



PLAINFIELD POLICE DEPARTMENT

14300 S. COIL PLUS DR.
PLAINFIELD, IL 60544
(815) 436-6544

APPLICATION FOR COMMERCIAL BURGLAR ALARM PERMIT

BUSINESS NAME:			
Address:			
Phone:		Fax:	E-Mail:
NORMAL BUSINESS HOURS: Open:		Close:	Days:
OWNER INFORMATION			
OWNER #1: Name			
Phone: Home: ()		Work: ()	Cell: () Pager: ()
OWNER #2 Name			
Phone: Home: ()		Work: ()	Cell: () Pager: ()
ALARM SYSTEM INFORMATION			
Name of Alarm Servicing Company:			Phone:
IL Burglar Alarm License #:			
Mailing Address:			City, State, Zip:
Name of Alarm Monitoring Company:			Phone:
IL Burglar Alarm License #:			
Mailing Address:			
City State Zip:			
Type of Alarm System: BURGLAR Audible/Silent PANIC Audible/Silent Date of Alarm Installation:			
Is there a Security Guard Checking the Premises? Yes () No ()			
If yes, name of Guard Company:			24 Hour Phone:
Days/Hours Premises Checked:		Does the Guard Company have a key to the premises? Yes () No ()	
Hazards: Please list any animals, hazardous materials, or any other items that are stored on the premises, which may be encountered by a police/fire response to the premises. If necessary, use other side.			
KEYHOLDER INFORMATION			
List all persons who have the ability to control the alarm system in the order they should be contacted. Provide one or more contact telephone numbers for each of your keyholders. You may use cellular or pager numbers. If necessary, use other side. Keyholders should be able to arrive at alarm location within 30 minutes.			
Keyholder Name		Home #	Work #
Cell #			

There is an application fee of \$25.00 per business. The fee must be paid upon submission of this application. Please make checks payable to the Village of Plainfield, and mail with completed application to: Plainfield Police Department, Attn: Licensing Coordinator, 14300 S. Coil Plus Drive, Plainfield, IL 60544-7704. If you have any further questions, please contact the Plainfield Police Department, Monday – Friday, 8:00 a.m. – 6:00 p.m. at (815) 436-6544 or you may reach us online at www.plainfield-il.org.

SIGNATURE: _____ DATE: _____

FOR POLICE USE ONLY	_____ NEW _____ RENEWAL _____ CHANGE	PERMIT NO. _____	DATE ISSUED: _____	PAID: _____
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