

# CITY OF HUBBARD BUSINESS REGISTRATION FORM



Hubbard Municipal Code Chapter 5.01 was enacted to assist law enforcement, Fire Department, and Emergency Medical Services. This information will be used to contact you or your Responsible Party (RP) in cases of officers finding suspicious circumstances, crime damage, or open doors and windows.

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
*(Please list all site location addresses within the City for this business. Use back of sheet if necessary)*

MAILING ADDRESS: \_\_\_\_\_  
*(Include Address, City, State, and Zip Code)*

BUSINESS PHONE: \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

WEB PAGE/EMAIL ADDRESS: \_\_\_\_\_

DESCRIPTION OF BUSINESS ACTIVITY: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

BUSINESS OWNER/APPLICANT/AGENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PROPERTY OWNER *(If different from Business Owner)*: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALARM SYSTEM: YES \_\_\_\_\_ NO \_\_\_\_\_ CHECK ALL THAT APPLY:  
*Intrusion* \_\_\_\_\_ *Panic Hold-Up* \_\_\_\_\_ *Fire* \_\_\_\_\_ *Audible* \_\_\_\_\_ *Silent* \_\_\_\_\_ *Audible & Silent* \_\_\_\_\_

ALARM COMPANY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ALARM COMPANY ADDRESS: \_\_\_\_\_

Please list at least TWO Responsible Persons (RP) who will respond by phone or in person to the business any time of the day or night for suspicious or emergency situations in the order they are to be called:

RP #1 \_\_\_\_\_ PHONE# \_\_\_\_\_

RP #2 \_\_\_\_\_ PHONE# \_\_\_\_\_

PLEASE CONTACT THE CITY OF HUBBARD AT (503) 981-9633 WITH ANY CHANGES AS THEY OCCUR THROUGHOUT THE YEAR  
USE BACK OF FORM TO INCLUDE ANY ADDITIONAL INFORMATION