

SPD File# _____
Returned for Corrections: _____
Expiration Date: _____
CoS TPT _____



Date Submitted: _____
Date of Approval: _____
Liquor License #: _____
CoS Spirituous Liquor _____

City of Scottsdale Public Safety Plan Application

1. Objective:

The purpose of this ordinance is to promote the general health, safety and welfare of citizens, visitors, businesses and the community in general by requiring businesses that engage in certain activities within the city to file, follow and keep current a public safety plan.

2. Identification:

A. **Scottsdale Address:** _____

B. **SFD Building Occupancy Limit:** _____

C. **Occupancy Type (circle one):** **A-2** (bar, tavern, night club, restaurant), **A-3** (dance hall), or **A-4** (skating rink, WestWorld)

D. **Staffing Ratios:**

a. **1:50+1:75** (500+Patrons) **1:75** (60% Food Sales) **1:100** (90% Fixed Seating)

b. You must include supporting documentation for ratios of 1:75 and 1:100.

E. **Company Entity** (Corporation, LLC, Partnership, etc): _____

F. **DBA (doing business as):** _____

G. **Company Members: (please use addendum, if necessary):** _____

H. **Contact Information:**

a. Mobile Phone: _____

b. Business Phone: _____

c. Email: _____

d. In Case of Emergency: _____

3. APPLICABILITY: This application for a Public Safety Plan is submitted because my business engages in the following activity(ies) (MARK ONE OR MORE ACTIVITIES IN WHICH YOU ENGAGE):

- Age Verification is Requested for Admittance.
- Provide a Disc Jockey
- Provide an Adult Service as Defined in Section SRC 16-237
- Teen Dances, Consistent with Section SRC 16-391, are conducted.
- A Promoter is Utilized.

4. PLAN OF OPERATION:

a. The plan of operation includes a crowd management plan, hours of operation, and identification of peak hours (presumption: 9PM-2AM, Thursday-Saturday):

Hours of Operation:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Initials of Applicant _____

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Peak Hours:

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

5. NARRATIVE:

a. YOU MUST ATTACH A NARRATIVE OF YOUR PLAN OF OPERATION TO THIS APPLICATION WHICH INCLUDES THE FOLLOWING ELEMENTS:

- i. Diagram of Building Including Interior Build-Outs; 8.5"x11" (see example)
- ii. Diagram of Parcel or Lot; 8.5"x11" (see example)
- iii. Scottsdale Fire Department Approved Occupancy Limit
- iv. Safety Conditions and Considerations
- v. Crowd Management Plan
- vi. Patron Parking, Ingress, Egress, Vehicular and Pedestrian Traffic Control
- vii. Log of All Employees Including: Full Legal Name, Date of Birth, Current Address, Job Title, and Contact Phone Number (see SRC 23-57 for special requirements and ratio of security officers to patrons) (Similar to the Title 4 Requirements)
- viii. Contact Person and Information Designating Who Is Authorized to Receive and Handle Complaints from the Public or City of Scottsdale on Behalf of the Business
- ix. Evacuation Routes
- x. Evidence of Security Uniform With the Word "Security" on Both Front and Back and In Letters At Least 3-Inches in Height(see SRC 23-57.F)
- xi. Statement Regarding the Number of Security Staff Available During Peak Times and the Ratio of Security Staff to Patrons
- xii. Statement Regarding Use, if Applicable (i.e. 60% food sales, 90% fixed seating)

6. All final documents, including the narrative required by Section 5, submitted in support of this public safety plan application are incorporated into the approved public safety plan as conditions and requirements by this reference.

7. The provisions of Scottsdale Revised Code Sections 23-50 through 23-76 are incorporated into this public safety plan as conditions and requirements by this reference. Failure to comply with these code sections shall be considered a violation of this public safety plan.

As part of this application, I have read and understand the City of Scottsdale Public Safety Plan Ordinance. On behalf of _____, I agree that _____, and its employees will comply with the Public Safety Plan Ordinance and its City approved public safety plan. I also certify that all the information submitted as part of this application is true and correct to the best of my knowledge.

Signature of Applicant

Date Signed

Please email the completed application to: **PSP@ScottsdaleAZ.gov**

Initials of Applicant _____