

**CITY OF BLUE SPRINGS  
BUSINESS ALARM PERMIT  
APPLICATION**

Permit # \_\_\_\_\_  New Application  Revised Application / Current Permit \_\_\_\_\_ Date: \_\_\_\_\_  
(To Be Assigned)

**Business Alarm Address:** \_\_\_\_\_

**1. Business Subscriber:**

**Name of Business:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Manager Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Assistant Manager Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

(If different from Alarm Address)

**2. Monitored by:**

**Name :** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

(That reports to Police Department)

**Address:** \_\_\_\_\_

**3. Responsible person to be contacted in the event the Owner/Manager cannot be reached:**

(Do NOT add persons listed above) Please use local KC Area contacts.

**A. Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**B. Name:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**4. Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

Business Owner/Manager

Return this application to: **Alarm Coordinator**  
**Blue Springs Police Department**  
**1100 SW Smith ST**  
**Blue Springs MO 64015**