



**CITY OF FARMINGTON**  
**2020 BUSINESS REGISTRATION**

**NEW BUSINESSES: Please complete entire form and sign at the bottom.**

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Website Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Nature of Business \_\_\_\_\_

Is this business organized as: Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_

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

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this business required to be licensed under city code? Yes \_\_\_ No \_\_\_

Does this business require a state, county or federal license/certificate? Yes \_\_\_ No \_\_\_

(Attach a copy of license/certificate 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 and fire services:**

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

Name/address of alarm company \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have after hours lighting? Yes \_\_\_ No \_\_\_ Location \_\_\_\_\_

What are your hours of operation? From \_\_\_\_\_ To \_\_\_\_\_

Do you have an after hours cleaning crew? Yes \_\_\_ No \_\_\_

If yes, Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Hours in Building: From \_\_\_\_\_ To \_\_\_\_\_

Location of safe: \_\_\_\_\_

**Closest Key Holder to Notify:** \_\_\_\_\_ Cell: \_\_\_\_\_

Home phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Second Key Holder:** \_\_\_\_\_ Cell: \_\_\_\_\_

Home phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title of Applicant**

\_\_\_\_\_  
**Date**