

Date .....

**CONFIDENTIAL INFORMATION**  
Requested for the City of Jennings  
St. Louis County Police Dept.

Note: The information requested will be held in strict confidence by the Police Department and used Only in case of emergency. *Entire form must be completed and signed.* **PLEASE TYPE OR PRINT.**

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**BACKUP CONTACT:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Business Hours:** \_\_\_\_\_

Do you have a Burglar Alarm/Security System? \_\_\_ Yes/No \_\_\_ What type? \_\_\_\_\_

Is there a side entrance? \_\_\_ Yes/No \_\_\_ Rear entrance? \_\_\_ Yes/No \_\_\_

Do you have a safe? \_\_\_ Yes/No \_\_\_ Located where? \_\_\_\_\_  
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Do you have a Security Person? \_\_\_\_\_

Do you cash checks? \_\_\_\_\_

Any additional information that may benefit your security: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**OWNER'S SIGNATURE**

Return completed form with license application.