

ALARM DEALER INFORMATION SHEET

REQUIREMENTS

- **Alarm Dealer License Application** (must be notarized unless submitted in person)
- **Proof of Identity** (e.g. State issued Driver License/I.D. Card, Military I.D., Passport)
- **Certificate of Insurance** (in an amount no less than \$1,000,000 (one million dollars)
**Must contain endorsement providing for 10-day notice of cancellation or change to:
City of Columbus License Section, 4252 Groves Rd, Columbus, OH 43232
- **BCI Background Check**
(If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section)
**Out of state applicants must provide results of a statewide background check from their state of residence. If unable to obtain the background check, please contact:
License Officer Glenn Rutter at gerutter@columbus.gov.

PRICING

- BCI Background Check fee - \$32.00
- License fee (new) - \$400.00
- License fee (renewal) - \$250.00
- Late renewal fee - \$50.00

If completed in person here at the License Section.

Make checks payable to the *City Treasurer - License Section*

OFFICE LOCATION & HOURS

License Section
4252 Groves Road
Columbus, OH 43232
Monday - Friday
8:00 a.m. to 3:30 p.m.

Applications and supporting documents may be submitted via one of the following:

1. **In person at the License Section** (see above for location and hours)
- *2. Emailed to alarms@columbus.gov
- *3. Mailed to the License Section (see address listed above for mailing.)
- *4. Placed in the License Section drop box

*Application must be notarized prior to submission

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OFFICE USE ONLY

Permit No _____

BCI: NHH MA OOS

DEPARTMENT OF PUBLIC SAFETY
LICENSE SECTION

ALARM DEALER APPLICATION

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
PUBLIC SAFETY

NEW

RENEWAL

Business Information

Corporate Name _____ Federal I.D. # _____

Corporate Address _____
Corporate Address City State Zip Code

Corporate Telephone _____ Corporate Email _____

Business Name (DBA) (if different from above): _____

Mailing Address (if different) _____
Mailing Address City State Zip Code

List the company owner's name, date of birth, title, and home address:

_____	_____	_____	_____	_____
	Name		Date of Birth	
_____	_____	_____	_____	_____
Title	Home Address	City	State	Zip Code

Company Representative

Full Name _____ Date of Birth: ____/____/____

Home Address _____
Number Street Name City State Zip Code

Sex: ____ Hgt: ____ Ft ____ In Wgt: _____ Hair: ____ Eyes: ____

Driver License #: _____ Phone # _____

Email Address: _____

List any theft or felony convictions, anywhere in the United States, within the past ten (10) years; if none, write "none":

Are you on felony probation or parole?? _____ If Yes, date began: ____/____/____

Have you or your company had a Columbus license/permit revoked, suspended, or refused within the last three (3) years?? _____

ALARM DEALERS

List all companies that you contract to sell, lease, monitor, maintain, service, repair, alter, replace, move or install any alarm system in or on any building, structure or facility within the jurisdiction of the City of Columbus

IF NONE WRITE "NONE"

If you have more than one, use the additional lines below.

Select Company Type	Company Name	Mailing Address, City, State, Zip Code	Phone #
Authorized Reseller			
Installation Company			
Monitoring Company			
Sales Company			
Service/Repair Company			

Certain information in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial or future revocation of this permit, as well as criminal prosecution under Chapter 2321.13 (A-3) (A-5) , Columbus City Codes.

STATE OF _____, COUNTY OF _____:

_____, being duly sworn, deposes and
(Applicant Name - Print)

says he or she is the individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

Applicant Signature

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

 Notary or Agent of Director of Public Safety