

**NIGHTCLUB QUARTERLY BOUNCER TRAINING SUBMISSION FORM**

Nightclub \_\_\_\_\_

Date \_\_\_\_\_

Number of bouncers employed \_\_\_\_\_

Check which quarter is being reported: \_\_\_\_\_ Jan-Mar due April 15, \_\_\_\_\_ Apr-Jun due July 15,

\_\_\_\_\_ Jul-Sep due October 15, \_\_\_\_\_ Oct-Dec due January 15

List names of bouncers employed (previous quarter)	Date Employed mo/day/yr	Criminal record check within 30 days of employment (Yes or No)	Initial training within 90 days of employment (Yes or No)	Biennial training (every 2 years) by Police Dept (Yes or No)	Annual Criminal Record Check (Yes or No)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Submitted by \_\_\_\_\_ Phone # \_\_\_\_\_

Mail to Greenville Police Dept, False Alarm

Coordinator, P O Box 7207, Greenville, NC 27835-7207 or email to [Alarms@greenvillenc.gov](mailto:Alarms@greenvillenc.gov) or fax to (252) 329-4594.