



Application for Certification

ALABAMA ALCOHOLIC BEVERAGE CONTROL BOARD
RESPONSIBLE VENDOR PROGRAM

FOR OFFICE USE ONLY

CDR Date _____
CDR Number: _____
Reviewed By: _____
Approved By: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- DO NOT submit this application until ALL employees of your establishment involved in alcoholic beverage sales are successfully trained and tested.
- Complete a separate application for EACH license for which you are requesting certification.
- Complete the **Report of Server, Seller, or Manager Training** form on the reverse side of this application (or attach a separate training form).
- Submit this application along with the thirty-five dollar (\$35.00) surcharge per license to: **The Alabama ABC Board, Responsible Vendor Program, P.O. Box 1151, Montgomery, Alabama 36101.**

PLEASE NOTE: THE SURCHARGE MUST BE IN THE FORM OF A CHECK OR MONEY ORDER.

ABC LICENSE NUMBER: _____
License Type _____ License Number including County Code _____

COMPLETE THIS INFORMATION AS IT APPEARS ON YOUR ALCOHOLIC BEVERAGE LICENSE!

OWNER INFORMATION

Owner Name: _____
Address: _____
Street Address _____
City, State, and Zip Code _____
Owner Telephone: _____

TRADE LOCATION INFORMATION

Trade Name: _____
Address: _____
Street Address _____
City, State, and Zip Code _____
Trade Location Telephone: _____

CUSTODIAN OF RESPONSIBLE VENDOR RECORDS:

Name: _____
Mailing Address: _____
Street Address _____
City, State, and Zip Code _____

Telephone: _____
Physical Location of Records: _____
Street Address _____
City, State, and Zip Code _____

Please answer the following by marking the appropriate response:

- A) Has each server/seller and manager involved in the sale of alcoholic beverages, completed within this employment at this licensed establishment, an ABC Board approved course of instruction, appropriate to job function and passed an approved examination immediately prior to this application? YES NO
- B) Do you understand that persons employed in the future as a server/seller or manager must complete and pass an ABC Board approved course of instruction and examination within 30 days of such employment at this licensed establishment? YES NO
- C) Will you conduct on a semiannual basis, responsible vendor meetings for your servers/sellers and managers, or such other schedule of meetings as approved in writing by the Board, for review and update of instructions? YES NO

- D) Have you developed a standard operating policy and procedure for dealing with underage persons, and has each server/seller/manager acknowledged that he or she is aware of this policy? YES NO
- E) I agree to maintain the following information in the files of the licensee or designee: Employee's name, last four digits of social security number, date of employment, course completion date, examination scores with signed corrections, trainer's name, and policy acknowledgments, and semiannual update documentation YES NO
- F) Have you posted signs on your underage service policy, no less than 8 inches by 13 inches, and, are these signs displayed in unobstructed view inside the main customer entrance(s) and on or near the area where alcoholic beverages are displayed or dispensed? YES NO
- G) Are any ABC violations or actions pending against this license? YES NO

Statement of Agreement and Understanding:

I agree to comply at all times with, and to fully observe all the provisions of the Alabama Alcoholic Beverage Control Act, as it appears in the Code of Alabama, Title 28, the Alabama Responsible Vendor Act of 1993, and all laws of the State of Alabama relative to the handling of alcoholic beverages & tobacco products. I further agree to obey all rules and regulations promulgated by the ABC Board relative to all alcoholic beverages received in this state. I understand that certification shall be subject to withdrawal for cause at the discretion of the Board, and recertification will not be considered for 90 days.

Signature of Notary Public

STATE OF _____, COUNTY OF _____
Sworn to and subscribed before me this _____ day of _____, 20 ____.
Notary Signature: _____
My Commission expires _____

Signature and Title of Owner or Authorized Representative:

Title _____