

## **LATE-NIGHT ESTABLISHMENT SECURITY PLAN SUBMISSION FORM**

Chapter 17 Article 8 of the Late Night Entertainment Establishment Ordinance Sec. 17-124 through 17-135.

Please read all questions carefully. Each question must be answered. If a question (or a portion of a question) does not apply, fill in the word "NOT APPLICABLE". 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 the City of Charleston.
2. The security plan may be created in any program (Word, Excel, PowerPoint, etc.), but should be submitted in a PDF or similar file type. The plan may be designed in paragraph, bullets, or diagram (or a combination of such) format and should contain page numbers, section numbers or letters, and subject headings for ease of understanding and reference. In addition, the security plan must contain your establishment's trade name, business license number, and the date signed.
3. If the establishment is a sole proprietor, list the owner's name. If the establishment is a partnership, list each partner's name and related information. If the establishment is a business entity, list the entity's name and the other requested information.
4. All requested documents should be submitted with the form.
5. You may attach extended answers on separate pages, if necessary.
6. The security plan attached to this form must be typewritten.

### **Security Plan Format Guidelines:**

- A. Your security plan should contain a heading for each topic in the security plan.
- B. Under each heading, you should place your establishment's policies and procedures related to each topic.
- C. At a minimum, a good security plan would include the following headings:
  - a. Security Staffing, Positioning, and Responsibilities
  - b. Procedures for Screening and Permitting Patrons to Enter
  - c. Procedures for Crowd Management and Preventing Overcrowding
  - d. Procedures for Dispersing Crowds at Closing Time
  - e. Procedures for Resolving Conflicts and Handling Disorderly Behavior and Ejections
  - f. Procedures for Handling Violent Incidents, Emergencies, and Contacting the Police
  - g. Security Cameras, Lighting, and Environmental Design
  - h. Procedures to Prevent Patron Intoxication
  - i. Procedures to Prevent Underage Drinking
  - j. Procedures for Documenting Incidents and Maintaining a Security Log
  - k. Procedures for Preserving a Crime Scene and Working with Law Enforcement
  - l. Procedures for Noise Management

## **LATE-NIGHT ESTABLISHMENT 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 may be rejected, and you may be asked to submit another security plan that provides the missing information.

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### **Establishment Information**

1. Establishment Name (Operating Name / Trade Name / DBA):
2. Establishment's Physical Address:
3. City of Charleston Business License Number:
4. List all South Carolina beer, wine, liquor, or other alcohol sales licenses currently applied for or issued to this establishment. Include the license type, license number, and expiration date for each.

5. This business is owned by an:

Individual / Sole Proprietor

Owner's Name (Last, First, MI):

Owner's Home Address:

Owner's Phone:

Owner's E-mail:

Organization (Partnership, LLC, S-Corp, Corporation, non-profit, etc.)

Organization's Name:

Organization's Address:

Organization's Phone:

*If business is owned by an organization, complete the following for the organization's owner, president, CEO, or similar principal.*

Principal's Name (Last, First, MI):

Principal's Home Address:

Principal's Phone:

Principal's E-mail:

- YES  NO 6. 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.

- YES  NO 7. The attached security plan shall replace and supersede all prior security plans that may be found in City of Charleston records.

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## Security Services

8. For on-site security services, this establishment will use (complete all that apply):

In-house security staff members

Security Manager's Name (Last, First, MI):

Security Manager's Home Address:

Security Manager's Phone:

Security Manager's E-mail:

A third-party security vendor

Security Vendor:

Contact Person's Name (Last, First, MI):

Contact Person's Phone:

Contact Person's E-mail:

YES  NO 9. Will any members of your establishment's security team be state-licensed security officers?

*If 'YES,' provide the following information for each:*

Name (Last, First, MI):

SLED license number:

Name (Last, First, MI):

SLED license number:

YES  NO 10. Will any members of your establishment's security team be armed?

*If 'YES,' provide the following information for each:*

Name (Last, First, MI):

SLED license number:

Name (Last, First, MI):

SLED license number:

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## Security Cameras

YES  NO 11. Does your establishment contain security cameras?

*If 'YES,' complete items 12 through 18. If 'NO,' skip to item 19.*

12. How many security cameras cover the inside of the establishment?

13. How many security cameras cover the outside of the establishment?

YES  NO 14. Are the security camera recordings stored in equipment located on-site (as opposed to a cloud-based or virtual system)?

YES  NO 15. Are the cameras and recordings maintained through a third-party vendor?

*If 'YES,' provide the following information:*

Camera Vendor:

Contact Person's Name (Last, First, MI):

Contact Person's Phone:

Contact Person's E-mail:

YES  NO 16. Does your camera system have the capability to save recorded footage for at least thirty (30) days?

YES  NO 17. Does your establishment have the capability to provide a copy of your establishment's security footage to the Charleston Police Department within 48 hours of receiving such a request or court order?

YES  NO 18. The attached security plan describes where the establishment's indoor and outdoor security cameras are located.

