2009 ***PLEASE RETURN WITH YOUR FEE FOR YOUR BUSINESS LICENSE*** NAME OF BUSINESS: ANY OTHER NAME BUSINESS IS KNOWN AS: BUSINESS HOURS: MON THRU FRI PHONE () SUN SAT FAX () COLMA POLICE EMERGENCY CONTACTS THE PURPOSE OF THIS FORM IS TO HELP THIS POLICE DEPARTMENT PROTECT YOUR PROPERTY. THIS FORM IS CONFIDENTIAL AND WILL BE KEPT IN COMMUNICATIONS IN CASE OF AN EMERGENCY. WHICH REQUIRES THAT WE NOTIFY YOU OR YOUR REPRESENTATIVE. ADDRESS OF BUSINESS: TYPE OF BUSINESS: LOCAL OWNER/MGR: HOME PHONE () ADDRESS: CELL/BEEPER () PLEASE LIST NAME. ADDRESS AND HOME PHONE FOR AT LEAST TWO EMPLOYEES WHO HAVE KEYS TO THE BUSINESS AND WHO CAN BE NOTIFIED OF AN EMERGENCY IF THE MANAGER IS NOT AVAILABLE. THESE INDIVIDUALS SHOULD LIVE WITHIN ONE HOUR OF THE BUSINESS, IF POSSIBLE. NAME: ______ HOME PHONE (_____) _____ ADDRESS: ______ CELL/BEEPER (____) ____ NAME: ______ HOME PHONE (_____) _____ ADDRESS: _____ CELL/BEEPER () DO YOU HAVE A SECURITY ALARM: \(\text{ YES} \) NO. IF YES PLEASE LIST NAME AND PHONE: NAME OF COMPANY ______ PHONE (_____) ____ LOCATION ELECTRIC PANEL GAS SHUT OFF VALVE SPRINKLER CONNECTION/VALVE LOCATIONS HAZARDOUS STORAGE: LIST TYPE OF MATERIALS AND LOCATION ______ OTHER MISC INFO: (INCLUDE HOLIDAYS YOU ARE CLOSED, ADDITIONAL CONTACT PERSON, ETC)