



PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

BUSINESS REQUEST
SECONDARY LAW ENFORCEMENT EMPLOYMENT



Date Submitted :

mm/dd/yyyy

Section I Establishment Information

Form section for Establishment Information including fields for Name of Establishment, Telephone Number, Type of Business, Address, City, State, Zip Code, Email Address, Social Network Sites, Days of Operation, Hours of Operation, Day(s) Weekly Events Held, Establishment Owner, Mobile Number, and Contact Person (Manager).

Section II Security Personnel Information

Form section for Security Personnel Information including fields for Name of Alarm Company, Telephone Number, Address, City, State, Zip Code, Sworn Officers' Information (Check Day(s) Sworn Officers Work, Give Count of Sworn Officers Working Per Day, Sworn Officers have jurisdictional authority, Sworn Officers' duties and responsibilities are clearly defined), and Point of Contact (FOR SWORN OFFICERS).

CIVILIAN SECURITY Information

Form section for Civilian Security Information including fields for Check Day(s) Civilian Security Work, Give Count of Civilian Security Working Per Day, Civilian Security's identifying attire, Civilian Security's duties and responsibilities are clearly defined, and Point of Contact FOR CIVILIAN SECURITY.

**PRINCE GEORGE'S COUNTY POLICE DEPARTMENT  
 BUSINESS REQUEST  
 SECONDARY LAW ENFORCEMENT EMPLOYMENT (continued)**

**Section III Security Equipment Information**

**VIDEO SURVEILLANCE EQUIPMENT Information**

Is Video Surveillance Equipment recordable? Yes  No

Name(s) of Camera Operator(s)      Mobile Number

Name(s) of Camera Operator(s)      Mobile Number

Name(s) of Camera Operator(s)      Mobile Number

VIDEO CAMERA(S)	VIDEO CAMERA LOCATION(S) (List additional cameras in Section V if necessary)
Camera1	
Camera2	
Camera3	
Camera4	
Camera5	
Camera6	

**Section IV Occupancy and Plans Information**

Maximum occupancy

Anticipated occupancy during events

Is there a Life Safety and Evacuation Plan prepared by a Certified Fire Protection Engineer if occupancy exceeds 250 persons? Yes  No

Is there a facility diagram attached? Yes  No

Check if the facility diagram includes:

Parking       Video Surveillance Equipment       Stairs       Lighting

Is there a parking lot plan attached? Yes  No

Is there a parking and traffic management plan attached? Yes  No

Is there a lighting plan attached? Yes  No

Check if the lighting plan includes:

Type and location of exterior building lights       Type and location of parking lights       Additional lighting features

**Section V Provide Comments or Additional Information**

**Section VI Signature**

\_\_\_\_\_  
 Owner Representative Signature

\_\_\_\_\_  
 Owner/Representative Print Name      Date (mm/dd/yyyy)