Please complete the following form in its entirety and return with your business license, to be kept on file with the City and with the Police Department, in case of emergency. Please make sure that at least one of your emergency contacts is local.

Business name		
Business hours		
Business address		
Business phone #		
EMERGENCY NUM	MBERS:	
Contact #1		
Contact #2		
Does your business have an all number below:	larm? If so, advise the name of the	company and their phone
No		
	name and phone number	_

Thank you for your cooperation