

Program Roll-Out Guidelines:

LOUISIANA



In Louisiana, responsible alcohol service training is mandatory. The ServSafe Alcohol™ Program **in print form** is approved for use in Louisiana. Students taking the ServSafe Alcohol course in the state must use the course book created specifically for Louisiana. The product number for the Louisiana ServSafe Alcohol course book is FMXLA.

Under the Louisiana Responsible Vendor Program, vendors must:

- Ensure all servers successfully complete an approved alcohol server training course within 45 days of employment
- Pay an annual fee of \$50 per licensed establishment (to be included with original or renewal license application)
- Provide new employees with the rules and regulations of the parish or municipality in which the establishment is located
- Maintain server training records on the premises at all times
- Post signs on the premises informing customers of the vendor's policy against selling alcohol to minors.

For more information on the Responsible Vendor Program, please visit <http://www.atc.rev.state.la.us/divs/rv.htm>, or contact the ATC.

Server permits are issued by the Office of Alcohol and Tobacco Control (ATC) and are valid for 4 years. When working, a server must have their permit and one form of picture I.D. available at all times. To renew a server permit, servers must attend and successfully complete a server training course given by an approved provider.

The ATC maintains a list of currently certified servers so that vendors can verify the validity of their employees' server permits.

To teach an approved alcohol server training course, instructors must be certified by the ATC (the application form is available at <http://www.atc.rev.state.la.us/docs/trainerapp.pdf>). The certified instructor or approved course provider must give written notice to the ATC at least 7 days in advance stating the date, time and location of all courses.

At the beginning of the training class, the instructor must give each student:

- An enrollment agreement that outlines the obligations of the instructor and student, refund policies and the procedures to terminate enrollment
- A notice that a student must complete the course in order to take the exam
- An approved server training workbook.

An approved alcohol server training course must include:

- At least 2 hours of classroom instruction time, excluding breaks and the time given for the exam
- State laws and regulations regarding the sales and service of alcoholic beverages for consumption on or off premises

- Parish and municipal ordinances and regulations that affect the sale and service of alcoholic beverages for consumption on or off the licensed premises. These provisions will depend on the jurisdiction of the servers attending the class and may vary according to the parish and municipality
- State and federal laws and regulations related to the lawful age to purchase tobacco products and age verification requirements
- Outline of Louisiana's driving while intoxicated laws and penalties for violations.

Instructors must use the ATC's roster form (see following pages) when submitting students' information to the ATC to have permits issued. Rosters must be submitted to the ATC within 10 days of class completion.

STATE LIQUOR AUTHORITY:

Louisiana Office of Alcohol and Tobacco Control
8549 United Plaza, Suite 220
Baton Rouge, Louisiana 70809
Phone: 225-925-4041
Fax: 225-925-3975
Website: <http://www.atc.rev.state.la.us/>

STATE LAWS:

An overview of the Louisiana alcohol control laws is located at <http://www.atc.rev.state.la.us/docs/law.pdf>.

The laws pertaining to the Responsible Vendor Program are available at <http://www.atc.rev.state.la.us/docs/chapter%205.pdf>.

Louisiana Responsible Vendor Class Roster

It is mandatory that you PRINT/TYPE all information clearly and correctly to prevent delays in issuing permits.

Provider Name & Number: _____ Trainer Name & Number: _____

Course Date: _____ Course Time: _____ Location: _____

Number of Permits To Be Issued: _____

Name of Attendee: _____ Address: _____

Home Telephone w/Area Code: _____

Driver's License or ID #: _____ State: _____ SS# _____

Date of Birth: _____ Sex(M/F): _____ Height: _____ Weight: _____ Permit # _____

Name of Attendee: _____ Address: _____

Home Telephone w/Area Code: _____

Driver's License or ID #: _____ State: _____ SS# _____

Date of Birth: _____ Sex(M/F): _____ Height: _____ Weight: _____ Permit # _____

Name of Attendee: _____ Address: _____

Home Telephone w/Area Code: _____

Driver's License or ID #: _____ State: _____ SS# _____

Date of Birth: _____ Sex(M/F): _____ Height: _____ Weight: _____ Permit # _____

Name of Attendee: _____ Address: _____

Home Telephone w/Area Code: _____

Driver's License or ID #: _____ State: _____ SS# _____

Date of Birth: _____ Sex(M/F): _____ Height: _____ Weight: _____ Permit # _____

My signature verifies that each student listed has successfully completed the approved course on the date indicated as well as the number of permits to be issued.

Trainer's Signature and Number/Date



Department of Revenue
Office of Alcohol and Tobacco Control
P. O. Box 66404
Baton Rouge, LA 70896-6404
(225) 925-4041

PLEASE PRINT LEGIBLY

| ATC OFFICE USE ONLY | |
|------------------------|-------|
| Date Approved: | _____ |
| Approving Agent: | _____ |
| CRI - Checked (date): | _____ |
| DRI - Checked (date): | _____ |
| QUAL - Checked (date): | _____ |
| Trainer Number: | _____ |

| Responsible Vendor Trainer Certification | |
|---|--|
| Certified Provider: _____ | |
| Trainer's Name: _____ (Last) (First) (MI) | |
| Address: _____ _____ + City State Zip + Four | |
| Telephone: () Home () Work () FAX | |
| Other Names Used: _____ | |
| Social Security No.: _____ | |
| Driver's License State: _____ Number: _____ | |
| DOB: _____ Month Day Year | |
| LAC 55:VII.509(A)(1)Employment Experience (location, date, job description): _____ _____ _____ _____ | |
| LAC 55:VII.509(A)(2)Post Secondary Education (school, date, major, degree): _____ _____ _____ | |
| Have you ever been convicted of a felony _____ or misdemeanor _____ If yes, when? Where? _____ Charge(s) you were convicted of? _____ | |

AFFIDAVIT

I swear that I have read each of the above questions and that the answers that I have given are true and correct to the best of my knowledge.

Signature _____ Title _____
Print your name _____
Sworn to and subscribed before me this _____ day of _____, 20____
the parish of _____ State of _____
Notary public's signature _____ Print name of notary public _____

PROVIDER AFFIDAVIT

| |
|--|
| Provider: _____ (print) |
| I certify that the above person meets the minimum requirements to be certified as a responsible vendor instructor. |
| Provider Signature: _____ Date: _____ |