____

4.) Name _____

Address _____

DOB _____

5.) Name _____

Address _____

DOB _____

Please list additional names on a separate sheet

**YOU MUST PROMPTLY NOTIFY THE CITY CONTROLLER IN WRITING
OF ANY CHANGE IN THE INFORMATION CONTAINED IN THE APPLICATION FORM**