



BUSINESS REGISTRY INFORMATION

Name of Business: _____

Address of Business: _____

Business Phone: _____ Alternate Phone: _____

Type of Business: _____ Regular Business Hours: _____

Owner of Business: _____ Home Phone: _____

Owner's Home Address: _____

Owner's Cell Phone: _____ Alternate Phone: _____

Keyholder(s) to Contact in Case of Emergency

Name: _____ Home Phone: _____ Other Phone: _____

Name: _____ Home Phone: _____ Other Phone: _____

Name: _____ Home Phone: _____ Other Phone: _____

Do you employ after hour personnel (Custodians, Stock Workers, etc.)? If so, please describe the activities and hours:

Do you use and alarm system? If so, what type? What is the alarm company name and phone number?:

Remarks (Known hazards for responding officers, problem areas, special instructions, etc.):

Send Crime Alerts and other risk threatening information regarding your business to: kmoloney@ci.belleplaine.mn.us