

ACCOUNT \_\_\_\_\_

**CITY OF MERIDIAN**

NAICS - 561621

ALARM SERVICE PRIVILEGE LICENSE APPLICATION

FEE \$50.00

PO BOX 1430

MERIDIAN MS 39302-1430

PH 601-485-1961 FX 601-485-1979

tinalong@meridianms.org

NAME OF APPLICANT: \_\_\_\_\_

D / B / A: \_\_\_\_\_

STREET ADDRESS OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO. \_\_\_\_\_

DESCRIBE YOUR BUSINESS: \_\_\_\_\_

IF A CORPORATION, LIST NAMES AND ADDRESSES OF OFFICERS:

PRES. \_\_\_\_\_ VICE PRES. \_\_\_\_\_

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

SEC. \_\_\_\_\_ TREAS. \_\_\_\_\_

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

IF A PARTNERSHIP, LIST NAMES AND ADDRESSES OF PARTNERS:

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

IN CASE OF AN AFTER HOURS EMERGENCY, PLEASE PROVIDE TWO TELEPHONE NUMBERS FOR USE BY PUBLIC SAFETY AGENCIES: \_\_\_\_\_ & \_\_\_\_\_

NAME OF YOUR INSURANCE AGENT: \_\_\_\_\_

BUSINESS PHONE NUMBER OF YOUR AGENT: \_\_\_\_\_

NAME OF BONDING AGENT: \_\_\_\_\_

BOND NUMBER: \_\_\_\_\_

LAUDERDALE CNTY - STATE SALES TAX NO: \_\_\_\_\_ FEDERAL TAX NO: \_\_\_\_\_

**AFFIDAVIT**

STATE OF MISSISSIPPI  
COUNTY OF LAUDERDALE

AFTER HAVING BEEN FIRST PUT UNDER OATH, I, THE UNDERSIGNED OWNER, PARTIAL OWNER OR AUTHORIZED AGENT OF A CORPORATION MAKE AFFIDAVIT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

WITNESS MY SIGNATURE THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
APPLICANT / AUTHORIZED AGENT

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

TO BE COMPLETED BY THE CITY OF MERIDIAN

THE UNDERSIGNED POLICE DEPARTMENT OFFICIAL OF THE CITY OF MERIDIAN HEREBY CERTIFIES THAT AN INVESTIGATION OF THE APPLICANT HAS BEEN MADE AND FINDS NO EVIDENCE EXISTS TO WARRANT DENIAL OF ISSUANCE OF A PRIVILEGE LICENSE.

( ) APPROVED

( ) DISAPPROVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OFFICIAL - POLICE DEPARTMENT

THE UNDERSIGNED FIRE DEPARTMENT OFFICIAL OF THE CITY OF MERIDIAN HEREBY CERTIFIES THAT HE HAS REASON TO BELIEVE THE APPLICANT POSSESSES REASONABLE KNOWLEDGE AND UNDERSTANDING OF THE APPLICABLE NFPA CODES AND THE APPLICANT HAS BEEN ADVISED THAT ALL APPLICABLE RULES AND REGULATIONS OF THE NFPA SHALL BE FOLLOWED WHILE INSTALLING, SERVICING AND/ OR MONITORING ALARM SYSTEM.

( ) APPROVED

( ) DISAPPROVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSPECTION - FIRE DEPARTMENT

THE UNDERSIGNED OFFICIAL OF THE MERIDIAN INSPECTION DIVISION HEREBY CERTIFIES THAT THE USE AS DESCRIBED ON THIS APPLICATION IS IN CONFORMITY WITH THE ZONING ORDINANCE OF THE CITY OF MERIDIAN.

\_\_\_\_\_  
ZONE

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) APPROVED

( ) DISAPPROVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSPECTION DIVISION - BUILDING OFFICIAL  
COMMUNITY DEVELOPMENT DEPT

ALARM BUSINESS AND ALARM AGENT BOND  
CITY OF MERIDIAN

\$5,000

BOND NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_, Principal, whose home office or place of residence is \_\_\_\_\_, in the State of \_\_\_\_\_; and, \_\_\_\_\_, a Surety Company domiciled at \_\_\_\_\_, in the State of \_\_\_\_\_, but authorized to do business in the State of Mississippi under the laws thereof, as Surety, are held and firmly bound unto the City of Meridian, Mississippi, a municipal corporation, in the penal sum of Five Thousand Dollars (\$5,000.00) lawful money of the United States of America, to be paid to it, for which payment well and truly to be made, we bind ourselves, and our legal representatives, jointly and severally, by these presents.

