

| | | |
|--|---|-------------|
| MONITORING COMPANY PERMIT APPLICATION | | FEE |
| LA CROSSE POLICE DEPARTMENT <i>July 1, 2025 through June 30, 2026</i> | | \$24 |
| BUSINESS NAME | | WORK PHONE |
| ADDRESS | | |
| CONTACT PERSON | PHONE | |
| EMAIL ADDRESS | | |
| SERVICES PROVIDED Check all that apply | <input type="checkbox"/> ALARM SALES <input type="checkbox"/> MAINTAIN/REPAIR <input type="checkbox"/> LEASING <input type="checkbox"/> INSTALLATION <input type="checkbox"/> ALARM MONITOR <input type="checkbox"/> OTHER | |
| EXPLAIN OTHER: | | |
| Does your business use an alarm to protect the premises from burglary/robbery ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| STATEMENTS AND QUALIFICATIONS | | |
| <p>ALARM AGENTS: any individual who is employed as or in an alarm business whose duties include selling, maintaining, leasing, moving, installing or monitoring any alarm system. ALL persons fitting this description SHALL obtain an alarm agent permit. There is an alarm agent form you will need to submit for each agent. See 14-58 of the City Ordinances.</p> <p>Alarm Business applicants MUST supply the Police Department with an accurate listing of all persons and businesses who have received any type of alarm related service covered by the above ordinance within the past year. Such data is limited to the person/business name, address, phone number, and type of alarm for such person/business within the City of La Crosse. Please only include alarms for burglary or robbery. Do not send Fire Alarms. ATTACH LISTING TO THIS FORM.</p> | | |
| CERTIFICATION OF INFORMATION | | |
| <i>I, the undersigned, certify that the above information is true and correct to the best of my knowledge. I have reviewed relevant ordinances, including 14.58, and agree to comply with all sections and provisions set forth therein.</i> | | |
| <hr style="width: 20%; margin-left: 0;"/> Signature of Applicant, Title/Position | | Date Signed |
| PAYMENT MUST ACCOMPANY APPLICATION. MAKE CHECKS PAYABLE TO CITY TREASURER. MAIL TO: LA CROSSE POLICE DEPT ATTN: ALARM COORDINATOR 400 LA CROSSE ST LA CROSSE WI 54601 | | |