

**City of Kemp Alarm Permit Application
For Burglar and/or Holdup/Panic/Duress Alarm Systems**

Please Print. The application will be returned if not filled out completely

NEW, RENEWAL AND REINSTATEMENT PERMIT FEE SCHEDULE:

- | | |
|--|--|
| <input type="checkbox"/> Residential Alarm Site - \$ 20.00 | <input type="checkbox"/> Apartment Complex Master Permit - \$ 20.00 |
| <input type="checkbox"/> Commercial Alarm Site - \$ 20.00 | <input type="checkbox"/> Residential Unit in Apartment Complex - \$ 20.00 |
| | <input type="checkbox"/> Apartment Complex Nonresidential Areas - \$ 20.00 |
- (For example: office, gym, equipment room, ect.)

TYPE OF APPLICATION (check one)

- New Permit- Date of Occupancy: _____ Renewal-Permit# _____ Reinstatement Update Information

PERMIT HOLDER INFORMATION/ ALARM SITE INFORMATION (For businesses in shopping centers, use the street address, **Not the name of the shopping center.** Also, if the alarm site is known by multiple street addresses, provide a list of all of the addresses with this application.)

Name of Resident or Business Name (D.B.A.) at Alarm Location

Drivers License # / Government-issued photo ID card # / or
Federal Tax ID # (if a business)

Street # (N, S, E, W) Street Name

Suite/Apt.#

Zip Code

E-Mail _____ Business Phone # _____ Alternate Phone # _____

PERMIT HOLDER MAILING ADDRESS (Complete this section if the mailing address is different from the Alarm Location)

Street # (N, S, E, W) Street Name

Suite/Apt.#

City

State

Zip Code

PRIMARY CONTACT: (An individual who is locally responsible for responding to alarms and giving access to the alarm site and who is responsible for proper maintenance and operation of the alarm system and payment of fees. The primary contact will be considered the person in control of the alarm system and may be issued citations personally and on behalf of the permit holder for violations of Ordinance Number 17-08.)

Primary Contact's Drivers License # or Government-issued photo ID card #

Primary Contact's Last Name

First Name

Middle Initial

Street # (N, S, E, W) Street Name

City

State

Zip Code

Home Phone#

Business Phone #

SECONDARY CONTACT: (Another person who is able to respond to alarms and can give access to the alarm site.)

Last Name

First Name

Home Phone #

Business Phone #

ALARM SYSTEM INFORMATION

BURGLAR ALARM

HOLDUP/PANIC/DURESS ALARM

COMBINATION

ALARM COMPANY NAME (IF NOT SELF-INSTALLED SYSTEM) _____ **ALARM COMPANY STATE LIC.#** _____

I have read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Ordinance Number 17-08 and applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premises, I have read the information provided on the back of this application.

SIGNATURE OF PERMIT HOLDER: _____ **DATE:** _____

(IF PERMIT HOLDER IS NOT AN INDIVIDUAL, THE SIGNATURE OF THE PRIMARY CONTACT IS REQUIRED)

Mail completed application and permit fee payable to:

City of Kemp
Security Alarms
P.O. Box 449
Kemp, Texas 75143

**THE CHIEF SHALL REFUSE POLICE RESPONSE TO ANY BURGLAR
ALARM SITE THAT DOES NOT HAVE A VALID ALARM PERMIT**