

I.M.P.A.C.T. Application for Internal Compliance Assessment

Business Name: _____

Business Address: _____

Business Hours: _____

Business Contact/Title: _____

Business Contact Phone: _____

Business Contact Email: _____

Application Fee Paid with Check #: _____

I understand that upon application approval of the Chief of Police or their designee, the compliance check will be conducted at anytime within a 60 day period starting from the date of approval. The compliance check will be performed without any prior knowledge and I will be notified only after the compliance check has been completed.

Signed

Dated

Print Name