

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) Use Full Legal Names	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 or fax to (252) 329-4594.

**Attach background checks or email to alarms@greenvillenc.gov. We require background checks from Pitt County and the county of their permanent address. (Two (2) for each bouncer unless their permanent address is in Pitt County).