



PLATTEVILLE POLICE DEPARTMENT

400 Grand Avenue
Platteville, Colorado 80651
970.785.2215 (p) • 970.785.2476 (f)

RESPONSIBLE PARTY / BUSINESS INFORMATION

The Platteville Police Department requires the following information for all licensed businesses in the Town of Platteville, updated on at least an annual basis. This information ensures that calls for service at the Business listed are handled in an appropriate and safe manner. Please notify the Police Department of any changes immediately. Type or Print all requested information. Attach additional pages if necessary. Return this document with your business license application or renewal:

Business Name: _____ Today's Date: _____

Other Names the Business is referred to as (list all): _____

Business Physical Address: _____, Platteville, CO 80651

Business Mailing Address: _____ City: _____ State: ____ Zip: _____

Business Owner:

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Email Address: _____

Business Manager:

Check here if manager is the same as "Business Owner" above or:

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Email Address: _____

Emergency Contact:

Check here if manager is the same as "Business Owner" above or:

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Email Address: _____

Responsible Persons: (Those who have access to the business after working hours)

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Does the Business have a Burglar Alarm System?: Yes No

Does the Business have a Fire Alarm System?: Yes No

Alarm Type (check all that apply):
____ Auto Dialer/Third Party
____ Outside Audible
____ Panic Button
____ Monitored by Security Company
____ Silent Alarm

Security Company Name (if applicable): _____ Phone Number: _____

How many entry / exit doors are in the building?: _____ Location(s): _____

Is alcohol stored in the building?: No Yes, Location: _____

Are drugs stored in the building?: No Yes, Location: _____

Are weapons stored in the building?: No Yes, Location: _____

Are any hazardous substances or materials stored in the building?: No Yes, Location and List specific materials and quantites: _____