The conditions of this bond are such, that whereas the said \_\_\_\_\_, Principal, has been granted a license by the said City of Meridian to operate therein under the rules, regulations and ordinances, adopted by the City Council of the said City of Meridian and in force and effect and under the applicable laws of the State of Mississippi, and will hereafter, from time to time, apply for and be granted permits to do particular work and operations thereunder.

NOW, THEREFORE, if the above-bound Principal shall faithfully comply with each and every term, provision and requirement of City Ordinance No. 3912 governing alarm businesses and alarm agents shall further pay to the City of Meridian the sum of One Hundred Dollars (\$100.00) as liquidated civil damages for each and every violation of any of the provisions of said license and the rules and regulations and ordinances of the City of Meridian and of the laws of the State of Mississippi in the selling, maintaining, servicing, inspecting, repairing, leasing, monitoring, altering, replacing, moving or installing any alarm or alarm system as defined in said ordinance on or in any building, structure, place or facility and, in addition thereto, shall indemnify and save harmless the City of Meridian, Mississippi, its officers and agents, from any and all claims, damages, suits, actions or causes of action, arising from or growing out of any act done in violation of the said license and the rules, regulations, ordinances and laws, then this obligation shall be null and void, otherwise to remain in full force and effect.

It is agreed and understood, however, that the said contractor shall be given five (5) days notice of any violation for which the liquidated damages above provided for should be paid, within the five (5) days the said contractor would have opportunity to make the necessary correction, and upon his failure to do so, demand will be made for payment of the liquidated damages hereinabove provided for.

It is further provided that this bond may be cancelled by the Surety upon written notice of cancellation delivered to the Building Official, provided, however, that such cancellation shall not affect any liability which has theretofore become fixed, and shall not affect permits theretofore granted, the work under which has not been completed.

WITNESS THE SIGNATURES OF SAID PRINCIPAL AND SURETY on this the \_\_\_\_\_ day of

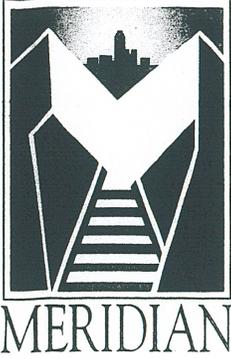
\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Principal

BY: \_\_\_\_\_

\_\_\_\_\_  
Surety

BY: \_\_\_\_\_



# CONSENT FORM FOR RELEASE OF RECORDS

(PLEASE PRINT)

I, \_\_\_\_\_,  
who resides at \_\_\_\_\_

do hereby give permission for the **city of my residence**, to release any and all information relating to any misdemeanor (s), arrest (s) and/or any criminal history, including traffic violations (s).

**Mayor:**

CHERI BARRY  
(601) 485-1927  
FAX: (601) 485-1911

**Council members:**

GEORGE M THOMAS  
Ward 1

MARY A. B. PERRY  
Ward 2

BARBARA HENSON  
Ward 3

JESSE E. PALMER, SR.  
Ward 4

BOBBY R. SMITH  
Ward 5

COUNCIL CLERK:  
(601) 485-1959  
FAX: (601) 485-1913

Social Security Number: \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Signature and identification verified by: \_\_\_\_\_

Date of request: \_\_\_\_\_

Entity requesting information: \_\_\_\_\_

**CITY DEPARTMENTS:**

**Chief Administrative Officer**  
(601) 485-1929  
FAX: (601) 485-1911

**Community Development:**  
(601) 485-1910  
FAX: (601) 484-6813

**Finance and Records:**  
(601) 485-1946  
FAX: (601) 485-1979

**Fire:**  
(601) 485-1822  
FAX: (601) 485-1035

**Homeland Security:**  
(601) 484-6890  
FAX: (601) 484-6895

**Parks and Recreation:**  
(601) 485-1802  
FAX: (601) 485-1851

**Police:**  
(601) 485-1841  
FAX: (601) 484-6832

**Public Works:**  
(601) 485-1920  
FAX: (601) 485-1864

Date of violation	Violation	Conviction

POLICE DEPARTMENT CLERK

DATE OF RECORD CHECK

MERIDIAN