



**Mail or Return Application to:**  
 City of Waukesha, 201 Delafield St., Waukesha WI 53188  
 Attn: Clerk's Office / Private Alarm Licensing

<b>Office Use Only!</b> License #: _____ Exp. Date: _____
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## LICENSE APPLICATION FOR PRIVATE ALARM SYSTEM

**\*\$107 FEE MUST ACCOMPANY APPLICATION** (Make checks payable to: City of Waukesha)

The undersigned hereby makes application to do business in the City of Waukesha for one year from the date of issue of license.

- Please check one:**
- Individual → (Complete Sections 1, 2 & 6)
  - Partnership → (Complete Sections 2, 3 & 6)
  - Corporation → (Complete Sections 1, 2, 4, 5 & 6)

### SECTION 1 – APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

### SECTION 2 – BUSINESS

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Have any people named on this application been convicted of violating any federal or state laws, or local ordinances?

Check one: \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please specify below)

NAME OF PERSON	VIOLATION / CHARGE	CITY	DATE

### SECTION 3 - PARTNERSHIP

NAME OF PERSON	HOME ADDRESS (City, State, Zip)	PHONE #	DATE OF BIRTH

Continued on Back →

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

**SECTION 4 - CORPORATION**

	NAME (Include Middle Name)	HOME ADDRESS (City, State, Zip)	PHONE #	DATE OF BIRTH
PRESIDENT				
VICE PRESIDENT				
SECRETARY				
TREASURER				
AGENT				
LOCAL MANAGER				

**SECTION 5 – STOCKHOLDERS**

*\*List below all stockholders owning 20% or more of stock.*

NAME (Include Middle Name)	HOME ADDRESS (City, State, Zip)	PHONE #	DATE OF BIRTH	% OF OWNERSHIP

**SECTION 6 – BUSINESS SERVICES OFFERED**

*\*List below all services available to Waukesha City residents (sales, leasing, monitoring, servicing, etc.)*

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

**To be signed in the presence of a Notary Public:**

I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief. I agree to inform the City Clerk's office within ten (10) days of any change in the information supplied in this application.

\_\_\_\_\_  
Signature of Applicant (Individual/President of Corp./Partner)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Secretary of Corp./Partnership (if applicable)

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission expires: \_\_\_\_\_

**FOR CLERK'S OFFICE USE ONLY!**

Licensing Clerk: \_\_\_\_\_ License Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Fees Received: \_\_\_\_\_

**FOR LAW ENFORCEMENT USE ONLY!**

Please check one: \_\_\_\_\_ Recommended Approval \_\_\_\_\_ Recommended Denial (attach explanation)  
Investigating Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_