Somers Point Police Department

NEW JERSEY

(609) 927-6161



Dear Business Owner/Manager;

The below requested information is to be used by the Somers Point Police Department Communications Division for use in an emergency that may occur after normal business hours.

The information you provide will remain confidential. It is for our exclusive use and assists us in our continuous efforts to serve and protect your business.

Please complete all information requested and return with your Mercantile Application. If you are exempt from requiring a Mercantile License, please mail or fax (609-927-0264) this form directly to the Police Department. You may also complete or update this form online at www.SomersPointPD.org

Please retain a copy of this form for your records and advise the Police Department of any changes you may have throughout the year.

NAME OF BUSINESS (as it appears	s on signage):			
PHYSICAL ADDRESS:		_CLOSET CROSS STREET:		
CITY: STATE:		<u> </u>	ZIP CODE:	
BUSINESS PHONE:		FAX:		
E-MAIL:	WEBSITE:			
Please List three (3) p	people to call for after ho	our emergencies	that have access to	the business.
NAME	TITLE	HOME '	TELEPHONE	CELLULAR PHONE
IF YOU HAVE AN AL	_ARM SYSTEM, PLEAS	SE PROVIDE TH	E APPLICABLE INF	ORMATION:
INSTALLATION COMPANY:	TELEPHONE:			
CENTRAL STATION:	TELEPHONE:			
IS ALARM AUDIBLE?: YESN	IO DOES ALA	RM RESET IT	SELF? YES	NO
HOW LONG WILL ALARM SOUND	BEFORE RESETTII	NG?		MINUTES
TYPES OF ALARMS MONITORED)? BURGLARY MEDICAL_	FIREPANI _TEMPERATUR	C/HOLD UP_ E FLOOD OTH	HER
AUTHORIZED SIGNATURE:			DATE	