



PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

BUSINESS REQUEST
OFFICE OF SECONDARY EMPLOYMENT



Date Submitted: ___/___/___
mm dd yyyy

Section I Establishment Information

Form section for Establishment Information including fields for Name of Establishment, Telephone Number, Address, City, State, Zip Code, Email Address, Social Network Sites, Days of Operation, Hours of Operation, Day(s) Weekly Events Held, Form of Compensation, Establishment Owner, 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?, SLEE Site Coordinator for Sworn Officers (Name, ID Number, Agency, Mobile Number).

EXISTING PRIVATE SECURITY Information YES OR NO

Form section for Existing Private Security Information including fields for Check Day(s) Existing Private Security Work, Give Count of Existing Private Security Working Per Day, Existing Private Security's identifying attire?, Existing Private Security's duties and responsibilities are clearly defined?, Point of Contact for Existing Private Security (Name of Contact, Agency Name, Address & Telephone Number, Mobile Number).

All Fields Required

**PRINCE GEORGE'S COUNTY POLICE DEPARTMENT
BUSINESS REQUEST
OFFICE OF SECONDARY 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 Print Name

Owner Representative Signature
All Fields Required

Date