

# CONFIDENTIAL

## GOFFSTOWN POLICE DEPARTMENT BUSINESS INFORMATION

**\*\*IF YOU HAVE AN ALARM SYSTEM FILL OUT THE BUSINESS ALARM PERMIT ONLY\*\***

Business: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers to Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Manager:** \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**CALL LIST:** *Please list in the order they should be called*

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Building Owner:** \_\_\_\_\_

Building/Complex Name (If applicable) \_\_\_\_\_

Rental  Own:

**Safe:** (Circle All that apply)

Floor Under Counter Other: \_\_\_\_\_

Drop Safe Location of Safe: \_\_\_\_\_

**OTHER:**

Haz-Mat on Premises: NO YES Type: \_\_\_\_\_

Weapons On Premises: NO YES Type: \_\_\_\_\_

Security Guards NO YES Armed? NO YES

Dogs: NO YES

Cleaning crew after hours NO YES

Name of Security Co/Crews: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<b>ROUTE:</b> _____	
<b>DATE COMPLETED:</b> _____	<b>OFFICER:</b> _____