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DEPARTMENT OF FINANCE
TREASURY DIVISION

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AKRON, OHIO 44308
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ASSESSOR/ALARM
ADMINISTRATOR
(330) 375-2484

City of Akron Alarm Ordinance

For Alarm Companies Doing Business in Akron

The City of Akron has updated the city's police and fire alarm regulations (Ordinance #344-1991, passed April 15, 1991). Below are highlights of the regulations:

- Alarm Business License Cost: \$150.00 annually.
If licensed by both the State of Ohio Fire Marshal and the Summit County Building Department, you are exempt from the annual fees.
- License Date: An existing business has 30 days from the day you receive this notice to renew the license. Renewals of alarm licenses must occur prior to January 1 of each year. All new business licenses issued will expire on December 31 of the year the license was issued.
- Penalty for Non-Compliance: Third Degree Misdemeanor subject to up to 60 days in jail and a \$500.00 fine.
- Prior to a license being issued, a company must:
- Have two (2) years in the alarm industry.
 - Provide a written list of alarm user customers in Akron, by address and type of alarm.
 - Provide evidence of liability insurance in the minimum amount required by the State Fire Marshal's office.
- Appeal Rights: Decisions of the Alarm Administrator regarding revocation or denial of a license may be appealed within 10 days to the Alarm Review Board.

APPLICATION FOR ALARM BUSINESS LICENSE
(PLEASE TYPE or PRINT)

1. Alarm Business Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

2. Individual Applicant Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

3. Type of Business (check ONE): _____ Sole Proprietorship _____ Partnership _____ Corporation

Social Security # or Federal Tax ID# _____ City of Akron Tax ID# _____

4. List name, title, address & phone number of sole proprietor, partners or directors and principal officers of corporation.

5. Describe alarm systems, devices, or alarm related services offered for sale or lease to the public.

6. List all felony & misdemeanor convictions within last 5 years, excluding traffic violations, of sole proprietor, partners or directors/officers. Check here if none. _____

Name	Nature of conviction	Date	Location

7. Length of time applicant has been in Alarm Business: # of years _____ Location _____

(Continued on other side)

8. List minimum one owner, partner, officer or employee engaged in alarm business in sales, service or installation for minimum of 2 years prior to date of application. **Include sworn statements of such experience by at least 2 citizens of community in which individual was employed.** For renewal, statements are not needed unless designated individual has changed since last application.

Name	Business Name	Business Address	City	State	# of years
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Name	Business Name	Business Address	City	State	# of years
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9. Has applicant ever been denied a license or permit in any jurisdiction to engage in an alarm business or had such license or permit revoked? Yes No If yes, City & State _____ Year _____

Certification of Applicant Business

- Applicant agrees to update the above information upon application for renewal of alarm license every year or as required by alarm administrator.
- Applicant understands that unless it is already engaged in providing services and/or alarm system equipment in the City of Akron, Ohio, as of May 24, 1991, said applicant shall not commence business until this application has been approved.
- Applicant understands that an application for renewal of an alarm business license shall be made at least every year within thirty (30) days immediately preceding January 1 of every year, and shall be accompanied by a nonrefundable fee of One Hundred Fifty Dollars (\$150.00). Applicants for renewal may continue to do business while their renewal application is being processed. Applicants currently licensed by both the State of Ohio Fire Marshall and the Summit County Building Department are exempt from the licensing fees.
- Applicant understands that the emergency alarm industry in the City of Akron is regulated according to the provisions of Chapter 111.390 of the Codified Ordinances of The City of Akron, Ohio.

ATTACH:

- Check for \$150.00
- Certificate of Insurance
- List of Akron Customers

Name (Proprietor, Partner or Corporate Officer)

Title

Address

Telephone Number

MAKE CHECK PAYABLE & SEND TO:

City of Akron, Accounts Receivable
166 S High St, Room 509
Akron OH 44308

Before me a Notary Public personally appeared the above named _____ who testified that the above statements are true as he verily believes.
Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Public