



Attn: Alarm Coordinator  
Miami Beach Police Department  
1100 Washington Avenue  
Miami Beach, FL 33139  
(305)673-7115 (305)673-7879 fax

DATE ISSUED: \_\_\_\_\_  
AMOUNT PAID: \_\_\_\_\_  
NEW: \_\_\_ RENEWAL: \_\_\_ CHANGE: \_\_\_

## City of Miami Beach Alarm Subscriber Permit Application

1. Alarm Subscriber/Business Name: \_\_\_\_\_
2. Phone Number at Alarmed Location: (\_\_\_\_\_) \_\_\_\_\_
3. Address of Alarmed Location: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_ Attn: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Is Alarmed Location a Business or a Residence? (Please circle one) Business                      Residence
6. Name of Alarm/Monitoring Company:    Aressco Services, Inc.  
State of Florida License Number:        EF 0000016  
Mailing Address:        12904 SW 133 Court  
City:    Miami        State:    Florida                      Zip Code: 33186  
Phone Number:    (305)    251-1900
7. Business or Residence Owner Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_
8. Who owns the Alarm Equipment? (Please circle one) Alarm Company                      Subscriber
9. Dogs, Hazards, Special Comments Regarding Premises: \_\_\_\_\_

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Call 673-7115/Voice to request material in accessible format; sign language interpreters (five days in advance when possible) or information on access for persons with disabilities.

10. Normal Business Hours: Open: \_\_\_\_\_ Close: \_\_\_\_\_ Days Open: \_\_\_\_\_

11. Do you have a Security Guard Checking Your Premises? (Please circle one) YES NO

If YES, Name of the Security Guard Company: \_\_\_\_\_

Days and hours premises checked: \_\_\_\_\_

Do they have a key to the premises? (Please circle one) YES NO

24 Hour Phone Number: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

12. Type of Alarm System: (Please circle one) Burglary Audible or Silent  
Hold Up/Armed Robbery Audible or Silent  
Panic Audible or Silent

13. Date of Alarm Installation: \_\_\_\_\_ Date of last Alarm Inspection: \_\_\_\_\_

14. Who should be contacted in the event of an alarm?

Name Relationship Day Phone Night Phone

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

15. Do you have more than one alarm system at this address? (Please circle one) YES NO

If YES, please list each alarm system below and describe what area it covers (office, warehouse, guest house, etc.)

System Information

Permit Number

- System 1: \_\_\_\_\_
- System 2: \_\_\_\_\_
- System 3: \_\_\_\_\_
- System 4: \_\_\_\_\_
- System 5: \_\_\_\_\_

If any changes need to be made to your Alarm Subscriber Permit, they must be made in writing.

16. Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_