



WESTON POLICE DEPARTMENT
Office 816-640-2455
Fax 816-386-2336

TO ALL BUSINESS OWNERS:

PLEASE PROVIDE THE FOLLOWING INFORMATION SO WE CAN KEEP UP TO DATE INFORMATION ON WHOM TO CONTACT IN AN EMERGENCY. THIS INFORMATION WILL BE KEPT CONFIDENTIAL WITHIN THE LAW ENFORCEMENT SYSTEM. HOWEVER, THE **BUSINESS PHONE** NUMBER WILL BE GIVEN OUT IF REQUESTED BY THE PUBLIC, BUT NO OTHER INFORMATION.

PLEASE NOTIFY US WHEN THERE IS ANY **CHANGE** IN THE **LOCATION** OF YOUR BUSINESS, **CHANGE** OF **MANAGER**, **EMERGENCY NUMBERS**, OR **PHONE NUMBERS**. YOU MAY USE THIS FORM FOR ANY CHANGES AND RESUBMIT.

THIS INFORMATION WILL BE ASKED OF YOU EACH YEAR WHEN YOU REAPPLY FOR YOUR BUSINESS LICENSE. **ALL FIELDS MUST BE FILLED OUT PLEASE.**

THANK YOU!

BUSINESS NAME: _____
(IF YOU HAVE MORE THAN 1 BUSINESS NAME AT THE SAME ADDRESS LIST ALL NAMES)

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: (_____) _____ HOME BUSINESS?
PLACE A CHECK MARK HERE

BUSINESS OWNER NAME & PHONE #: _____

MANAGER'S NAME & PHONE #: _____

BUILDING OWNER NAME & PHONE #: _____

1ST PERSON WHO CAN RESPOND QUICKEST (_____) PHONE NUMBER – CELL HOME

ALTERNATE PERSON TO CALL (_____) PHONE NUMBER – CELL HOME

ALARM COMPANY: YES (_____) NO (_____) (_____) **NONE**
If **NONE** is selected **Do Not** continue

MOTION SENSORS: YES (_____) NO (_____) _____

VIDEO CAMERAS: YES (_____) NO (_____) _____

ALARM COMPANY NAME: _____

ALARM COMPANY AFTER HOURS PHONE NUMBER: (_____) _____