



EMERGENCY CONTACT INFORMATION FOR WENTZVILLE BUSINESSES

CONFIDENTIAL - FOR POLICE USE ONLY

Please fill out this form completely and return with your Business License application.

Date: ____/____/____

Name of Business: _____

Address of Business: _____ Suite: ____ Business Phone: _____

#1 Emergency Contact Name: _____

Address: _____ Suite: ____ Phone: _____

#2 Emergency Contact Name: _____

Address: _____ Suite: ____ Phone: _____

Night light Yes _____ No _____

Strong box Yes _____ No _____

Safe Yes _____ No _____

Alarm Yes _____ No _____

Type of Alarm: _____

Company that installed and/or maintains alarm system: _____

Address: _____ Phone: _____

Do you have private security on the premises? Yes _____ No _____

If so, what company?

Name: _____

Address: _____

Phone: _____

What hours are security guard(s) present? _____

Remarks: _____
