



CITY OF JERSEY CITY
DIVISION OF COMMERCE
4 Jackson Square
Jersey City, New Jersey 07305
Telephone # 201-547-5139
commerce@jcnj.org

INSTRUCTIONS FOR BURGLAR ALARM REGISTRATION APPLICATION

1. Registration Number is generated once the application is processed.
2. If you are going to register a business we need the name of the business and the full name of the alarm owner.
3. Address where you currently live: Please write the address where you currently live if you don't live where the alarm is located.
4. Name of Alarm Company: Please write the location of the Alarm Company, Address, City, State, Zip Code and telephone number.
5. There is a form attached to the burglar alarm application which is JERSEY CITY POLICE DEPARTMENT AND BUSINESS AND PRIVATE ALARM UPDATE INFORMATION. Complete and return it to: Jersey City Police Department, 73 - 85 Bishop Street, Jersey City, New Jersey 07304. If you have any questions pertaining to this form, please call 201-631-3327. There is no fee for this application.
6. Make check or money order payable to "City of Jersey City" in the amount of \$20.00.

NOTE: The license period runs from April 1st through March 31st. It is the responsibility of the applicant to submit an application prior to the permit expiration date. Failure to renew will be classified as use of a non-permitted alarm system, and citations and penalties will be assessed. If you have any questions regarding the licensing process, please contact the Division of Commerce at 201-547-5139.



STEVEN M. FULOP
MAYOR

HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
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ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

Burglar Alarm Application
2022-2023
License Period April 1st - March 31st

License # _____

CHECK ONE NEW APPLICATION RENEWAL APPLICATION

License Fee \$20.00 Check/Money Order Payable to City Of Jersey City

Check All that Applies Alarm Site: House Apartment Condo Business

Address of Alarm Location: _____

OWNER INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone# _____ Business Telephone # _____

Cell Phone#: _____ E-Mail Address: _____

ALARM MONITORING COMPANY INFORMATION

Name of Alarm Company: _____

Company Address: _____ Telephone# _____

City: _____ State: _____ Zip Code: _____

APPLICANT SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY

APPLICATION DENIED _____ APPROVED _____ AMOUNT\$ _____ CHECK # _____

Director's Signature: _____

Jersey City Police Department
Business and Private Alarm Information Up-Date

The Jersey City Police Department is currently updating information on Alarm Systems throughout Jersey City. The information you provide will be entered into the Police Department's computer database and will assist in the dispatching of police units to burglar alarm calls. Fill out the below form with as much information as possible. Please mail this form to the Jersey City Police Department, Support Services Division, 73- 85 Bishop Street, Jersey City, NJ, 07304

Business Name _____ Security Co. Phone# _____

Address _____ Main Phone# _____

Business Owner's Name: _____

Business Owner's Address _____ Phone number# _____

Property Owner's Name _____ Security Phone# _____

Address _____ Main Phone# _____

Hazardous Materials On-Site: Yes No Right to Know on file Yes No

Guard Dogs On-Site Yes No Other Dangerous: _____

Alarm Type: Burglar Fire Panic/Hold-up Medical Other _____

Silent: Yes No

Alarm Company: _____ Alarm Company Phone# _____

Emergency Contact Information
(List names in order of preferred contact sequence)

1. _____ Phone# _____ Cell# _____

2. _____ Phone# _____ Cell# _____

3. _____ Phone# _____ Cell# _____