



Alarm Business License Application Sioux Falls, SD



Make checks payable to: City of Sioux Falls
Mail application and required forms to: Sioux Falls Police Department
c/o Records
320 West Fourth Street
Sioux Falls, SD 57104-2413

New License Fee—\$75; Annual Renewal—\$35

Alarm Business Name: _____

For Alarm Administrator Use Only
License #: _____ Expires: _____

Business Address: _____ City: _____ State: _____ Zip: _____

d/b/a: _____ Business Phone: () _____ Fax: () _____

Local Address: _____ City: _____ State: _____ Zip: _____

Alarm Response Manager (ARM) Name: _____ Email: _____

Work Phone: () _____ Home Phone: () _____ Cell: () _____ Fax: () _____

State of Incorporation: _____ SD Sales Tax No.: _____

Are you in the business of: *Selling:* Yes No *Installing:* Yes No
Servicing: Yes No *Monitoring:* Yes No

If you answered no to any of the above service types, please list who you use:

(Service Type) Business Name: _____ Address: _____
City/ST/Zip: _____ Phone: () _____

(Service Type) Business Name: _____ Address: _____
City/ST/Zip: _____ Phone: () _____

For all alarm technicians under contract or employed by you who will be installing and/or servicing alarm systems in Sioux Falls, please provide:

- A copy of their state-issued ID/DL.
- A list of all the states they have lived in within the last seven years.
- Their current address.

Corporate/Partnership/LLC Information (Please include a separate sheet for additional names.)

Officer Name: _____ Title: _____

Residence Address: _____

State: _____ Zip: _____ Birth Date: _____ Social Security No.: _____
(Optional, but will help with misidentification.)

Officer Name: _____ Title: _____

Residence Address: _____

State: _____ Zip: _____ Birth Date: _____ Social Security No.: _____

Have you or any of your officers or employees ever been convicted of: (If so, please attach a letter of explanation.)

Felonies: Yes No *Sexual Offenses:* Yes No *Theft or Fraud-Related Offenses:* Yes No

You must submit a minimum of \$10,000 surety bond, in a form approved by the City of Sioux Falls, guaranteeing the faithful and honest conduct of business under the license running in favor of the City and customers of the applicant.

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of Chapter 119, Alarm Systems, of the Code Ordinances of Sioux Falls, SD, or failed to provide all the information required by Chapter 119, Section 119.006, License or Licensing. I understand violation of Chapter 119, Section 119.006, shall be sufficient cause for refusal to issue a license or to revoke a license.

Applicant Signature

Date