

**City of Myrtle Beach**  
**Convenience Business and Drive-Through Security Law**  
**Security System Exemption**  
Sec. 14-235 Subsection (3)

**Business Information**

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Business Contact Number(s): \_\_\_\_\_  
\_\_\_\_\_

Type of Establishment:     Convenience Store             Conv. / Gas Station  
    Fast Food/Drive-Through Business

Hours of Operation: \_\_\_\_\_

**Applicant Information**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Contact Number(s):    Home: \_\_\_\_\_    Cell: \_\_\_\_\_

**Secondary Representative**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Contact Number(s):    Home: \_\_\_\_\_    Cell: \_\_\_\_\_

**Please complete the below listed questions and provide the listed documentation.**

- (1)    Does the establishment possess a valid Business License?             Yes or  No
  
- (2)    Does the establishment have adequate security policies and training regarding robbery deterrence, violent crime and robbery response for all employees?  Yes or  No  
  
          If Yes, please attach a copy of all policies and procedures.
  
- (3)    Does the establishment conduct frequent self-assessments of criminal incidents that occur on the business property?             Yes or  No

**Myrtle Beach Police Department  
Attention: Lt. A. Prock  
1101 Oak Street  
Myrtle Beach, South Carolina 29577**

Please ensure that you attach the listed documentation as required for this application:

- Copy of City Business License.
- Copy of all security policies.
- Copy of your Business Contact Form.

I hereby affirm that all statements made herein are true and correct to the best of my knowledge. My signature conveys that I have read, understand and agree to all of the statements listed above and provided all required information and documentation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Name of Applicant (printed)

Sworn to subscribed before me

This \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC FOR SOUTH CAROLINA (L.S.)

My Commission Expires:\_\_\_\_\_