



City Of Farmington

2022 Business Registration

Business Name _____ Business Phone _____

Business Address _____

Mailing Address _____

Business Website Address _____

Email Address _____ Nature of Business _____

List the full name, residence address, phone number, and email of all owners/proprietors/partners and/or officers of this business:

Is this business required to be licensed under city code? Yes ___ No ___
Does this business require a county, state, or federal license or certificate? Yes ___ No ___
(Attach a copy, if applicable, and indicate under which law)

List ALL standard industrial classification numbers of all processes conducted within the City: _____

The following information is requested for use in providing police/fire services:

What are your hours of operation? _____

Do you have an alarm system? Yes ___ No ___ Type: Burglar ___ Fire ___ Hold Up ___

Name, address, and phone number of alarm company _____

Do you have after-hours lighting? Yes ___ No ___ Location: _____

Do you have an after-hours cleaning crew? Yes ___ No ___ If yes, name of cleaning crew _____

Address _____

Phone number _____ Times/Hours in building _____

Location of safe _____

Name, address, and phone number of Key Holder and second Key holder to notify in an emergency _____

Signature of Applicant _____ Title of Applicant _____ Date _____