

TOWN OF MONUMENT POLICE DEPARTMENT
AND EL PASO COUNTY SHERIFF'S OFFICE

NEW: _____

RENEWAL: _____

BUSINESS PREMISE FILE COPY TO EL PASO COUNTY: _____

Please complete the information below concerning after hours contacts for your business. This information will enable our officers to contact you or a designated person in case of an emergency regarding your property. Please notify the Monument PD of changes as soon as possible. (Please include it with your Business License Application and return to the Town of Monument, PO Box 325, 166 Second Street, Monument, CO 80132.)

DATE: _____

BUSINESS LICENSE NO. _____

NEW EXPIRATION DATE _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ E-MAIL: _____

BUSINESS HOURS: MON _____ TUES _____ WED _____ THURS _____ FRI _____
SAT _____ SUN _____

TYPE OF BUSINESS: _____

ALARM COMPANY NAME: _____

ALARM COMPANY PHONE: _____

LOCATION OF LOCK/BOX SAFE: _____

HAZMAT/LOCATION: _____

JANITORIAL NAME: _____

JANITORIAL SERVICE HOURS: _____ PHONE: _____

LOCATION OF ANY ENCLOSED STORAGE LOTS: _____

AUTHORIZED PERSONNEL AFTER HOURS: _____

AFTER HOURS CONTACTS:

1: NAME: _____ POSITION: _____
PHONE: _____

2: NAME: _____ POSITION: _____
PHONE: _____

3: NAME: _____ POSITION: _____
PHONE: _____