



# ALARM PERMIT APPLICATION FOR COMMERCIAL BUSINESS

City of Satellite Beach  
565 Cassia Boulevard  
Telephone: 321.773.4407

In order to assist/respond to commercial locations, the City requires that an Alarm Permit application is filed each fiscal year (City Code Chapter 22).

**PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION BELOW FOR PROPER PROCESSING**

**ALARM USER/LOCATION: Key box on site  CONTACT PHONE NUMBERS:**

Name:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address:	_____ Suite # _____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Manager:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____

**ADDRESS FOR MAILING CORRESPONDENCE: CONTACT PHONE NUMBERS:**

Name:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____

**ALTERNATE CONTACTS: CONTACT PHONE NUMBERS:**

Name:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Name:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____

**ALARM SERVICE PROVIDER: CONTACT PHONE NUMBERS:**

Name:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
Address:	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
	_____	W <input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/>	_____
E-mail:	_____		

**TYPE OF ALARM:**

Audible  Burglar  Fire  Medical  Silent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FEE:**

New  \$15.00      Renewal  No Fee      Delinquent  \$15.00

<b>FOR OFFICE USE ONLY</b>			
PERMIT #:	_____	CC F.D. DEPT. <input type="checkbox"/>	CC P.D. <input type="checkbox"/>
STAFF INITIALS:	_____	DATE:	_____