

NATIONAL CITY POLICE DEPARTMENT

ALCOHOL BEVERAGE CONTROL RISK ASSESSMENT

DATE: BUSINESS NAME: ADDRESS:								
						OWNER NAME:	DOB:	
						OWNER ADDRESS:		_
	onal owners on page 2)							
I. Type of Business								
Restaurant (1 pt)	Notes:							
Market (2 pts)								
Bar/Night Club (3 pts)	<u> </u>							
Tasting Room (1pt)								
II. Hours of Operation								
Daytime hours (1 pt)								
Close by 11pm (2 pts)								
Close after 11pm (3 pts)								
III. Entertainment	 							
Music (1 pt)								
Live Music (2 pts)								
Dancing/Live Music (3 pts)								
No Entertainment (0 pts)								
IV. <u>Crime Rate</u>								
Low (1 pt)	 							
Medium (2 pts)	 							
High (3 pts)								
V. Alcohol Businesses per Census Tract	<u> </u>							
Below (1 pt)								
Average (2 pts)	-							
Above (3 pts)								

VI. Calls	for Service at Location (for previous 6 mor	nths)		
	Below (1 pt)			
	Average (2 pts)			
	Above (3 pts)		Low Risk (12pts or less) Medium Risk (13 – 18pts)	
VII. Proximity Assessment (1/4 mile radius of location)			High Risk (19 – 24pts)	
Mostly commercial businesses (1 pt) Some businesses, some residential (2 pts)			Total Points	
	Mostly residential (3 pts)	•		
VIII. <u>Ow</u>	vner(s) records check			
	No criminal incidents (0 pts)			
	Minor criminal incidents (2 pts)			
	Multiple/Major criminal incidents (3 pts)			
OWNER	NAME:	DOB: _		
OWNER	ADDRESS:			
OWNER	NAME:	DOB: _		
OWNER	ADDRESS:			
_				
Recomm	nendation:			

Completed by: ______ Badge ID: _____