



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 |
|----------------|--------------------|------|------|
| | | | |
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| | | | |
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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 |
|-------------------------------|------------------------------------|---------|---------------|----------------|
| | | | | |
| | | | | |
| | | | | |
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SECTION 6 – BUSINESS SERVICES OFFERED

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

To be signed in the presence of a Notary Public:

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)

Subscribed and sworn to before me this
_____ day of _____, 20__

Signature of Secretary of Corp./Partnership (if applicable)

Notary Public, State of Wisconsin

My Commission expires: _____

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: _____