

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

<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL APPLICATION	
BUSINESS NAME	BUSINESS EMAIL ADDRESS
ADDRESS	
ZIP CODE	PHONE # (       )

ALARM CO:	PHONE # (       )		
BURGLAR Y____ N____	HOLD UP 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

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

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

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

\_\_\_\_\_  
APPROVED: SPRING VALLEY VILLAGE POLICE DEPARTMENT

\_\_\_\_\_  
DATE