



Central Alarm Permit Application

Date	_____
License #	_____
Receipt #	_____
Fee	_____
Date Approved	_____
FOR OFFICE USE ONLY	

Please print or type:

Fee: \$100.00

Alarm Company

Date of Application

Address

Phone

Representative Name

DOB:

Address

City

State

Phone

Purpose for which licesnse is required:

List all subscribers to service in Emporia/Lyon County, Kansas:

List all employees who will be installing systems in Emporia/Lyon County, Kansas (Please use back of form if more space is required)
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Name	Phone	Address	Date of Birth

Approved Denied

_____ Applicant Signature

By: _____
Chief of Police

_____ Date