ACCOUNT NO. _____

SECURITY CO. B. L. NO. _____

BUSINESS LICENSE NO. _____

OFFICE USE ONLY

APPLICATION FOR

ALARM SYSTEM PERMIT

Deposit Only – Subject to Approval

CITY OF HAWTHORNE

4455 WEST 126th STREET, HAWTHORNE, CALIFORNIA 90250

TEL. (310) 349-2952

BUSINESS NAME (DBA) _____

BUSINESS ADDRESS _____ TELEPHONE NO. _____

CITY/STATE/ZIP _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

ABOVE FOR COMMERCIAL LOCATIONS IN HAWTHORNE ONLY

APPLICANT'S NAME:

FIRST MIDDLE LAST TITLE

APPLICANT'S RESIDENCE ADDRESS AND TELEPHONE NUMBER:

NUMBER STREET CITY ZIP HOME PHONE

D. L. NUMBER _____ SOCIAL SECURITY NUMBER _____

EMERGENCY INFORMATION: Persons Available to Secure Premises on 24 Hour Basis

(*List in priority order as to being notified.)

*1. _____

NAME ADDRESS (CITY, STATE, ZIP) TELEPHONE (S)

*2. _____

NAME ADDRESS (CITY, STATE, ZIP) TELEPHONE (S)

INSURANCE CARRIER: (Business/Homeowners)

NAME POLICY NUMBER

ADDRESS/CITY TELEPHONE (S)

TYPE OF ALARM: SILENT [ ] AUDIBLE [ ]

ALARM COMPANY: _____

NAME STATE LICENSE NUMBER

ADDRESS/CITY TELEPHONES(S)

_____ _____

APPLICANT'S SIGNATURE DATE

ANNUAL PERMIT FEE - $69.00 + APP FEE - $56.00 = $125.00 (Check Must Accompany Application)