

**CITY OF BEAUMONT, TEXAS
ALARM PERMIT APPLICATION**

Permit Fee: \$ 15 per site

PLEASE READ BEFORE FILLING OUT APPLICATION

1. Permit Holder - We must have the name, business address and telephone numbers (home and business) of the PERSON who will be responsible for the alarm system. **A COMPANY NAME IS NOT ACCEPTABLE**
2. Signature of applicant/permit holder must be the signature of the person listed as permit holder.
3. Please list all zip codes, and area codes other than 409.
4. Application must include check or money order payable to City of Beaumont, Texas.

Permit Type (check line): Commercial Residential Apartment Owner/Manager

Business Name or Name of Apartment Complex: _____

Application Date: _____

Address of Alarm Site: _____ **Suite/Room/Apt. # :** _____ **Zip Code:** _____

Alarm System Protection (check one or both): Burglary Robbery

Permit Holder (person responsible for alarm system) (L): _____ (F): _____ (MI): _____

Title (owner, manager, etc.): _____ Drivers License Number: _____

Permit Holder Business Address:

Address: _____ City: _____ State: _____ Zip Code: _____ Business Phone No.: _____

Permit Holder Residential Address:

Address: _____ City: _____ State: _____ Zip Code: _____ Residential Phone No: _____

Secondary Contact Person (someone that can answer alarms when permit holder cannot be reached)

Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Secondary Contact Phone No: _____

Third Contact Person (someone that can answer alarms when permit holder cannot be reached)

Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Third Contact Phone No: _____

Billing Address for Service Fees (if different from business address)

Address: _____ City: _____ State: _____ Zip Code: _____ Billing Phone No: _____

_____ Alarm Monitoring Agency _____ Phone Number

SUBMIT A SEPARATE PERMIT APPLICATION (AND FEE) FOR EACH ALARM SITE. PERMIT IS VALID FOR ONE (1) YEAR BEGINNING ON THE DATE OF ISSUANCE.

STATUS: New Permit Renewal Reissue

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Chapter 2 ½, Article II of the City of Beaumont Code of Ordinances and applicable state laws. I accept responsibility for payment of all fees and fines that may result from the operating of the alarm system described above.

Send completed application to:

CITY OF BEAUMONT-POLICE DEPARTMENT
Records Management/Alarms
255 College St.
P.O. Box 3827

Beaumont, TX 77704 Phone No.:(409)880-3836

Signature of Applicant/ Permit Holder _____

OFFICE USE ONLY Date Received: _____ Permit Number: _____ Date Issued: _____ Issued
by: _____