

# EAST HEMPFIELD TOWNSHIP POLICE DEPARTMENT

1700 Nissley Road P.O. Box 128, Landisville, PA 17538 898-3103

**FOR DEPARTMENT USE ONLY**

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

Permit Number: \_\_\_\_\_

## ALARM BUSINESS PERMIT APPLICATION

(Please Type or Print Legibly)

**FEE: \$25.00**

Date \_\_\_\_\_

Type Application Being Submitted:  New Permit Application  
 Renewal

### Applicant's Information:

(This section must be completed for approval)

NAME \_\_\_\_\_

Last

First

Middle Initial

Address

City

State

Zip

Telephone Number: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Business name \_\_\_\_\_

Address

City

State

Zip

Telephone Number: \_\_\_\_\_

If other than individually owned and operated, please list other principal partners, owners, etc.

(List name, address and telephone number).

Not Applicable

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Approximate number of employees (agents) you plan to have working in East Hempfield Township area. \_\_\_\_\_

Does your alarm business provide twenty-four (24) hour, emergency service or alarm system monitoring?  YES  NO

(If Yes, please list telephone numbers to be used). \_\_\_\_\_

Is your alarm business affiliated with any parent company?  YES  NO

If Yes, please list company name, mailing address and telephone number.)

Business name \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip

Telephone Number: \_\_\_\_\_

OPTIONAL: Information which you believe relevant to this application. (Ex. Member Better Business Bureau, membership in alarm company assoc., etc.)

(Continued on other Side)

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

I/WE fully understand that this application can be disapproved and permit denied, or subsequently issued permit can be revoked for any of the following reasons:

- (1) The applicant does not agree to comply or fails to comply with the requirements of the ordinance; or
- (2) The applicant, has knowingly made any false, misleading, or fraudulent statement of a material fact in the application or in any report or record required to be filed with the Township; or
- (3) The applicant has had a similar type permit previously revoked for good cause in the past unless the applicant can show a material change in the circumstances since the date of revocation through acceptable conduct; or
- (4) When any alarm business official(s) is convicted of a crime which reflects unfavorably upon his/her fitness to be in the alarm business.

I/WE agree to the following, as condition for receiving and keeping a business permit:

- (1) Notify the police department within fourteen (14) days, any substantial change affecting the status or validity of permit; and
- (2) Agree to issue to all alarm agents connected with or in the employ of the business, identification cards containing as a minimum:
  - (a) The name of the business
  - (b) The East Hempfield Township Business Permit Number issued.
  - (c) Name of the agent.
  - (d) Signatures of an official of the business and agent named; and
- (3) Supply the police department with a complete list of the names and address of all persons within the Township of East Hempfield to whom or for whom Automatic Protection Devices (alarm systems) have been sold or installed and/or who are currently under contract for service to such a system.

I/We certify that the information contained within this application is true and correct, and furthermore agree to the above conditions for receiving and keeping an Alarm Business Permit.

\_\_\_\_\_  
(SIGNATURE REQUIRED FOR APPROVAL)

\_\_\_\_\_  
**Applicant/Authorized Signature**

\_\_\_\_\_  
**Print/Type Name**

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**FOR DEPARTMENT USE ONLY**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Disapproved

Fee Received:  Yes  No

Form of payment:  Cash  Personal Check  Business Check

Check No: \_\_\_\_\_ Receipt No: \_\_\_\_\_

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Reason for disapproval:

\$25.00 Fee Required  Signature Required  Incomplete information supplied

Other \_\_\_\_\_

Please return application after correcting the area's marked.