

## Fire Alarm Permit Application

**MAKE CHECKS PAYABLE TO: CITY OF WILLMAR**  
**PO BOX 755**  
**333 SW 6<sup>th</sup> St.**  
**WILLMAR, MN 56201**

<b>STREET ADDRESS:</b>	<b>ZIP:</b>
<b>MAILING ADDRESS:</b> IF DIFFERENT FROM ABOVE	<b>ZIP:</b>

**RESIDENTIAL PERMIT:**

NAME OF RESIDENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BUSINESS PERMIT:**

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ALARM PERMIT FEES:**

- NEW ALARM PERMIT**
  - FIRST YEAR - \$30.00
- ALARM PERMIT RENEWAL**
  - RENEWAL - \$30.00 EVERY 3 YEARS

*Office Use Only:*

Receipt Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Total: \_\_\_\_\_

**I CERTIFY THAT I AM AWARE THIS PERMIT MUST BE RENEWED WITHIN 3 YEARS OF THIS APPLICATION**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

