MIAMIBEACH
POLICE

DATE ISSUED:_____
AMOUNT PAID: _____
NEW___RENEWAL___CHANGE___

City of Miami Beach Alarm Subscriber Permit Application

1. Alarm Subscriber/Business Name: _____

2. Phone Number at Alarmed Location: _____

3. Address of Alarmed Location: _____

4. Mailing Address: _____ Attn:_____

   City, State, Zip Code: _____

5. Is Alarmed Location a Business or a Residence? (Please circle one)   Business   Residence

6. Name of Alarm/Monitoring Co.: MAXIMUM SECURITY, INC._____

   State of Florida License Number: EG0000041_____

   Mailing Address: 12108 SW 117th CT_____

   City, State, Zip Code: MIAMI, FL 33186_____

   Phone Number: (305) 253-5162_____

7. Business or Residence Owner's Name: _____

   Phone Number: _____

8. Who owns the Alarm Equipment? (Please circle one) Alarm Company   Subscriber

9. Dogs, Hazards, Special Comments Regarding Premises: _____

Call 305-673-7115/VOICE to request material in accessible format; sign language interpreters (five days in advance when possible), or information on access for persons with disabilities.

10. Normal Business Hours: Open: _____   Close: _____   Days Open: _____

11. Do you have a Security Guard checking your premises? (Please circle one) YES   NO

    If Yes, Name of Guard Company: _____

    Days and hours premises checked: _____

    Do they have a key to the premises? (Please circle one) YES   NO

    24 Hour Phone Number: _____

12. Type of Alarm System: Burglary   Audible or Silent   (Please circle one)
                               Holdup / Armed Robbery   Audible or Silent
                               Panic   Audible or Silent

13.   Date of Alarm Installation:_____   Date of last Alarm Inspection:_____

14.   Who should be contacted in the event of an alarm?

    <u>Name</u>   <u>Relationship</u>   <u>Day Phone</u>   <u>Night Phone</u>
A. _____
B. _____
C. _____
D. _____
E. _____

15. Do you have more than one alarm system at this address? (Please circle one) YES   NO

   If yes, please list each alarm system below and describe what area it covers. (office,
   warehouse, guest house, etc.)

          <u>System Information</u>   <u>Permit No.</u>

System 1: _____
System 2: _____
System 3: _____
System 4: _____
System 5: _____

If any changes need to be made to your Alarm Subscriber Permit, they must be made in writing.

16. Applicant Signature_____ Date: _____