

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