ALARM AGENT APPLICATION

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH: 541-726-3753 • FAX: 541-726-3689



APPLICATION FEE: \$49.35 (Every Two Years - Includes a 5% technology fee)

All fees are non-refundable

A new application must be completed every two years.

AGENT INFORMATION				
Alarm Agent's Full Name:			Date of Birth:	
Physical Address: (No PO Box)				
City:		State:		Zip:
Phone Number:	Driver's License No: (copy is required)	Email Address:		
Mailing Address: ☐ Same as above				
City:		State:		Zip:
Are you self-employed? Yes □ No □				
ALARM BUSINESS AND OWNER INFORMATION				
Alarm Business Name:		DBA:		
Business Owner's Full Name:		Alarm Business License #:		
Business Address:				
City:		State:	Zip:	
Contact Person:	Business Phone Numl	ber: Email Addres		5:
		State of Oregon Registry #: (if applicable)		
SIGNATURE Please note that we require a minimum of two (2) weeks to process the application. Incomplete or missing information will delay the review process.				
The information provided on this form is true and complete to the best of my knowledge				
Applicant's Name: (Please Print)			Date:	
Applicant's Signature:			Phone Number	er:
Expedited Fee – Additional 50% of Application Fee				
Expedited Fee is not a guarantee of approval; specific conditions may apply.				
Payment must be submitted with application. Make checks payable to: City of Springfield				

The Business License year is July 1st through June 30th of each year (Fiscal Year). Applications made during the business year are not pro-rated and are subject to the entire fee. A penalty of \$10.00 or ten percent of the license fee, whichever is greater, shall accrue for each month a business has operated without obtaining a business license. All Business Licenses are subject to a 5% technology fee. All fees are non-refundable and no license is transferable.