



City of Phoenix

FIRE DEPARTMENT
FIRE PREVENTION

BUSINESS PERMIT APPLICATION FOR FIRE PROTECTION COMPANIES

Automatic Sprinklers

Fire Alarms

Special Suppressions

Underground Fire Lines/Hydrants

Portable Fire Extinguishers

Dry Chem/Hoods

**BUSINESS CERTIFICATE
HOLDER**

APPLICANT NAME _____
LAST FIRST MI

BUSINESS NAME _____

AZ REGISTRAR OF CONTRACTOR # _____ **EXPIRATION** _____

BUSINESS ADDRESS _____ **CITY** _____

STATE _____ **ZIP CODE** _____ **OFFICE PHONE #** _____

CELL PHONE _____ **E-MAIL ADDRESS** _____

BUSINESS OWNER NAME _____

You may submit any certifications or licenses that you have received as proof of your qualifications.

APPLICANT SIGNATURE _____ **DATE** _____

BUSINESS OWNER SIGNATURE _____ **DATE** _____