

SECURITY PLAN

Approved By: _____

Applicant's Name:							
Contact Number:				E-Mail:			
Business Name:							
Parking Facility Address:							
Parking Facility Phone Number:				Capacity:		# of Spaces:	
Days and Hours of Operation:	MON	TUE	WED	THU	FRI	SAT	SUN
Number of Employees and Hours:							
How is parking facility secured when closed?							
Identify the number, type, and location of all light sources on premises (including lighting located within pedestrian stairwells and entrances):							
Security Cameras (number and location):							
How long are recordings kept? _____							
Emergency Call Boxes or Phones (number and location):							
If the parking facility leases spaces to either a certified car-share organization or to patrons who rent spaces on a long-term basis, describe how patrons will retain access during hours when the parking facility is not open for business:							
If the parking facility is open between 7:00 PM and 3:00 AM and any entrance/exit is within 1000 feet of any entrance/exit to an Entertainment Establishment, permittee must provide an on site attendant or security guard or other individual.							
Name(s):							
An attendant, security guard or other individual is not required on site if all vehicular entrances and exits to the parking facility are closed and secured so that vehicles may not enter or exit the garage or lot.							
I certify that I shall operate the parking garage or parking lot in compliance with the security plan for the duration of any commercial parking permit issued by the Chief of Police.							
Signature _____				Date _____			