

**FINDLAY TOWNSHIP BUSINESS WATCH IDENTIFICATION PROGRAM  
"WORKING TOGETHER TO PROTECT EACH OTHER"**

**APPLICATION**

Name of Business: \_\_\_\_\_ Phone Number of Business: \_\_\_\_\_

Average Number of Employees: \_\_\_\_\_

Daylight \_\_\_\_\_ Afternoon \_\_\_\_\_ Midnight \_\_\_\_\_

Address and Physical Location of Business:  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Number of Entrances \_\_\_\_\_

Alarm Company and Phone Number:  
\_\_\_\_\_

Type: Burglar \_\_\_\_ Fire \_\_\_\_ Medical \_\_\_\_ Panic \_\_\_\_ None \_\_\_\_

Audible/Silent: \_\_\_\_\_

Security Guard on Premises? (YES/NO) \_\_\_\_\_

If "YES", Armed or Unarmed: \_\_\_\_\_

Dogs? \_\_\_\_\_ If "YES", Outside or in Business: \_\_\_\_\_

Emergency Contacts: (GIVE NAME AND PHONE NUMBER)

	NAME	PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

Authorized Signature:  
\_\_\_\_\_

ID NUMBER ISSUED:

\_\_\_\_\_  
POLICE DEPT. USE ONLY