



CITY OF BRYAN  
The Good Life, Texas Style.

### COMMERCIAL ALARM PERMIT APPLICATION

**\$75.00 / 3 YEARS**  
(State/Government Exempt)

City of Bryan Alarm Program P. O. Box 140187 Irving, Texas 75014-0187  
(877) 220-5899

MLI # _____
Alarm # _____
<i>Office Use Only</i>

- NEW LICENSE                       RENEWAL LICENSE                       UPDATE INFORMATION

**ALARM LOCATION (One alarm permit per location)**

Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**TYPE OF PROPERTY**

- Commercial  
 State/Government

**ALARM DESCRIPTION (Check all that apply)**

- Burglary  
 Robbery  
 Panic

<b>SELECT ALARM TYPE: (Select ONE only.)</b>	
<input type="checkbox"/> Direct	<input type="checkbox"/> Ringer Audible
<input type="checkbox"/> Silent	<input type="checkbox"/> Both: Silent/Ringer & Silent/Audible

**SPECIFY THE AREA COVERED BY THE ALARM SYSTEM**

**COMMERCIAL ALARM PERMIT APPLICATION**

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

**FIRST CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Required) One name per line only.**

Name \_\_\_\_\_  Alarm Agent     Employee     Manager     Owner  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**SECOND CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Required) One name per line only.**

Name \_\_\_\_\_  Alarm Agent     Employee     Manager     Owner  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**THIRD CONTACT PERSON AUTHORIZED TO RESPOND TO ALARM (Optional) One name per line only.**

Name \_\_\_\_\_  Alarm Agent     Employee     Manager     Owner  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ALARM COMPANY (Initial here if no one monitors your alarm.)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Contact Name (if known) \_\_\_\_\_

I hereby certify that I am the permit holder of the alarm site shown above and the information contained in this application is true and correct. I understand that I will be liable for all expenses incurred by the city in disabling the alarm if the system emits an audible signal for longer than thirty (30) minutes. I agree to abide by the provisions of Alarm requirements as codified in Section 34:19-28 of the Bryan Code of Ordinance and will notify the Bryan Police Department at (979) 209-5348 of any changes in the information contained in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**\*\*\* Office Use Only \*\*\***

Expiration Date \_\_\_\_\_ Receipt Number \_\_\_\_\_ Initials \_\_\_\_\_  
 Exempt Y/N \_\_\_\_\_ Date Paid \_\_\_\_\_ Approved By \_\_\_\_\_ Disapproved By \_\_\_\_\_