



Alarm Business License Application Sioux Falls, SD



Make checks payable to: City of Sioux Falls

Mail application and required forms to: Sioux Falls Police Department
c/o Records
320 West Fourth Street
Sioux Falls, SD 57104-2413

New License Fee—\$75 Annual Renewal—\$35

For Alarm Administrator Use Only

License #: _____ Expires: _____

Alarm Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

d/b/a: _____ Business Phone: () _____ Fax: () _____

Local Address: _____ City: _____ State: _____ Zip: _____

Business Web Address: _____

Best Contact for Bonds and License Updates Name: _____

Email: _____ Phone: _____

SD Sales Tax No.: _____ State of Incorporation: _____

Alarm Response Manager (ARM) Full Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Phone: () _____ Cell: () _____ Home Phone: () _____

Are you in the business of: *Selling:* Yes No *Installing:* Yes No

Servicing: Yes No *Monitoring:* Yes No

If you answered no to any of the above service types, please list the business(es) you use:

(Service Type) Business Name: _____ Address: _____
City/ST/Zip: _____ Phone: () _____

(Service Type) Business Name: _____ Address: _____
City/ST/Zip: _____ Phone: () _____

Number of Active Alarm customers in Sioux Falls (Minnehaha and Lincoln Counties): _____

Has your Alarm Business License ever been suspended or revoked in this or any other jurisdiction? Yes No

If yes, please explain including date and state of revocation or suspension:

Have you read and do you understand the provisions of Chapter 119 of the City of Sioux Falls Code of Ordinances? Yes No

Corporate/Partnership/LLC Information (Please include a separate sheet for additional names.)

Officer Name: _____ Title: _____

Residence Address: _____

State: _____ Zip: _____ Birth Date: _____ Social Security No.: _____

Officer Name: _____ Title: _____

Residence Address: _____

State: _____ Zip: _____ Birth Date: _____ Social Security No.: _____

Have you or any of your officers or employees ever been convicted of: (If so, please attach a letter of explanation.)

Felonies: Yes No Sexual Offenses: Yes No Theft or Fraud-Related Offenses: Yes No

For all alarm technicians under contract or employed by you involved in the sale, installation, and/or servicing of alarm systems in Sioux Falls, please provide:

- A copy of their state-issued ID/DL.
- A list of all the states they have lived in within the last seven years.
- Their current address.

RENEWALS ONLY: List all convictions since the last application.

If there are none, you must write "None." Use extra pages if needed.

FAILURE TO ANSWER ANY QUESTION HONESTLY MAY RESULT IN DENIAL OF AN ALARM BUSINESS LICENSE.

You must submit a minimum of \$10,000 surety bond guaranteeing the faithful and honest conduct of business under the license running in favor of the City and customers of the applicant.

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of Chapter 119, Alarm Systems, of the Code Ordinances of Sioux Falls, SD, or failed to provide all the information required by Chapter 119, Section 119.006, License or Licensing. I understand violation of Chapter 119, Section 119.006, shall be sufficient cause for refusal to issue a license or to revoke a license.

Applicant Signature

Date

TO BE COMPLETED BY CITY OF SIOUX FALLS	
The application fee has been paid to the Police Records Division as recorded on: Receipt No.: _____ Dated: _____	_____ Approved by Sioux Falls Police Department Date

Application fee is not refundable. License is not transferable.

Submit completed application to:

Sioux Falls Police Department, Records Division, 320 West Fourth Street, Sioux Falls, SD 57104.
Phone number 605-367-7226. Business hours: Monday–Friday, 8 a.m. to 5 p.m.

Requirements:

- The completed application.
- A nonrefundable application fee (\$35 or \$75).
- Surety Bond in the minimum amount of \$10,000 listing the City of Sioux Falls as the obligee.
- A clear photocopy of a government-issued photo identification for all technicians and officers.
- South Dakota State Sales Tax Number.