



Selma Fire Annual Business Inspection

Business Name _____

Address _____

Business License _____ **Expiration** _____

(Business License must be posted)

Business Phone _____

Name of Owner/Manager of Business _____

Cell Phone _____

Email Address _____

(Inspection report and invoice will be emailed to this address)

Own the building/property Yes / No

(If No, please fill out Property Owner Information)

Property Owner _____

Phone _____

Address _____

Email Address _____