

CITY OF HUBBARD BUSINESS REGISTRATION FORM



in

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: _____ ANNUAL GROSS RECEIPTS: _____

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