CITY OF MANSFIELD OHIO

SAFETY SERVICE DIVISION ALARM ORDINANCE ADMINISTRATION 419.755.9430

ALARM BUSINESS LICENSE APPLICATION

Application Must Be Completed in its Entirety

License Year: First Day of March to Last Day of February. No Prorating for Partial Year

Instructions: Print Clearly. Do not leave any entry blank. Use N/A or NONE if necessary

Date:	Type of Applicat	ion:	NEW \$200	RENEWAL \$100		
Company Name:						
List All DBA's:						
Physical Street Address:						
City, State, Zip:						
Mailing Address (if different than above:						
City, State, Zip:						
Phone #		Website:				
Alarm Response Manager (ARM) listed below is the applicant individual that is knowledgeable of the City of Mansfield Ordinance #04-269 as well as have the knowledge and authority to deal with False Alarm issues and to respond to requests from the Alarm Administrator(s).						
Alarm Response Mgr:		Title:				
Phone #		Email:				
Check the types of services your Company provides:						
Alarm System Sales Do you use contractors for phone or in –person sales?						
Alarm System Installation Do you use contractors for installation work?						
Alarm System Repairs/Inspections/Service Do you use contractors for this work?						
For the purpose of this section, a Contractor is any person, partnership, corporation or other entity that is not a legal part of your entity and is paid to perform work for your business. Provide a list of all contractors used in Mansfield Ohio within the past 12 months with address and phone number.						
Does your company utilize a third party monitoring service? No, Self-Monitoring Yes If yes, provide monitoring company information below. Attach additional sheet if more than one monitoring company utilized.						
Monitoring Company Name:						
City, State, Zip:		Phone #				
Owner Information: The City of Mansfield Alarm Ordinance requires the name, address and phone number of the individual proprietor, partners, or directors and principal officers depending on the nature of the entity applying. Attach additional sheets if necessary.						
Name:						
City, State, Zip:		Phone #				

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The City of Mansfield Alarm Ordinance requires a list of all felony convictions of the individual proprietor, partners, or

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directors and principal officers of the ap	oplicant business. At	ttach additional shee	ets if necessary.	
Name:		Date & Location:		
Has the applicant ever been denied a permit or license revoked? If yes, list denecessary.			_	
Date & Location:				
List the length of time the applicant bus	siness has been in th	e alarm business and	d where engaged.	
Total Length of Time:		Location(s):		
Mansfield Alarm Ordinance #755.04. Section F				
(f) Every alarm business shall meet the following experience requirement of this subsection before it may engage in the alarm business: (1) At least one individual who is an owner, officer, partner or employee of the applicant shall establish that he was engaged in, or employed by, an alarm business, in sales, service or installation; or equivalent, for an aggregate period of two years prior to filing this application. Such individual shall file with the Administrator sworn statements of such experience by at least two citizens of the community or communities in which such individual was so engaged or employed. The individual whom the applicant relies upon to comply with this paragraph shall be a person who devotes a substantial portion of their time to engage in and/or supervising the sale, installation or servicing of alarm systems on behalf of the applicant. (2) In the event that the individual upon whom the applicant relies to comply with subsection (1) above shall within a period of three years after such compliance or qualification, for any reason cease to perform their duties on a regular basis, the alarm business shall promptly notify the Administrator by certified or regular mail, and shall obtain, as promptly as possible, a substitute eligible individual acceptable to the Administrator. If the alarm business fails to obtain such a substitute eligible individual within six months from and after the disqualification of such individual, the Administrator may revoke the alarm business license, or may, at his discretion, extend for a reasonable period of time, the period for obtaining a substitute qualified individual; or, such Administrator may determine, based upon the experience and performance of the alarm business, that the alarm business need not obtain such substitute qualified individual.				
Cignosture of Qualified Individual	Drintad Nama - f O	المائدة مما الممائدة ما الما	Tialo	
Signature of Qualified Individual	Printed Name of Qu	uanned malvidual	Title	

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SECTION 755.99 - ENFORCEMENT AND PENALTY

- (a) Enforcement of any of the provisions of this chapter may be by civil or criminal prosecution.
- (b) Failure or omission to comply with any section or provision of this chapter shall be deemed a violation.
- (c) Whoever violates any section or provision of this chapter shall be fined not more than five hundred dollars (\$500.00).

NOTE: No license issued pursuant to the provisions of this chapter shall be assigned or transferred either by operation of law or otherwise.

The application shall be signed by the individual proprietor, a partner or a corporate official as is appropriate for the form of the business seeking the license.

Printed Name	Title
Signature	Date

Enclose a stamped self-addressed #10 business envelope or an email address below if you would like to receive a copy of your Alarm Business License.

Make check payable to: City of Mansfield, Alarm Administration

Return a completed application and non-refundable application fee to the following address:

US MAIL

City of Mansfield Alarm Ordinance Administration 30 N. Diamond St. Mansfield, Ohio 44902

UPS, FEDEX, & US MAIL REQUIRING A SIGNATURE

City of Mansfield Alarm Ordinance Administration Police Information Window, 2nd FL 30 N. Diamond St. Mansfield, Ohio 44902

***Online Bill Pay is Available (fee applicable) visit: https://ci.mansfield.oh.us/online-bill-pay/
If utililzing online payment, you may email your application to: alarmadmin@ci.mansfield.oh.us