



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
<input type="checkbox"/> NEW. Fill out ALL information on this application.	
<input type="checkbox"/> RENEWAL. Fill out only highlighted information if nothing has changed. <small>*By checking this box I confirm that nothing has changed within my previous application.</small>	

Alarm Business Name:	License #:	Expires:
Business Address:		
City:	State:	Zip:
Doing Business As:	Email Address:	
Local Address:		
City:	State:	Zip:
Office Phone: () 	Cell or Other: () 	
State of Incorporation:		

Are you in the business of:	Installing <input type="checkbox"/> Yes <input type="checkbox"/> No	Servicing <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not monitor, please list who you use:	Business Name:		
Address:	City/State/Zip:	Phone: () 	
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. I understand that a violation of §127 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: _____