



**CITY OF RICHMOND
DIRECTOR OF FINANCE**

**P.O. Box 1268
Richmond, Kentucky 40476-1268
(859) 623-1000 ext. 2024 FAX (859) 624-2753**

Name of business or trade name: _____

Business street address: _____

City, State, Zip: _____

Mailing address: _____

City, State, Zip: _____

Telephone number:(____) _____ Fax number(____) _____

Owner's name: _____

Owner's address: _____

City, State, Zip: _____ Home phone:(____) _____

Date operations started in Richmond: _____ Approximate number of employees: _____

Nature of business: _____

Type of Business: Corporation S Corporation Partnership Individual Fiduciary
 Farm LLC Religious or Not for Profit Other(Please specify) _____

Federal EIN: _____ Social Security Number: _____

Accounting Period: Calendar year(December 31st) Fiscal year(Month _____)

List contact person(s) name(s) _____ Telephone(____) _____

List previous owner's name and address: _____

ALL BUSINESSES: List all Subcontractors working under you on this or any job in the City of Richmond.(Attach additional sheets including: Name, Address, & Social Security Number)

PARTNERSHIPS: List all Partners with Address and Social Security Information. (Use additional sheets)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

PLEASE REMIT A CHECK OR MONEY ORDER FOR \$50.00 WITH QUESTIONAIRE.

Signature: _____ **Title:** _____

Date: _____



CITY OF RICHMOND
RICHMOND POLICE DEPARTMENT
1721 LEXINGTON ROAD
RICHMOND, KENTUCKY 40475
859-623-1162

Col. Larry R. Brock
Chief of Police

Vacant
Asst. Chief of Police

Major Steve Gregg
Patrol Division

Major Robert Mott
Investigations

Major Mitch Brown
Professional Develop.

Dear Business Owner:

The Richmond Police Department maintains notification listings for all businesses with a physical structure located within the city limits. These listings are maintained by the Madison County 9-1-1 Center so that we are able to contact a responsible party for the business in case of an emergency or other event that requires contact with the owner/operator of the business. The information will be held in the strictest confidence.

In order to provide the best service possible to your business, please provide the information requested below. Keep in mind that a representative for your business should be a key holder and have the authority to allow either police officers, firefighters or other emergency services personnel with access to the premises.

Business Name: _____

Street Address: _____

Telephone No.: _____

Fax Number: _____

Authorized company representatives (list in order to be contacted):

<u>Name</u>	<u>Contact Number(s)</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Please notify us or the Madison County 9-1-1 Center (telephone # 859-624-4776, Fax # 859-623-0926) of any changes to this notification listing. Thank you for helping us to serve you better.

Chief of Police