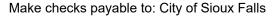


## Alarm Business License Application Sioux Falls, SD





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	For Alarm Administrator Use Only License #: Expires:						
Alarm Business Name:							
Business Address:	·	State:					
d/b/a:	Business F	Phone: ( ) Fax:	( )				
Local Address:	c	city: State:	Zip:				
Business Web Address:							
Best Contact for Bonds and License Updates Name:							
Email: Phone:							
SD Sales Tax No.: State of Incorporation:							
Alarm Response Manager (ARM) Full Name:							
Business Address:		State:	Zip:				
Home Address:		State:	_				
		Home Phone: (	<del>-</del>				
Are you in the business of: Selling: Yes  No  Installing: Yes  No							
Servicing: Yes ☐ No	□ м	onitoring: Yes  No					
If you answered no to any of the above service types, please list the business(es) you use:							
Business Name: Address:							
(Service Type) City/ST/Zip:		Phone: ( )					
Business Name:  (Service Type)  City/ST/Zip:		Address:					
Number of Active Alarm customers in Sioux Falls (Minnehaha and Lincoln Counties):							
Trainber et / teare / marin edetermere in cloux i and (minimonaria and Embori Countdo).							
Has your Alarm Business License ever been suspended or revoked in this or any other jurisdiction? Yes ☐ No ☐							
If yes, please explain including date and state of revocation or suspension:							
Have you read and do you understand the provisions of Chapter 119 of the City of Sioux Falls Code of Ordinances? Yes 🗌 No 🗌							

Corporate/Pa	artnership/LLC Informat	ion (Please include a separ	ate sheet for addi	tional names.)		
Officer Name: Title:						
Residence A	ddress:					
				Social Security No.:		
Officer Name	e:		Title:			
Residence A	ddress:					
				Social Security No.:		
Felonies:	Yes No No	Sexual Offenses: Yes	No 🗌 The	ase attach a letter of explanation.)  ft or Fraud-Related Offenses: Yes No		
Sioux Falls, ¡ • A co • A lis	please provide: opy of their state-issued			installation, and/or servicing of alarm systems in		
RENEWALS	ONLY: List all convicti	ons since the last applicatio	n.			
FAILU	JRE TO ANSWER AN	QUESTION HONESTLY N	MAY RESULT IN	DENIAL OF AN ALARM BUSINESS LICENSE.		
running in fa	bmit a minimum of \$10, vor of the City and cust	omers of the applicant.	_	d honest conduct of business under the license		
violated the printerior information re	provisions of Chapter 1 equired by Chapter 119	any false statement of a ma 19, Alarm Systems, of the C	aterial matter for t code Ordinances o or Licensing. I un	he purpose of obtaining a license. I have not of Sioux Falls, SD, or failed to provide all the derstand violation of Chapter 119,		
Applicant	Signature		Date			
		TO BE COMPLETED E	BY CITY OF SIOU	JX FALLS		
The app		the Police Records Division				
Receipt	No.: Date	d:	Approved b	by Sioux Falls Police Department Date		

Application fee is not refundable. License is not transferable.

## Submit completed application to:

Sioux Falls Police Department, Records Division, 320 West Fourth Street, Sioux Falls, SD 57104. Phone number 605-367-7226. Business hours: Monday–Friday, 8 a.m. to 5 p.m.

## Requirements:

- The completed application.
- A nonrefundable application fee (\$35 or \$75).
- Surety Bond in the minimum amount of \$10,000 listing the City of Sioux Falls as the obligee.
- A clear photocopy of a government-issued photo identification for all technicians and officers.
- South Dakota State Sales Tax Number.