



ALARM BUSINESS LICENSE SUPPLEMENTAL

City of Scottsdale
7447 E Indian School Rd Ste. 110, Scottsdale, AZ 85251
(480) 312-2400 www.ScottsdaleAZ.gov

Staff Use Only	
Alarm Business License #:	_____
Records Check Fee	\$24.00

To Applicant: Check all of your answers for accuracy. Your background investigation will be conducted from information supplied on this form. Do not leave any of the spaces blank. If they do not apply to you, write in the letters N/A indicating not applicable.

1. Legal Name: Last _____, First _____, Middle _____
Other name(s) by which applicant has been known (include prior married name(s)):

2. Title: _____

3. Present Residential Address: _____

City _____ State _____ Zip Code _____

Mailing Address (if different): _____

City _____ State _____ Zip Code _____

4. Home Phone: () _____ - _____ Other Phone: () _____ - _____ E-Mail: _____

5. Date of Birth: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

6. Written Proof of age (Photo I.D., Passport or Driver's License with Photo):
Type of I.D.: _____ I.D. Number: _____ Expiration Date: _____

7. Proof of U.S. Citizenship or Legal resident (Driver's License, Naturalization Card, Work Visa):
Type of I.D.: _____ I.D. Number: _____ Expiration Date: _____

8. Have you ever possessed a similar license that has been refused, denied, canceled, suspended or revoked within the last 5 years? Yes _____ No _____

If Yes, please list the reason(s) for such action, along with the date and jurisdiction:

9. Have you ever been convicted of any crime in the past 5 years, or are you currently pending trial or other court proceeding for any criminal offense? Yes _____ No _____
If, "Yes," please describe:

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE.

Applicant Signature: _____ Date: _____

STAFF USE ONLY						
ALC #	Proof of Age	Proof of Citizenship	Date	Photo Taken by:	Prints Taken by:	Date
_____	_____	_____	_____	_____	_____	_____