



**INCORPORATED VILLAGE OF OCEAN BEACH**

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457  
TEL: (631) 583-5940 FAX: (631) 583-7597  
[www.villageofocceanbeach.org](http://www.villageofocceanbeach.org)

**2024**

**ALARM PERMIT**

**ANNUAL PERMIT SERVICE FEE \$100.00 PER ALARM**

**\*\*DUE DATE: DECEMBER 31, 2023 / NON-REFUNDABLE - LATE FEES WILL APPLY\*\***

**BUSINESS LICENSES ARE FOR THE CALENDAR YEAR 01/01/24 THRU 12/31/24**  
**REGULATIONS PURSUANT TO VILLAGE CODE SECTION 106-27(B)**

APPLICANT'S NAME: \_\_\_\_\_

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

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_ (CELL) \_\_\_\_\_

INSTALLER'S NAME: \_\_\_\_\_

INSTALLER'S ADDRESS: \_\_\_\_\_

INSTALLER'S PHONE: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**\*\*INSTALLER'S CERTIFICATE OF INSURANCE MUST BE PROVIDED\*\***

**\*\*ALARM SYSTEM PLANS MUST BE PROVIDED\*\***

SERVICE PROVIDER'S NAME: \_\_\_\_\_

SERVICE PROVIDER'S ADDRESS: \_\_\_\_\_

SERVICE PROVIDER'S PHONE: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
Date

- **Make checks payable to Inc. Village of Ocean Beach**
- **Regulations Pursuant to Village Code §40: Alarm Systems**

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**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Date Application Received:** \_\_\_\_\_ **Fee Paid: \$100.00** **Cash Receipt No.:** \_\_\_\_\_