



SECURITY/FIRE ALARM LICENSE APPLICATION

City of Whitefish
PO Box 158
Whitefish, MT 59937
Phone: 406-863-2481
Fax: 406-863-2419

License is valid for one year January 1st through December 31st

City Ordinance requires that all Security/Fire Alarm businesses operating within the Whitefish City limits to obtain a license.

Please complete the required information below, mark the applicable license fee, and return this form with the applicable fee to the address shown above.

Security/Fire Alarm License Fee: *\$100/one-time fee*
City of Whitefish Business License: *\$30/yearly renewal fee*

Montana Fire Alarm Certificate of Registration Number: _____
Federal Identification Number: _____
Legal Name of Business Entity: _____

All trade names or business names used by the business: _____

APPLICANT			
ASSUMED NAME OR d/b/a NAME (doing business as)			
PHYSICAL BUSINESS LOCATION (no post office boxes)			
CITY		STATE	ZIP CODE
COUNTY	TELEPHONE NO.	FAX NO.	
E-MAIL ADDRESS FOR NOTIFICATION PURPOSES		WEBSITE ADDRESS (optional)	
MAILING ADDRESS (The mailing address must be the same for a firm's certificate of registration and all branch offices)			
CITY		STATE	ZIP CODE

OWNER/MANAGER _____

CONTACT PHONE _____

EMERGENCY CONTACT NAME & PHONE _____

Monitoring Information

Please print or type. Any fraudulent representation on this form may be cause for denial, suspension, or revocation of the license.

1. Name of monitoring firm _____
 Montana Fire Alarm Certificate of Registration No. _____

2. Specific business location (s) where monitoring will take place:

LOCATION 1	
Address: _____	Telephone: _____ / _____
City: _____ State: _____	Zip code: _____
County: _____	
The monitoring service at this location is in compliance with adopted NFPA 72.	

LOCATION 2	
Address: _____	Telephone: _____ / _____
City: _____ State: _____	Zip Code: _____
County: _____	
The monitoring service at this location is in compliance with adopted NFPA 72.	

ADDITIONAL AUTHORIZED SIGNATURES: List all persons that you authorize, on behalf of your firm, to sign official documents submitted to this office. (Examples: change of firm's business or mailing address, change of corporate officer, employment or termination of licenses.)

PRINTED NAME	SIGNATURE	TITLE	DATE

This application is made subject to all the terms and conditions of the ordinances of the City of Whitefish. I understand the license issued hereunder is NOT TRANSFERRABLE and that the information I have supplied is correct to the best of my knowledge.

Signature _____ Date _____
 Title _____

FOR CITY STAFF USE ONLY		
Application Date: _____	Amount Paid: _____	Rect #: _____
Disposition:		
Approved: _____	License No.: _____	Date: _____
Denied: _____	Reason: _____	Date: _____
Appeal Filed (date): _____	Council Action: _____	Date: _____