

Date: 1/24/08

The City of Frankfort recently passed a Mandatory Responsible Beverage Service Training Ordinance (see attached). The ordinance states that all persons employed in the selling and serving of alcoholic beverages in the City of Frankfort, Kentucky, shall participate in a City approved responsible beverage service training program.

The training program must cover the following minimal requirements:

- 1) Pertinent laws and ordinances regarding the sale of alcohol.**
- 2) Verification of age, forms of identification and usual methods of false, misleading age identification and identification of false documentation.**
- 3) The effect of alcohol on humans and the physiology of alcohol intoxication.**
- 4) Recognition of the characteristics or signs of intoxication.**
- 5) Strategies for intervention and prevention of underage and intoxicated persons from consuming alcohol.**
- 6) The licensee's policies and guidelines, including the employee's role in observing those policies.**
- 7) Potential liability of persons serving alcohol.**

If you have any questions concerning what training would be considered a City approved program you may contact Doug Young (License Enforcement Officer) at (502) 875-8500.

Additionally, we have attached a City of Frankfort approved Server Training in Alcohol Regulations (S.T.A.R.) Training Brochure for your convenience. The Brochure has a schedule of available training times and information about possible S.T.A.R. Training Scholarships for employees ages 18-23 years of age.

Finally, the City shall require the Licensee to show proof of training by providing a certified list of the trained employees, name of the program completed, and the date completed (see attached). This certified list is to be submitted together with the application for license renewal.

Your cooperation is greatly appreciated.

Sincerely,

**Steve Dawson
City of Frankfort, Finance Director**

City of Frankfort
Certified Alcohol Server Training List

Business Name: _____

Address: _____

ID	Hire Date	Employee Name	Course name	Class Date	Expiration Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

I certify that the above list of Employees have completed a City of Frankfort Approved Alcohol Beverage Server Training Program as per Frankfort Ordinance No 22 2007.

Name: _____

Title: _____

Date: _____