

# GOFFSTOWN POLICE DEPARTMENT

326 MAST ROAD, GOFFSTOWN, NH 03045-2428 (603) 497-4858

## PERMIT APPLICATION

### **BUSINESS EMERGENCY ALARM DEVICE OR SYSTEM**

**PLEASE PRINT ALL INFORMATION CLEARLY  
AND FILL OUT APPLICATION COMPLETELY**

Date of Application: \_\_\_\_\_  Original  Renewal

**Business Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

NAME OF BUSINESS PERSON RESPONSIBLE FOR ALARM SYSTEM:

\_\_\_\_\_ **PERMIT HOLDER** \_\_\_\_\_ Date of Birth \_\_\_\_\_

TYPE(S) OF PROTECTION OFFERED BY THE ALARM SYSTEM:

- |   |  |                                  |   |
|---|--|----------------------------------|---|
| <input type="checkbox"/> Road facing camera | <input type="checkbox"/> Burglar               | <input type="checkbox"/> Hold Up | <input type="checkbox"/> Fire* (*=see note below) |
|   | <input type="checkbox"/> Utilities             | <input type="checkbox"/> Panic   | <input type="checkbox"/> Medical Emergency*       |
|   | <input type="checkbox"/> Other (specify) _____ |                                  | <input type="checkbox"/> road facing camera       |

**\*NOTE: If you have a fire and/or medical emergency alarm, you MUST apply for an alarm permit from the Goffstown Fire Department (497-3619).**

Location of premises protected by the alarm (BE SPECIFIC):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of the person or company who installed and/or maintains the system:

Name, address and telephone numbers of THREE people who can respond with a building key and reset the alarm system:

#1.

Name		Address
Home #	Work #	Cell #

#2.

Name		Address
Home #	Work #	Cell #

#3.

Name		Address
Home #	Work #	Cell #

Will the system re-set itself automatically after a certain period of time?  Yes  No  
If yes, after how long? \_\_\_\_\_

Is there an audible signal (horn) that will sound when the alarm is activated?  Yes  No

Will the signal re-set itself automatically after a certain period of time?  Yes  No  
If yes, after how long? \_\_\_\_\_

*ATTACH A DIAGRAM showing the interior and exterior of the premises. Indicate the location of the alarm panel, motion detectors, horns, panic or hold up buttons ect. Diagram **not required** with Renewal permit application.*

I certify that the above information is true to the best of my knowledge:

_____	_____
Date	Signature of Applicant/ Type to Sign

_____	_____
DATE	APPROVED BY

**\*\*\*NOTE: Nothing contained herein shall be construed so as to limit a receiving agency from terminating permission to connect an alarm for good cause. Good cause may include a specified number of false alarms.**

**TO VIEW THE TOWN ORDINANCE "EMERGENCY ALARM DEVICE/SYSTEM REGULATIONS", REFER TO WEBSITE: [www.goffstown.com](http://www.goffstown.com)**