



Flagstaff Fire Department

Community Risk Reduction Division
211 W. Aspen Ave.
Flagstaff, Arizona 86001

Phone: 928-213-2500

1. Business
Name: _____
Phone: _____
Address: _____ Reference # _____

2. Person Responsible for the Business:
- | Name | Title | Phone |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Emergency Contacts\Coordinators:
- | Name | Title | Home Phone | Work Phone |
|-------|-------|------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

4. Person Responsible for the Application\Principal Contact:
- | Name | Title | Phone |
|-------|-------|-------|
| _____ | _____ | _____ |

5. Property Owner:
- | Name | Business Address | Work Phone |
|------------------|------------------|------------|
| _____ | _____ | _____ |
| Home Phone _____ | _____ | _____ |

6. Principal Business Activity: _____

7. Number of Employees: _____

8. Number Shifts/Time Shifts Change: _____ / _____

9. Hours of Operation: _____

10. Number Assigned to Each Shift: _____

11. Declaration

I certify that the information above and on the attached documents is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Title: _____

(Must be signed by owner/operator or designated representative)

***Updates and amendments must be submitted to the Fire Department annually
or within 30 days of a change.***