

This area for CPD Staff only.

Registration Number: _____
 New Registration Updated Registration
Date of Registration: _____



PUBLIC SAFETY BUSINESS REGISTRATION

The information collected on this form is for the use of the Cramerton Police Department, Cramerton Fire Department, and Gaston County EMS Agencies. The information is not made public.

Primary Business Information							
Business Name:					Primary Business Telephone:		
Additional Business Telephone:		Additional Business Telephone:			Business Facsimile:		
Physical Address of Business:				City:	State:	Zip Code:	
Mailing Address of Business: <input type="checkbox"/> Check if same as physical address.				City:	State:	Zip Code:	
Business Web Address:			Business Email Address (Regularly checked by management or owner):				
Business Owner:			Primary Telephone:		Secondary Telephone:		
Business Operation/Security							
Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							
Security Lighting:	<input type="checkbox"/> Ext. Front <input type="checkbox"/> Ext. Left Side <input type="checkbox"/> Ext. Right Side <input type="checkbox"/> Ext. Rear <input type="checkbox"/> Ext. Motion Light <input type="checkbox"/> Int. after Closing <input type="checkbox"/> Int. Motion Light						
Security Camera(s):	<input type="checkbox"/> Ext. Front <input type="checkbox"/> Ext. Left Side <input type="checkbox"/> Ext. Right Side <input type="checkbox"/> Ext. Rear <input type="checkbox"/> Interior <input type="checkbox"/> System Recording						
Hazardous Materials:	<input type="checkbox"/> Animals <input type="checkbox"/> Gas <input type="checkbox"/> Oils <input type="checkbox"/> Chemicals <input type="checkbox"/> Weapons/Ammunition <input type="checkbox"/> Flammables <input type="checkbox"/> Stored Vehicles <input type="checkbox"/> Med. Waste <input type="checkbox"/> Other:						
Alarm:	<input type="checkbox"/> Entry <input type="checkbox"/> Glass Break <input type="checkbox"/> Robbery/Panic <input type="checkbox"/> Audible <input type="checkbox"/> Silent <input type="checkbox"/> Medical <input type="checkbox"/> Fire <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Knox Box						
Alarm Company:					Alarm Company Dispatch Telephone:		
Alarm Registration On-File with Cramerton PD? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Required by Town of Cramerton Ordinance)</i>							
Emergency Contact Information							
Contact Person	Title			Primary Telephone		Secondary Telephone	
1							
2							
3							
4							
Special Instructions							