



Alarm Business License Application

A \$100 fee is required with each application. Make check or money order payable to Charles County Government. Please return the completed form and fee to: False Alarm Reduction Unit • 10425 Audie Lane • La Plata, MD 20646.

A. Business Information

Business Name \_\_\_\_\_

Trade Name \_\_\_\_\_ Employer/Federal Tax ID No. \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone (toll free)( ) \_\_\_\_\_ Work( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Type of Business - Corporation [ ] Sole Proprietorship [ ] Partnership [ ] Other [ ] (please describe) \_\_\_\_\_

Business/Corporate E-Mail Address \_\_\_\_\_

President/Owner Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ President/Owner Driver's License No. \_\_\_\_\_

If your business is incorporated in a state other than Maryland, please complete the following:

Local Resident Agent \_\_\_\_\_ Phone( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

B. Maryland Security Systems Agency License No: \_\_\_\_\_ You must provide a copy of your State license with this application. Failure to comply with this question will result in the denial of your Charles County Alarm Business License Application. (Proprietary Alarm Businesses and Alarm Businesses dealing solely with Fire and/or Medical Alarms are exempt. (Reference Title 18, Sec. 18-301, Subtitle 3. Licensing, of the Annotated Code of Maryland.)

C. If your alarm business installs alarm systems, you must provide a copy of your current Charles County Restricted Master Electrician's License. License#: \_\_\_\_\_ Issued to: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

D. Type of Alarm Business (Check all that apply) Sell [ ] Lease [ ] Install [ ] Monitor [ ] Service [ ] Respond [ ]

E. As stated in Ordinance No. 98-48, an alarm business must ensure an alarm user's system is registered with FARU prior to activating the system. FARU will provide your alarm business with registration forms in order to comply with this section of the ordinance. Please state how many registration forms your business needs:

Residential Forms: \_\_\_\_\_ Non-Residential Forms: \_\_\_\_\_

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**F. Business Contacts**

Customer Service Manager Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Monitoring Center Manager Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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**G. List any associated alarm business with which you contract, including name and Charles County alarm business license number, that may alter, lease, maintain, monitor, repair, replace, sell at retail, service or respond to an alarm system in Charles County. Use a separate sheet of paper for additional information.**

Name \_\_\_\_\_ Charles County Alarm Business License No. \_\_\_\_\_

Name \_\_\_\_\_ Charles County Alarm Business License No. \_\_\_\_\_

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**H. Have you ever been convicted of any felony or a misdemeanor involving theft within the last 7 years?** Yes  No If yes, please explain. Include the date and state of conviction. \_\_\_\_\_  
\_\_\_\_\_**I. Has a criminal background check been conducted on all employees involved in the sale, installation and monitoring of alarm systems?** Yes  No **J. Has your alarm business license ever been suspended or revoked in this or any other jurisdiction?** Yes  No If yes, please explain. Include the date and state imposing suspension or revocation \_\_\_\_\_  
\_\_\_\_\_

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**Notice: False statements to any of the questions contained in this application form may constitute perjury. Perjury, fraudulent behavior, or any violation of the conditions for the issuance of this license will result in refusal of license, or if granted, in revocation or suspension of same. Each separate violation of the license provisions may result in a civil fine of \$500.00.**

I hereby certify that I have received a copy of Charles County Ordinance No. 98-48 and am aware of the conditions, requirements, and penalties set forth therein.

I do solemnly declare and affirm under penalties of perjury that the contents of this application are true and correct.

\_\_\_\_\_  
Signature of President of Corporation or Owner of Business\_\_\_\_\_  
Date**NOTARY INFORMATION:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My Commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

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**OFFICIAL USE ONLY:**  Approved  Disapproved Initials \_\_\_\_\_ Date \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date \_\_\_\_\_