



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 126<sup>th</sup> 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 (Check Must Accompany Application)**