CITY OF LEWISTON
EMERGENCY SERVICES INFORMATION

This addendum is required for all commercial businesses located within the corporate city limits of Lewiston and must accompany your application for a business license. In the event of an emergency at your business premises during non-business hours, provide LOCAL emergency contact information of responsible parties to the Police and Fire Department. Persons listed below must have keys or access to the building and who may be contacted by Emergency Services. Submit with application and attachments to: City of Lewiston, Business Licensing,215 "D" St or PO Box 617, Lewiston ID 83501 Questions may be directed to Business Licensing at (208) 746-7363.

This addendum is for the Business and Address Of:	**Business Name:**	**Business Telephone** ( )
	Lewiston Location:	Is there a Security or Alarm System at this location? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION		
PRIMARY CONTACT		
Responsible Name:	Res. Address:	Res. Tele. ( )
Title	City, State, Zip	Cell. Tele: ( )
SECONDARY CONTACT		
Responsible Name:	Res. Address:	Res. Tele. ( )
Title	City, State, Zip	Cell. Tele: ( )
THIRD CONTACT		
Responsible Name:	Res. Address:	Res. Tele. ( )
Title	City, State, Zip	Cell. Tele: ( )

IMPORTANT: Any changes in the above information should be forwarded to the Lewiston Police Department, 1224 "F" St, PO Box 617, Lewiston ID 83501. Bus. Tele: (208) 746-0171