



# City of Dallas Alarm Permit Application For Burglar and/or Holdup/Panic/Duress Alarm Systems

**Please Print.** The application will be returned if not filled out completely.

**NEW, RENEWAL AND REINSTATEMENT PERMIT FEE SCHEDULE:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Residential Alarm Site - \$ 50.00 | <input type="checkbox"/> Apartment Complex Master Permit - \$ 50.00        |
| <input type="checkbox"/> Commercial Alarm Site - \$ 100.00            | <input type="checkbox"/> Residential Unit in Apartment Complex - \$ 50.00  |
|   | <input type="checkbox"/> Apartment Complex Nonresidential Areas - \$ 50.00 |
- (For example: office, gym, equipment room, common areas, etc.)

**TYPE OF APPLICATION (check one)**

- New Permit - Date of Occupancy: \_\_\_\_\_  Renewal - Permit# \_\_\_\_\_  Reinstatement  Update Information (no fee)

**PERMIT HOLDER INFORMATION/ALARM SITE INFORMATION** (For businesses in shopping centers, use the street address, **NOT the name of the shopping center**. Also, if the alarm site is known by multiple street addresses, provide a list of all of the addresses with this application.)

Name of Resident or Business Name (D.B.A.) at Alarm Location	Drivers License # / Government-Issued photo ID card # / or Federal Tax ID # (if a business)
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Street # (N, S, E, W)	Street Name	St. Designation (St., Ln., Blvd.)	Suite/Apt. #	Zip Code
E-Mail _____		Business Phone # _____	Alternate Phone # _____	

**PERMIT HOLDER MAILING ADDRESS** (Complete this section if the mailing address is different from the Alarm Location)

Street # (N, S, E, W)	Street Name	St. Designation (St., Ln., Blvd.)	Suite/Apt. #	City, State
Zip Code				

**PRIMARY CONTACT:** (An individual who is **locally** responsible for responding to alarms and giving access to the alarm site and who is responsible for proper maintenance and operation of the alarm system and payment of fees. The primary contact will be considered the person in control of the alarm system and may be issued citations personally and on behalf of the permit holder for violations of Chapter 15C of the Dallas City Code.)

Primary Contact's Drivers License # or Government-Issued photo ID card #

Primary Contact's Last Name	First Name	Middle Initial
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Alternate Street Address Where Primary Contact May be Contacted (If Applicable)

Street #	Street Name	City	State	Zip Code	Home Phone #	Business Phone #
E-mail _____					Cell Phone # _____	

**SECONDARY CONTACT:** (Another person who is able to respond to alarms and can give access to the alarm site.)

Last Name	First Name	Home Phone #	Business Phone #
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**ALARM SYSTEM INFORMATION:**     BURGLAR ALARM     HOLDUP/PANIC/DURESS ALARM     COMBINATION

**ALARM COMPANY NAME (IF NOT A SELF-INSTALLED SYSTEM)** Five Star Communicaitons    **ALARM COMPANY STATE LIC. #** B16509

I have 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 Article I, Chapter 15C of the Dallas City Code and applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premises. I have read the information provided on the back of this application.

**SIGNATURE OF PERMIT HOLDER:** \_\_\_\_\_    **DATE :** \_\_\_\_\_  
(If permit holder is not an individual, the signature of the primary contact is required)

Mail completed application and permit fee payable to:

City of Dallas  
Security Alarms  
P. O. Box 139076  
Dallas, TX 75313-9076

**THE CHIEF SHALL REFUSE POLICE RESPONSE TO ANY BURGLAR ALARM SITE THAT DOES NOT HAVE A VALID ALARM PERMIT.**  
[Section 15C-2(b), Dallas City Code.]

*To receive your alarm permit number immediately, bring the completed permit application and permit fee to the Special Collections Section, 1500 Marilla Street, Room 2DS, Monday - Friday, excluding holidays.  
For additional information or assistance in completing this application, please call the Special Collections Section at (214) 670-3438.*

**HAVE YOU ENCLOSED YOUR PAYMENT?**