OUTDOOR VENUES
Fish Plaza  Jones Plaza

EVENT SECURITY PLAN

TO BE COMPLETED BY LICENSEE

Event Contact: ___________________________ Title: ___________________________
Name of Event: ___________________________
Event Date(s): ___________________________
Start Time(s): ___________________________ End Time(s): ___________________________
Venue(s): ___________________________
Type of Event: ___________________________ □ Adult □ Youth
Estimated Attendance: ___________ ___________ Will Alcohol be Served? □ Yes □ No

Company: ___________________________
Contact: ___________________________ Title: ___________________________
Office Phone: ___________________________ Mobile Phone: ___________________________

SECURITY SCHEDULE:

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Time Scheduled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowd Control</td>
<td>_______</td>
<td>From: ________ until: ________</td>
</tr>
<tr>
<td>Traffic Control (if needed)</td>
<td>_______</td>
<td>From: ________ until: ________</td>
</tr>
<tr>
<td>Other</td>
<td>_______</td>
<td>From: ________ until: ________</td>
</tr>
<tr>
<td>Total</td>
<td>_______</td>
<td></td>
</tr>
</tbody>
</table>

Security Representative ___________________________ Date ___________________________

TO BE COMPLETED BY HPD SPECIAL OPERATIONS

The above information has been reviewed by:

_____________________________ ___________________________
HPD Special Operations Officer Date