

Date:  
Officer:

City of Milwaukee Police Department  
90-5-1.5 Crime Prevention Survey  
Tavern Inspection

Name of Premise:  
Address:  
Phone:

Owner:  
Owner address:  
City State Zip:  
Owner Phone:  
Owner email:

Licensee/Agent:  
Home Address:  
City State Zip:  
Phone:  
Email:

Preferred contact:

Location currently open:  YES  NO

Projected open date:

Day's open: S M T W Th F SA ALL

Hours of Operation: Sun: 24 hours Y N  
Mon:  
Tue:  
Wed:  
Thu:  
Fri:  
Sat:

Premise Type: Tavern/Bar  
Restaurant  
Other:

Licenses currently held:

- Alcohol:  Yes  No Class: #:
- Tobacco:  Yes  No #:
- Food:  Yes  No #:
- Extended Hours:  Yes  No #:
- Secondhand Dealer:  Yes  No Type: #:
- Other:  Yes  No Type: #:
- Other:  Yes  No Type: #:

**Exterior Survey:**

1. Is the area around the location clean?  Yes  No
2. What surrounds the location? (Check all the apply)
  - a.  Park
  - b.  School
  - c.  Youth Center
  - d.  Church
  - e.  Tavern(s) If so, how many
  - f.  Residential
  - g.  Other businesses
  - h.  Other:
3. Can you see from the outside of the location into the interior  Yes  No
4. Can you see the employees inside of the location from the outside  Yes  No
5. Are exterior windows free of signage  Yes  No
6. Is there a parking lot  Yes  No
7. Is the parking lot clean?  Yes  No
8. Off-Street parking  Yes  No
9. Is the parking lot well lit?  Yes  No
10. Valet Parking  Yes  No
  - a. Will this lot have a guard?  Yes  No
  - b. Will this lot have cameras?  Yes  No
11. Are there areas where a person could conceal themselves  Yes  No
12. Is there exterior lighting?  Yes  No. Does it appears to be adequate  Yes  No
13. Exterior Payphone?  Yes  No
14. Are there No Loitering Signs posted?  Yes  No
15. Are there exterior security cameras  Yes  No How Many:
16. Are the address numbers prominently displayed and easy to see  Yes  No

**Camera Survey:**

17. Does this location have security cameras?  Yes  No
18. Are they in working order?  Yes  No
19. What format are the cameras?
  - a. Color  Yes  No
  - b. Digital  Yes  No
  - c. Recorded  Yes  No
20. How long is footage stored for later viewing:
21. Are there exterior cameras  Yes  No How many:
22. Are there interior cameras  Yes  No How many:
23. Do all employees know how to retrieve recorded digital images/footage?  Yes  No

24. Cameras located in parking lot Yes No How many

**Interior Survey:**

- 25. What is the planned capacity
- 26. What is the minimum number of employees That will be on premise
- 27. Is the storeowner willing to be a standing complainant regarding loitering? Yes No
  - a. If yes have them fill out the standing complaint form and give them two of the commercial signs Yes No
- 28. Is the interior of the location neat and clean? Yes No
- 29. Does an interior camera face the entrance/exit? Yes No
- 30. Is there a lockable area that separates employees from customers? Yes No
- 31. Are emergency and non-emergency numbers posted near the phone? Yes No
- 32. Does the owner know how to contact their police district directly? Yes No
  - a. Did you provide a district contact guide to the owner? Yes No

**Security**

- 33. How many security personnel are going to be employed:
- 34. How ill they be deployed: Interior Exterior
- 35. What days will they be deployed MonTueWedThuFriSatSun
- 36. Will the security be managed by business or contracted
- 37. Will they be armed Yes No
- 38. What type of security measures to be used:
  - Wanding/metal detector
  - ID Scanner
  - Dress Code
  - Cover Charge
  - Age restriction
  - Other

**ADDITIONAL COMMENTS/RECOMMENDATIONS:**