

## 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](mailto: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

OFFICE USE ONLY

Permit No \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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. # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address

City

State

Zip Code

Corporate Telephone \_\_\_\_\_ Corporate Email \_\_\_\_\_

Business Name (DBA) (if different from above): \_\_\_\_\_

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