

**SPRING VALLEY VILLAGE POLICE DEPARTMENT  
COMMERCIAL APPLICATION/ALARM PERMIT  
CITY OF SPRING VALLEY VILLAGE**

BUSINESS NAME	
ADDRESS	
ZIP CODE	PHONE # (     )

ALARM CO:		PHONE # (     )	
BURGLAR    Y___N___	HOLDUP. Y___N___	FIRE    Y___N___	MONITORED    Y___N___

INDICATE IF YOU HAVE AUTOMATIC CUT-OFF OF 15 MINUTES OR LESS (REQUIRED)    Y\_\_\_N\_\_\_

**BUSINESS HOURS**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY
THURSDAY	FRIDAY	SATURDAY	

**NAMES OF PERSONS WHO CAN RESPOND TO ALARM    HOME PHONE/PAGER/CELL #'S (INDICATE WHICH)**


**ADDITIONAL INFORMATION**

HOURS/LOCATION LIGHTS LEFT ON AFTER CLOSING:
DESCRIPTION OF VEHICLES AT LOCATION AFTER CLOSING:
OTHER:

\_\_\_\_\_ DATE

\_\_\_\_\_ APPLICANT SIGNATURE

\_\_\_\_\_ PERMIT NUMBER

\_\_\_\_\_ VALIDATION PERIOD

APPROVED: SPRING VALLEY VILLAGE POLICE DEPARTMENT

\_\_\_\_\_ DATE