



City of Belton
Emergency Service Information
(for businesses located within Belton city limits)

*Required Information

Business Information

*Business Name _____ DBA Name (if different) _____

*Belton Address (No PO Boxes) _____ Belton MO 64012 *Business Phone _____

Mailing Address (if different) _____ Email _____
City/St/Zip

*Description of Type of Business (be specific) _____

*Business hours of operation _____ *No. of people in the building afterhours _____

*Emergency Contact & cell number _____

*Alternate #1 Emergency Contact & cell number _____

*Alternate #2 Emergency Contact & cell number _____

Alarm Company & phone number _____

***Ownership Information** Sole Proprietor Partnership Corporation or LLC Other _____
(complete section A) (complete section B) (complete section C)

<p>Section A – Sole Proprietor A single-member LLC should fill out section C</p> <p>Owner’s Name _____ Address _____</p> <p>Cell phone _____ Email _____</p>

<p>Section B – Partnership A limited partnership (LP) should fill out section C</p> <p>#1 Owner’s Name _____ Address _____</p> <p>Cell phone _____ Email _____</p> <p>#2 Owner’s Name _____ Address _____</p> <p>Cell phone _____ Email _____</p>
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<p>Section C – Corporation / LLC</p> <p>Name of local emergency contact (KC Metro area) _____</p> <p>Position _____ Address _____</p> <p>Cell phone _____ Email _____</p>
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Building Information

*Building Owner’s Name _____ *Building Owner’s Phone _____

*Building Owner’s Address _____

* Yes / No Does the building have a fire sprinkler system?

* Yes / No Does the building have solar panels?

*Do you have chemicals or products on the premises that would present one of the following hazards?

Immediate health hazard Delayed health hazard Fire hazard

_____ Date form completed