



TOWN OF MARANA

INITIAL BUSINESS EMERGENCY CONTACT INFORMATION

<i>Please complete this form and return it with the Business License Application. A copy of this information will be provided to the Marana Police Department.</i>	
Business Name: Click here to enter text.	Date: Click here to enter text.
Type of Business: Click here to enter text.	
Address Number: Click here to enter text.	Street Direction: <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
Suite or Unit#: Click here to enter text.	City: Click here to enter text.
State: Click here to enter text.	Zip Code: Click here to enter text.
Plaza or Development: Click here to enter text.	
Business Phone: Click here to enter text.	Business Hours: Click here to enter text.
Occupancy (Day): Click here to enter text.	Occupancy (Night): Click here to enter text.
Lights Left on After Closing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Information	
Name of Owner: Click here to enter text.	Owner Phone: Click here to enter text.
Owner Alternate Phone: Click here to enter text.	Email: Click here to enter text.
Website: Click here to enter text.	
Alternate Contact Information	
Contact 1: Click here to enter text.	Contact 1 Title: Click here to enter text.
Contact 1 Phone: Click here to enter text.	Contact 1 Alternate Phone: Click here to enter text.
Contact 2: Click here to enter text.	Contact 2 Title: Click here to enter text.
Contact 2 Phone: Click here to enter text.	Contact 2 Alternate Phone: Click here to enter text.
Alarm System Information	
Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annunciator Panel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Type: Click here to enter text.	Alarm Service Provider: Click here to enter text.
Alarm Service Provider Phone: Click here to enter text.	
<i>Please add any additional information that might be of assistance in an emergency in the space below.</i>	
Click here to enter text.	