



CITY OF PHILADELPHIA
OFFICE OF THE MANAGING DIRECTOR
1401 John F. Kennedy Blvd. Suite 1430
Municipal Services Building
Philadelphia, PA 19102

Bouncer Training Instructor/Facilities Application

| | | | |
|---|---|---------------------------------------|--|
| Name of Organization: | | Commercial Activity License Number: | |
| Mailing Street Address (PO Box Number): | | | |
| City, State, Zip Code | | | |
| Training Site Street Address (If different from mailing address): | | | |
| City, State, Zip Code | | | |
| Telephone Number (area code + number) | | Facsimile Number (area code + number) | |
| Name of Applicant: | | Title: | |
| Name of Owner: | | Contact Number: | |
| If sole proprietor, complete the following: | | | |
| Name: | Date of Birth | Social Security Number: | |
| | | | |
| Bouncer Training Instructors: | | | |
| Social Security Number: | Last Name, First Name, MI | | |
| Years of Experience: | Has the Instructor had any instances of improper use of force/violence? In the past 3 years? (if yes please describe) | | |
| Description of Experience | | | |
| Social Security Number: | Last Name, First Name, MI | | |
| Years of Experience: | Has the Instructor had any instances of improper use of force/violence? In the past 3 years? (if yes please describe) | | |
| Description of Experience | | | |

| Bouncer Training Instructors Continued: | |
|--|--|
| Social Security Number: | Last Name, First Name, MI |
| Years of Experience: | Has the Instructor had any instances of improper use of force/violence? In the past 3 years? (if yes please describe) |
| Description of Experience | |
| Social Security Number: | Last Name, First Name, MI |
| Years of Experience: | Has the Instructor had any instances of improper use of force/violence? In the past 3 years? (if yes please describe) |
| Description of Experience | |
| Provide Additional Instructors on a Separate Sheet | |
| On a Separate Sheet provide a full detailed description of the 16 hour training courses given the required certification curriculum. Also provide a description of the 8 hour re-fresher course. | |
| Applicant Affirmation: This application must be signed and sworn by the applicant before a Notary Public: I hearby affirm, under penalties of perjury, that the information provided in this application is true to the best of my knowledge and belief. I understand that any material misstatement may be deemed sufficient reason to deny approval, or may result in the suspension or revocation of the training facility and instructor(s) approval, if issued. I hereby acknowledge that I have thoroughly read and understand the regulations and curriculum requirements. I further understand that all instructors are required to become certified bouncers annually, by July 1, as stated in the regulations. | |
| Applicant: _____ Print Name _____ Applicant Signature _____ Date | Notary Stamp Sworn and subscribed before me on this _____ day of _____ 20____ _____ Notary Signature _____ Date |