







**PRIVATE ALARM BUSINESS  
LICENSE APPLICATION**

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 E-MAIL ADDRESS: [LICENSE@MILWAUKEE.GOV](mailto:LICENSE@MILWAUKEE.GOV)  
WWW.MILWAUKEE.GOV/LICENSE

<b>A</b>	<b>IDENTIFY TYPE OF ENTITY HOLDING LICENSE.</b>	
	Check (√) one and complete all required sections: <input type="checkbox"/> <b>INDIVIDUAL:</b> (Complete Sections B and E to H) <input type="checkbox"/> <b>PARTNERSHIP:</b> (Complete Sections B, C and E to H) <input type="checkbox"/> <b>CORPORATION OR LLC:</b> (Complete Sections D to H)	

<b>B</b>	<b>INDIVIDUAL APPLICANT OR PARTNER 1.</b>		<b>C</b>	<b>PARTNER 2.</b>	
	Full Legal Name (Last, First & Middle Initial)			Full Legal Name (Last, First & Middle Initial)	
	Home Street Address			Home Street Address:	
	Home City, State, Zip Code:			Home City, State, Zip Code:	
	Home Phone Number: (     )     -			Home Phone Number: (     )     -	
Date of Birth:		Date of Birth:			

<b>D</b>	<b>(1) IDENTIFY NAME OF CORPORATION OR LLC.</b>			
	Full Name of Corporation or Limited Liability Company:			
	<b>(2) AGENT OF CORPORATION OR LLC.</b>			
	Full Legal Name (Last, First & Middle Initial):		Home Address (include City, State & Zip Code):	
	Home Phone Number: (     )     -		Date of Birth:	% of Stock Held:
	<b>(3) PRESIDENT OR LLC MEMBER 1.</b>		<b>(4) VICE PRESIDENT OR LLC MEMBER 2.</b>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Street Address:		Home Street Address:	
	Home City, State, Zip Code:		Home City, State, Zip Code:	
	Home Phone Number: (     )     -		Home Phone Number: (     )     -	
	Date of Birth:	% of Stock Held:	Date of Birth:	% of Stock Held:
	<b>(5) SECRETARY OR LLC MEMBER 3.</b>		<b>(6) TREASURER OR LLC MEMBER 4.</b>	
Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):		
Home Address:		Home Address:		
Home City, State, Zip Code:		Home City, State, Zip Code:		
Home Phone Number: (     )     -		Home Phone Number: (     )     -		
Date of Birth:	% of Stock Held:	Date of Birth:	% of Stock Held:	

<b>D (Continued)</b>	<b>(7) IDENTIFY ADDITIONAL PERSONS HOLDING 20% OR MORE OF STOCK.</b>						
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):				
	Home Address:		Home Address:				
	Home City, State, Zip Code:		Home City, State, Zip Code:				
	Home Phone Number: (     )     -		Home Phone Number: (     )     -				
Date of Birth:		% of Stock Held:		Date of Birth:		% of Stock Held:	

<b>E</b>	<b>IDENTIFY CONVICTIONS OF APPLICANTS.</b>	
	<p>Has any person listed in Sections B to D on this application ever been convicted of violating any federal laws, state statutes or city ordinances (excluding traffic violations)? Check (√) one: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, then list the names of the persons convicted, dates of convictions, jurisdiction, violations, and penalties imposed.</p> <p>_____</p> <p>_____</p> <p>Attached additional sheets, if necessary.</p>	

<b>L</b>	<b>(1) IDENTIFY BUSINESS TRADE NAME AND ADDRESS.</b>		
	<p>[!] If the place of business is not located in the state of Wisconsin, then also identify in Section G the registered agent.</p> <table border="1"> <tr> <td>Business Trade Name:</td> <td>Business Phone Number: (     )</td> </tr> </table> <p>Business Address (include City, State, Zip code):</p>		Business Trade Name:
Business Trade Name:	Business Phone Number: (     )		

<b>L</b>	<b>(2) IDENTIFY MAILING ADDRESS.</b>
	<p>Identify the address to which all correspondence related to licensing matters should be mailed. Check (√) one:</p> <p><input type="checkbox"/> Home Address (Section D-2, agents of Corp/LLC; or Section B/C, all others) <input type="checkbox"/> Business Address (Section F-1)</p> <p><input type="checkbox"/> Other Address: _____ (include City/State/Zip Code)</p>

<b>L</b>	<b>(3) IDENTIFY TYPE OF SERVICES OFFERED.</b>
	<p>Identify the type of services offered by the alarm business. Check (√) all that apply:</p> <p><input type="checkbox"/> Monitoring alarm systems: [!] If this service is provided, then also complete Section F-4 below.</p> <p><input type="checkbox"/> Installing or servicing alarm systems <input type="checkbox"/> Selling, leasing or renting alarm systems</p> <p><input type="checkbox"/> Providing private first responder services <input type="checkbox"/> Other services: List ► _____</p>

<b>L</b>	<b>(4) IDENTIFY PRIVATE FIRST RESPONDER SERVICE PROVIDER (if monitoring alarm systems).</b>			
	<p>List below the provider of private first responder services, if the types of services offered by the alarm business, as disclosed in Section F-3 above, include the monitoring of alarm systems for the receiving of burglary alarm messages.</p> <p>[!] A private first responder service is the entity that is required to verify, in the case of an activated burglary alarm, that an attempted or actual crime has occurred at the alarm site before the alarm signal is transmitted to the police department.</p> <table border="1"> <tr> <td>Responder Business Name:</td> <td>Responder Business Phone Number: (     )</td> </tr> </table> <p>Responder Business Address (include City, State, Zip code):</p>		Responder Business Name:	Responder Business Phone Number: (     )
	Responder Business Name:	Responder Business Phone Number: (     )		

<b>G</b>	<b>IDENTIFY REGISTERED AGENT (if business not located in Wisconsin).</b>
	List below the registered agent (for service of process, notice or demand required and permitted by law to be served on foreign corporations), if the place of business, as disclosed in Section F-1 above, is not located in the state of Wisconsin.
	Full Legal Name of Registered Wisconsin Agent (Last, First & Middle Initial):
	Business Address of Wisconsin Office of Registered Wisconsin Agent (include City, State, Zip code):

<b>(1) DECLARATIONS, ACKNOWLEDGEMENTS AND DISCLOSURES.</b>
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1. The undersigned agrees to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

2. The undersigned shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

3. I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

<b>(2) NOTARIZED SIGNATURES OF APPLICANTS.</b>
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<b>H</b>	The application must be signed under oath by the applicant, if an individual; a partner; if a partnership; or the agent, an officer or member, if a corporation or LLC.	
	SUBSCRIBED AND SWORN TO BEFORE ME THIS	
	_____ day of _____, 20_____	▶ _____ Signature of Individual; Partner; or Agent/Officer/Member of Corp or LLC
	_____ Notary Public, State of Wisconsin	▶ _____ Printed Name of Person Signing Above
	My commission expires _____	
	<b>[!] Important:</b> Notary Seal must be affixed	

<b>Office Use Only:</b>					
Filed: _____	Initials: _____	License #: _____	Granted: _____	Issued: _____	AD: _____