



**PRINCE GEORGE'S COUNTY POLICE DEPARTMENT
OFFICE OF SECONDARY EMPLOYMENT
BUSINESS SECURITY PLAN**



Application in support of: Dance Hall Permit Entertainment Permit
(Check all that apply)

Date Submitted : _____
mm/dd/yyyy

Section I Establishment Information

NAME OF ESTABLISHMENT (TRADING AS):					TELEPHONE NUMBER		
ADDRESS				CITY		STATE	ZIP CODE
EMAIL ADDRESS				SOCIAL NETWORK SITES (check all that apply): <input type="checkbox"/> YOUTUBE <input type="checkbox"/> FACEBOOK <input type="checkbox"/> TWITTER <input type="checkbox"/> BLOG <input type="checkbox"/> OTHER			
DAYS OF OPERATION (Check all that apply)	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
HOURS OF OPERATION (use Military Time/24 Hour Clock)	to	to	to	to	to	to	to
DAY(S) WEEKLY EVENTS HELD (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESTABLISHMENT OWNER				MOBILE NUMBER		EMAIL ADDRESS	
CONTACT PERSON (MANAGER)				MOBILE NUMBER		EMAIL ADDRESS	

Section II Security Personnel Information

NAME OF ALARM COMPANY:					TELEPHONE NUMBER		
ADDRESS				CITY		STATE	ZIP CODE
SWORN OFFICERS' Information							
Check Day(s) Sworn Officers Work	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
Give Count of Sworn Officers Working Per Day							
Sworn Officers have jurisdictional authority?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Sworn Officers' duties and responsibilities are clearly defined?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
POINT OF CONTACT FOR SWORN OFFICERS	NAME			ID NUMBER	AGENCY	MOBILE NUMBER	

CIVILIAN SECURITY Information							
Check Day(s) Civilian Security Work	SUN <input type="checkbox"/>	MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>
Give Count of Civilian Security Working Per Day							
Civilian Security's identifying attire? <input type="checkbox"/> T-Shirt <input type="checkbox"/> Hat <input type="checkbox"/> Uniform <input type="checkbox"/> Other				Civilian Security's duties and responsibilities are clearly defined? Yes <input type="checkbox"/> No <input type="checkbox"/>			
POINT OF CONTACT FOR CIVILIAN SECURITY	NAME OF CONTACT	MOBILE NUMBER	AGENCY NAME			AGENCY TELEPHONE NUMBER	

