Kingston Police, 705 Division St, Kingston, ON, K7K 4C2

613-549-4660 / 613-540-6640 (Alarms Fax)

**APPLICATION FOR AN ALARM MONITORING/INSTALLING**

(as required by City of Kingston By-Law 2006-213)

Business License Fee **$139.05**

Please provide the following business information, read and sign the Declaration; and remit with payment to Kingston Police, 705 Division St., Kingston, Ontario K7K 4C2 to ensure continuous alarm response.

|  |  |
| --- | --- |
| Business Owner’s Name: |  |
| Business Name: |  |
| Mailing Address: |  |
| Postal Code: |  |
| Telephone: |  |
| FAX: |  |
| Type of Business: | Alarm Installation/Monitoring & Sales |
| Alarm Registration Contact Name: |  |
| Telephone/Ext: |  |
| e-mail: |  |
| Billing Contact Name: |  |
| Telephone/Ext: |  |
| e-mail: |  |

**Company Declaration:**

I hereby apply for a City of Kingston Alarm Monitoring/Installing License, and understand and agree that the issuance of this license shall in no way be construed as permission by the City of Kingston to contravene any of the City of Kingston’s by-laws, and in particular the City of Kingston zoning by-laws. All inspections as indicated by the Licensing Department must be completed and recorded on this license application before any license will be issued.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Signature of Applicant

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_