

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



INSTRUCTIONS FOR THE SECURITY PLAN SUBMISSION FORM

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word "NONE". If you provide the answer to any question on a separate page, fill in the phrase "SEE ATTACHMENT."

Instructions for the Security Plan Submission Form:

1. Attach the following form to the security plan you are submitting to ABRA.
2. The security plan should contain page numbers, section numbers or letters, and subject headings. In addition, the security plan must contain your establishment's trade name, license number, and the date.
3. If licensee is a sole proprietor or partnership, print individual's name (Last Name, First Name, Middle Initial). If licensee is a business entity, list the entity's name.
4. If filling out the form by hand, please print and write legibly.
5. All requested documents should be submitted with the form.
6. Please answer the question: In what language do you need vital documents translated;
7. You may write your answers on separate pages if necessary.
8. The security plan attached to this form must be typewritten.

Security Plan Format Guidelines:

- (A) Your security plan should contain a heading for each legally required topic in the security plan.
- (B) Under each heading, you should place your establishment's policies and procedures related to each required topic.
- (C) At a minimum, your security plan should include the following headings:
 - a. Conflict Resolution Training
 - b. Procedures for Handling Violent Incidents, Emergencies, and Calling the Police
 - c. Procedures for Crowd Control and Preventing Overcrowding
 - d. Procedures for Permitting Patrons to Enter
 - e. Description of How Security Personnel are Stationed Inside and Outside the Establishment
 - f. Number and Location of Security Cameras
 - g. Procedures to Prevent Patron Intoxication
 - h. Procedures to Prevent Underage Drinking
 - i. Procedures for Maintaining an Incident Log
 - j. Procedures for Preserving a Crime Scene

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten (10) days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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SECURITY PLAN SUBMISSION FORM

IMPORTANT: You must answer either 'Yes' or 'Not Applicable' to all questions to ensure your compliance with the law. If you answer 'No' to any question, your security plan will likely be rejected and you will be asked to submit another security plan that complies with the law.

OFFICIAL USE ONLY

Date Accepted:	Accepted by:
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TO BE COMPLETED BY APPLICANT

1. Licensee Name (Last, First, Middle):		2. Trade Name:	
3. Current License Class:		4. License Number:	
5. Address	City	State	Zip Code
6. Telephone Number:	7. Email		
8. I have attached a complete version of my security plan to this form, which contains my establishment's trade name, license number, and the date the plan was written. <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. The attached security plan shall replace and supersede all prior security plans that may be found in ABRA's records. <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. The attached security plan describes the conflict resolution training provided to employees. <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the page number and section where this information may be found:			
11. The attached security plan describes the establishment's procedures for handling violent incidents and emergencies and contacting the Metropolitan Police Department. <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the page number and section where this information may be found:			
12. The attached security plan describes the establishment's procedures for controlling crowds and preventing overcrowding. <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the page number and section where this information may be found:			
13. The attached security plan describes the establishment's procedures for permitting patrons to enter. <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the page number and section where this information may be found:			
14. The attached security plan describes how your establishment stations security personnel both inside and outside the establishment. <input type="checkbox"/> YES <input type="checkbox"/> NO Please attach a diagram of the establishment showing this information. Provide the page number and/or section where this information may be found:			
15. Does your establishment contain security cameras? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. How many security cameras may be found both inside and outside the establishment?			
17. Does your camera system have the capability to save footage for at least thirty (30) days? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable			

<p>18. Does your establishment have the capability to provide a copy of your establishment's security footage to ABRA or the Metropolitan Police Department within 48 hours of receiving such a request. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable</p>
<p>19. The attached security plan describes where the establishment's indoor and outdoor security cameras are located. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable</p> <p>Attach a diagram of the establishment showing this information to this application. Provide the page number and/or section where this information is located:</p>
<p>20. REQUIRED AFFIRMATIONS I acknowledge, understand, and agree that if my establishment utilizes cameras, either now or at some point in the future, under D.C. Official Code § 25-402:</p> <p>(1) the establishment is obligated to ensure that all security cameras are operational; (2) the establishment is obligated to preserve the establishment's security footage for a minimum of thirty (30) days if the footage is related to the commission of a crime of violence or the presence of a firearm; and (3) the establishment is obligated to surrender any and all security footage requested by ABRA or the Metropolitan Police Department within 48 hours of the request.</p> <p style="text-align: center;"><input type="checkbox"/> YES</p>
<p>21. The attached security plan describes your establishment's procedures for preventing patron intoxication. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Provide the page number and section where this information may be found:</p>
<p>22. The attached security plan describes your establishment's procedures for ensuring that only patrons 21 years or older are served alcohol. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Provide the page number and section where this information may be found:</p>
<p>23. The attached security plan describes your establishment's procedures for maintaining an incident log. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Provide the page number and section where this information may be found:</p>
<p>24. The attached security plan describes your establishment's procedures for preserving a crime scene. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Provide the page number and section where this information may be found:</p>
<p>If applicant is a Sole proprietor, the individual must sign, if Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.</p> <p>25. "Certification: I hereby certify that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business." Please print your name, sign, and date the form on the lines provided below.</p>
<p>Printed name: _____</p> <p>_____</p> <p>Signature Date</p>
<p>Printed name: _____</p> <p>_____</p> <p>Signature Date</p>
<p>Printed name: _____</p> <p>_____</p> <p>Signature Date</p>
<p>26. In what language do you need vital documents translated?</p>

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