

## SEMI-ANNUAL UPDATE MEETING SIGN-IN SHEET

COMPANY NAME: _____	
STORE NAME: _____	STORE NUMBER: _____
CONDUCTED BY: _____	DATE: _____

**Subjects Covered (Suggested):**

- Recognizing false and altered I.D.'s*
- Procedures of inspecting I.D.'s*
- Determining legal age for alcohol and tobacco products*
- Methods and procedures for refusing sales*
- Incident Log documentation and it's importance*
- The liabilities and responsibilities of the owner and employees in the selling of alcohol and tobacco products*
- Review of ABC Board Rules and Regulations*
- Other: \_\_\_\_\_*
- \_\_\_\_\_

By my signature below, I certify that I, on this date, attended the semi-annual update meeting as required by the Alabama ABC Board Responsible Vendor Program.

PRINT NAME	Last 4 Digits of Social Security Number	SIGNATURE

**Use as many sheets as necessary to document everyone's attendance. This form is kept in your records. DO NOT send this form to the ABC Board.**

