

# Alarm Company/Monitoring Company Application

Topeka Police Department, Alarm Licensing, 320 S. Kansas Ave., Suite 100, Topeka, Ks 66603, (785) 368-9039

## Fees:

License fee may be cash, credit/debit card, check or money order made payable to the City of Topeka..

**Alarm  
Installation Only \$300** ☐

**Alarm Installation  
& Monitoring \$300** ☐

**Alarm  
Monitoring Only \$25** ☐

## **\$57.00 - KBI background check**

This fee **must** be submitted in the form of a cashier's check, company check, or money order made payable to KBI.

## Business Information:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: (      ) \_\_\_\_\_ Fax: (      ) \_\_\_\_\_

Name of Company Contact Person: \_\_\_\_\_

Please provide email address, if applicable: \_\_\_\_\_

Mailing Address for Certificate and renewal information: \_\_\_\_\_

Explain type of services to be offered: \_\_\_\_\_

Explain geographic area where services will be offered: \_\_\_\_\_

Does the above named business monitor the alarms of their customers? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please provide the name and address of the company that monitors your alarms:

Please provide the following information for all company officers, directors, principal stockholders, or partners.  
**Please attach to this application a copy of each individual's driver's license.**

Position	Name	Address	Date of Birth	State of Birth	SSN

## Background Information

☐ YES ☐ NO ◀ Has anyone listed on this application **ever** been convicted of a Felony?

☐ YES ☐ NO ◀ Has anyone listed on this application **ever** been convicted of a misdemeanor, traffic infraction, or other ordinance violation in the last 10 years? If YES, explain below.

Name	Date	Charge	Location	Disposition

Has anyone listed on this application ever had a conviction expunged or been granted diversion? Give details:

Has anyone listed on this application ever had a judgment or conviction of fraud, deceit, or misrepresentation? Give details:

Has anyone listed on this application ever received treatment or counseling for a mental disorder, or drug or alcohol dependency? Give details:

**(Please attach additional sheets if necessary to complete form)**

### **ADDITIONAL REQUIRED INFORMATION**

#### **Attach the Following:**

1. A description and photo of the uniform, if any, to be worn by company employees.
2. A photocopy of certification from the Electronic Security Association (ESA).
3. A photocopy of the driver's license for each company officer, director, principal stockholder or partner listed on this application.
4. 2 sets of fingerprints and a company check made payable to the "KBI" for KBI processing fee (\$57.00) for each company officer, director, principal stockholder or partner. KBI fees for more than one individual may be combined into one check to the KBI.
5. A Certificate of Insurance, showing compliance with the insurance requirement listed in 5.90.150 of the Code of the City of Topeka.

**>>>>>>>>>>Signature<<<<<<<<<<**

I hereby authorize the Topeka Police Department to make any record or employment checks that may be necessary, and to release any information obtained to the officials of the City of Topeka as may be needed for the ultimate approval of this application. **I understand the information on this application will be relied upon in determining whether to grant or deny an Alarm Company or Monitoring Company license. Therefore, I verify, under penalty of perjury, that the information contained in this application is true, complete, and correct.**

***KSA 53-601: Unsworn declarations; written declaration sufficient, form; exceptions; relationship to notarial acts. (a) Except as provided by subsection (b), whenever a law of this state or any rules and regulations, order or requirement adopted or issued thereunder requires or permits a matter to be supported, evidenced, established or proved by the sworn written declaration, verification, certificate, statement, oath or affidavit of a person, such matter may be supported, evidenced, established or proved with the same force and effect by the unsworn written declaration, verification, certificate or statement dated and subscribed by the person as true, under penalty of perjury.***

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

**POLICE DEPARTMENT USE ONLY**

Date received \_\_\_\_\_ Date fees paid \_\_\_\_\_ Company License No. \_\_\_\_\_

Recommend Approval: ☐ Yes ☐ No \_\_\_\_\_  
Investigator Date

Application Approved: ☐ Denied ☐ \_\_\_\_\_  
Chief of Police Date

**If Application Denied:**

Company Notified Date: \_\_\_\_\_

Topeka Police Department Legal Advisor Notified Date : \_\_\_\_\_