

# Mackinac Island Fire Department

## On-Island Business Information Form

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Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Business Use: \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Building Length: \_\_\_\_\_ Building Width: \_\_\_\_\_ Building Height: \_\_\_\_\_

Business Sq. Ft. \_\_\_\_\_ # of businesses within the building: \_\_\_\_\_

Basement      Crawlspace      Slab      Max Occupancy of Building: \_\_\_\_\_

Fire Sprinkler System      Yes      No      Fire Alarm System      Yes      No

Alarm Panel Location: \_\_\_\_\_

Sprinkler System Warm Room Location: \_\_\_\_\_

Fire Alarm Monitoring Service \_\_\_\_\_ Phone # \_\_\_\_\_

Fire Alarm Contractor \_\_\_\_\_ Phone # \_\_\_\_\_

Sprinkler System Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Hardwired Generator on Site:      Yes      No

Propane Tanks on Site:      Yes      No      Avg # of Pounds on Site: \_\_\_\_\_

Knox Box (FD Master Key Box)      Yes      No

Knox Box Location: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

\*\* Fill out a separate form for all employee housing locations owned/managed by the business

\*\*\* Knox Box's decrease Fire Department response time and potential damage to your building. The MIFD highly recommends all commercial building owners install a Knox Box. Applications are available at the MIPD 847-3300