



Mail or Return Application to:

City of Waukesha, 201 Delafield St., Waukesha WI 53188
 Attn: Clerk's Office / Private Alarm Licensing

Office Use Only!

License #: _____

Exp. Date: _____

**LICENSE APPLICATION FOR
 PRIVATE ALARM SYSTEM**

***\$107 FEE MUST ACCOMPANY APPLICATION (Fee includes \$7 record check fee)**

The undersigned hereby makes application to do business in the City of Waukesha for one year from the date of issue of license.

Please check one:

- Individual → (Complete Sections 1, 2 & 6)
- Partnership → (Complete Sections 2, 3 & 6)
- Corporation → (Complete Sections 1, 2, 4, 5 & 6)

SECTION 1 – APPLICANT INFORMATION

Name of Applicant: _____
 (First) (Middle) (Last)

Home Address: _____ Apt./Unit # _____

City: _____ Zip Code _____ Contact Number: _____

Date of Birth: _____ Check one: _____ Male _____ Female

SECTION 2 – BUSINESS

Business Name: _____ Phone Number: _____

Contact Person Name: _____ Email: _____

Business Address: _____ Zip Code _____

Have any people named on this application been convicted of violating any federal or state laws, or local ordinances?

Check one: _____ No _____ Yes (*If yes, please specify below*)

NAME OF PERSON	VIOLATION / CHARGE	CITY	DATE

SECTION 3 - PARTNERSHIP

NAME OF PERSON	HOME ADDRESS (City, State, Zip)	PHONE #	DATE OF BIRTH

Continued on Back →

Business Name: _____

SECTION 4 - CORPORATION

	NAME (Include Middle Name)	HOME ADDRESS (City, State, Zip)	PHONE #	DATE OF BIRTH
PRESIDENT				
VICE PRESIDENT				
SECRETARY				
TREASURER				
AGENT				
LOCAL MANAGER				

SECTION 5 – STOCKHOLDERS *List below all stockholders owning 20% or more of stock.

NAME (Include Middle Name)	HOME ADDRESS (City, State, Zip)	PHONE #	DATE OF BIRTH	% OF OWNERSHIP

SECTION 6 – BUSINESS SERVICES OFFERED

*List below all services available to Waukesha City residents (sales, leasing, monitoring, servicing, etc.)

I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief. I agree to inform the City Clerk’s office within ten (10) days of any change in the information supplied in this application.

Signature of Applicant (Individual/President of Corp./Partner)

FOR CLERK’S OFFICE USE ONLY!		
Licensing Clerk: _____	License Number: _____	Date Filed: _____
Date Issued: _____	Fees Received: _____	

FOR LAW ENFORCEMENT USE ONLY!	
Please check one: _____ Recommended Approval	_____ Recommended Denial (attach explanation)
Investigating Officer’s Signature: _____	Date: _____