



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER
NASHVILLE, TENNESSEE 37243**

February 18, 2022

***RE: Tennessee Detection Services Licensing Program ("Program")
TCA 62-35-142 Form for Security Services in Restaurants Licensed to Sell Alcohol***

Pursuant to TCA 62-35-142, every licensed contract security company in the State of Tennessee is required to complete the attached form and submit it to the local law enforcement agency in each jurisdiction in which the contract security company provides security services for a restaurant, as defined in TCA 57-4-102, that is licensed to serve alcoholic beverages, wine, and/or beer for consumption on the premises.

This attached form shall be completed and submitted to the applicable law enforcement agency within fifteen (15) days of the date the contract security company begins providing services for the restaurant. This form shall be updated and submitted to the applicable law enforcement agency within fifteen (15) days of any change of information provided on this form. Proprietary security organizations are encouraged to also complete this form and submit it to the respective law enforcement agency in its jurisdiction.

Failure to appropriately complete and submit this form to the applicable law enforcement agency may result in disciplinary proceedings against the contract security company, which could result in the suspension or revocation of the company's license, the assessment of civil penalties up to \$2,000 per violation, and/or the assessment of investigatory and prosecutorial costs.

This form will be available on the Program's website at <https://www.tn.gov/content/tn/commerce/regboards/pps.html>. If you have any questions, you may contact the Tennessee Department of Commerce and Insurance by phone at 615-741-6382 or by e-mail at private.protective@tn.gov.

Sincerely,

Cody Vest
Executive Director

TENNESSEE PRIVATE PROTECTIVE SERVICES

62-35-142(a) PRIVATE PROTECTIVE SERVICES IN A RESTAURANT LICENSED TO SELL ALCOHOL

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Date _____

Name of Business/Establishment

Street Address

City State Zip Code

Name of Contract Security Company

Street Address

City State Zip Code

List of Employees

Last Name	First Name	M.I.	Date of Birth	License #	Armed Guard	Unarmed Guard
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

*Please list additional employees on a separate form