



Community Development

66 Thillen Drive · Fox Lake, Illinois 60020 · (847) 587-3176 · www.foxlake.org

BUSINESS SECURITY FORM

BUSINESS INFORMATION						
Name of Business:						
Physical Location:						
Type of Business:						
Complete Description of Merchandise:						
Hours of Operation						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

ALARM COMPANY INFORMATION	
Alarm Company Name:	
Alarm Company Phone:	Location of Alarm:
Type of Alarm: Burglar Audible <input type="checkbox"/> Silent <input type="checkbox"/> Fire <input type="checkbox"/> Medical <input type="checkbox"/> Auto Sprinkler <input type="checkbox"/>	

KEY HOLDER INFORMATION		
IN CASE OF EMERGENCY: Please list all Key Holders in the order they are to be called. All key Holders must have a key to the business. Information will be used in the event of a problem involving your business and will remain confidential.		
#1 Name:	Title:	
Address:		
Home Phone:	Cell Phone:	Alt Phone:
#2 Name:	Title:	
Address:		
Home Phone:	Cell Phone:	Alt Phone:
#3 Name:	Title:	
Address:		
Home Phone:	Cell Phone:	Alt Phone:

Signature of Applicant

Date

PD USE ONLY
CAD ____ / ____ Alarm Board ____ / ____

FLFPD USE ONLY
<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Entered <input type="checkbox"/> Faxed to Dispatch