



PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

BUSINESS REQUEST
OFFICE OF SECONDARY EMPLOYMENT



Date Submitted: \_\_\_/\_\_\_/\_\_\_
mm dd yyyy

Section I Establishment Information

Form section I containing fields for Establishment Information: NAME OF ESTABLISHMENT (TRADING AS), 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, CONTACT PERSON (MANAGER).

Section II Security Personnel Information

Form section II containing fields for Security Personnel Information: 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: 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