

**GEORGETOWN POLICE DEPARTMENT
SUPPLEMENTAL INFORMATION FOR BUSINESS LICENSE APPLICATION
EMERGENCY CONTACT AND NOTIFICATION**

INSTRUCTIONS: Complete the following information requested. This information is needed in case of an emergency at the business location. Emergency contact persons should be able to respond to business location within 30 minutes after receiving a call. It will be the **RESPONSIBILITY** of the **OWNER** to notify **GEORGETOWN POLICE DEPARTMENT** (843-545-4301) of any **CHANGES** on this contact form. Keep a copy of this form for your records.

NAME OF BUSINESS: _____

ADDRESS: _____

BUSINESS PHONE: _____ **FAX NO:** _____

EMERGENCY CONTACT PERSONS WILL BE CONTACTED IN THE ORDER LISTED BELOW:

1. NAME: _____

PERMANENT RESIDENCE ADDRESS _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **Alternate Telephone #:** _____

2. NAME: _____

PERMANENT RESIDENCE ADDRESS _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **Alternate Telephone #:** _____

3. NAME: _____

PERMANENT RESIDENCE ADDRESS _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **Alternate Telephone #:** _____

Copy to Applicant: _____ Entered into Locator File: _____ Date: ___/___/2001

Time: _____