



City of Belton
Emergency Service Information
(for businesses physically 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)

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

Section B – Partnership	A limited partnership (LP) should fill out section C
#1 Owner’s Name _____	Address _____
Cell phone _____	Email _____
#2 Owner’s Name _____	Address _____
Cell phone _____	Email _____

Section C – Corporation / LLC
Name of local emergency contact (KC Metro area) _____
Position _____ Address _____
Cell phone _____ Email _____

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