*Please include a diagram of the establishment showing camera locations and their direction of aim or approximate field of view. Page number / section where information may be found:*

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### **Security Plan Contents**

YES  NO 19. The attached security plan describes your establishment's exterior lighting design and maintenance responsibilities.

*Please include a diagram of the establishment showing this information. Page number / section where information may be found:*

YES  NO 20. The attached security plan describes how your establishment stations security personnel both inside and outside the establishment, including at each public entrance and on-site parking area.

*Please include a diagram of the establishment showing this information. Page number / section where information may be found:*

YES  NO 21. The attached security plan describes how many security personnel will be on duty at the establishment at specific times and days of the week.

*Page number / section where information may be found:*

YES  NO 22. The attached security plan describes how security personnel will be uniformed and identified.

*Page number / section where information may be found:*

YES  NO 23. The attached security plan describes the establishment's procedures for managing lines and permitting patrons to enter.

*Page number / section where information may be found:*

YES  NO 24. The attached security plan describes any procedures the establishment may have for screening patrons for weapons.

*Page number / section where information may be found:*

YES  NO 25. The attached security plan describes the establishment's procedures for managing crowds, ensuring that the maximum occupant load of the venue is not exceeded, and ensuring that patrons are dispersed throughout the venue in accordance with any maximum occupant loads for individual areas or sections within the venue.

*Page number / section where information may be found:*

YES  NO 26. The attached security plan describes the establishment's procedures for dispersing crowds in an orderly manner at closing time.

*Page number / section where information may be found:*

YES  NO 27. The attached security plan describes the conflict resolution training provided to employees and security personnel.

*Page number / section where information may be found:*

YES  NO 28. The attached security plan describes the establishment's procedures for handling patron ejections and disorderly behavior.

*Page number / section where information may be found:*

YES  NO 29. The attached security plan describes the establishment's procedures for handling violent incidents, emergencies, and criminal activity, and for contacting the Charleston Police Department.

*Page number / section where information may be found:*

- YES  NO 30. The attached security plan describes your establishment's procedures for preventing patron intoxication.

*Page number / section where information may be found:*

- YES  NO 31. The attached security plan describes your establishment's procedures for ensuring that only patrons 21 years or older are served alcohol, to include ID and age verification training for staff members and security personnel.

*Page number / section where information may be found:*

- YES  NO 32. Does your establishment use an age verification system to assist with validating the age-related identification documents of patrons?

*If 'YES,' list the service provider or vendor:*

- YES  NO 33. The attached security plan describes your establishment's procedures for maintaining a security incident log.

*Page number / section where information may be found:*

- YES  NO 34. The attached security plan describes your establishment's procedures for preserving a crime scene.

*Page number / section where information may be found:*

- YES  NO 35. The attached security plan describes your establishment's procedures for managing noise and complying with the city's ordinances on loud noise.

*Page number / section where information may be found:*

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## **Acknowledgements and Certification**

Initial each of the following statements:

36. I understand that this security plan is subject to review by the City of Charleston, and that any information that is incomplete, vague, or fails to meet requirements set forth in Chapter 17, Article VIII of the City Code may be grounds for rejection of the plan and denial of a late-night operation permit.

*Initials:*

37. I understand that I am not authorized to operate as a late-night establishment until I receive an approved late-night operation permit from the City of Charleston.

*Initials:*

38. I understand that receiving a late-night operation permit is a privilege, and that privilege may be suspended or revoked under conditions outlined in Chapter 17, Article VIII of the City Code.

*Initials:*

39. I understand that if I receive a late-night operation permit from the City of Charleston, I am required to conduct business in accordance with my establishment's approved security plan, and that substantial deviation from this plan may be grounds for suspension or revocation of the late-night permit and/or the establishment's business license and/or its certificate of occupancy.

*Initials:*

40. I understand that a late-night operation permit has an expiration date, and it is solely my responsibility to apply for a renewal of that permit within the window of time set forth in Chapter 17, Article VIII of the City Code. I further understand that renewals are not automatic or guaranteed, and that the City of Charleston may deny a renewal application for reasons outlined in Chapter 17, Article VIII of the City Code.

*Initials:*

41. I understand that the attached security plan is required in addition to, and not instead of, the emergency action plan described in Chapter 17, Article VIII of the City Code.

*Initials:*

42. I understand that representatives of the Charleston Police Department, the Charleston Fire Marshal's Office, or other departments of the city may conduct site visits to corroborate the information submitted in, and confirm adherence to, the attached security plan and/or emergency action plan.

*Initials:*

*If the establishment is owned by a sole proprietor, then the owner of the business must sign.  
If the establishment is owned by a partnership, then each partner must sign.  
If the establishment is owned by an LLC, then the managing member must sign.  
If the establishment is owned by a corporation, then the president or vice president must sign.*

43. I hereby certify that the information in this application is true and correct. I also certify that the owner listed above is the true and actual owner of the business.

*Printed Name:*

*Signature:* \_\_\_\_\_ *Date:*

*Printed Name:*

*Signature:* \_\_\_\_\_ *Date:*

*Printed Name:*

*Signature:* \_\_\_\_\_ *Date:*