

Program Roll-Out Guidelines:

FLORIDA



Florida does not require responsible alcohol service training, but offers mitigation benefits to operators who voluntarily participate in the state's "Responsible Vendor Program." The ServSafe Alcohol™ Program meets the state's requirements and is approved.

Operators who participate in the program receive the following benefits:

- The establishment's liquor license may not be revoked or suspended if the employee who violated laws completed training before the violation
- Using its discretion, the Division of Alcoholic Beverages and Tobacco will take into account the operator's qualification as a responsible vendor when considering administrative penalties for a violation. The Division also considers the operator's record of previous arrests or violations in determining the severity of a penalty or action.

To qualify as a responsible vendor, the licensee must:

- Provide an alcohol server training course that covers subjects dealing with alcoholic beverages and may include subjects dealing with controlled substances
- Provide an alcohol server manager course for managers of their establishments that covers subjects dealing with alcoholic beverages and may include subjects dealing with controlled substances
- Require each non-managerial employee to complete the alcohol server training course within 30 days from the date of hire (vendors must provide supervision of these employees while serving alcoholic beverages until the employee completes their training)
- Require managers to complete the alcohol server manager course within 15 days from the date of hire
- Every 4 months, require all employees to attend an informational meeting covering the vendor's policies and topics relating to the service and consumption of alcoholic beverages
- Require each employee, as a condition of employment, to complete a questionnaire (similar to the one the vendor has to complete for the division prior to being licensed) in order to determine if the employee is prohibited by law from serving or selling alcoholic beverages
- Establish a written policy that states any employee who illegally uses controlled substances on the licensed premises will immediately be dismissed. Each employee must acknowledge this policy in writing.
- Maintain all applications, acknowledgements, training records and documentation of the vendor's enforcement of the policies requiring dismissal.
- Post signs on the premises informing customers of the vendor's policy against serving minors and against the use of or trafficking in of controlled substances. The signs must warn of the consequences.

STATE LIQUOR AUTHORITY:

State of Florida
Department of Business and Professional Regulation
Division of Alcoholic Beverages and Tobacco
1940 North Monroe Street
Tallahassee, Florida 32399-1020
Phone: 850-488-3223
Fax: 850-922-5175
Email: abt@dbpr.state.fl.us
Website: www.state.fl.us/dbpr/abt/index.shtml

STATE LAWS & RULES:

Florida's state alcohol laws can be viewed on the Web at:
http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Index&Title_Request=XXIV#TitleXXXIV

The administrative code for Florida's Division of Alcoholic Beverages and Tobacco on the sale and service of alcoholic beverages can be found at:

1. http://www.myflorida.com/dbpr/abt/rules_statutes/61A1.pdf
2. http://www.myflorida.com/dbpr/abt/rules_statutes/61A2.pdf
3. http://www.myflorida.com/dbpr/abt/rules_statutes/61A3.pdf
5. http://www.myflorida.com/dbpr/abt/rules_statutes/61A5.pdf

Warning signs relating to selling or serving alcohol to minors are available from the Division. These signs are also available to download or print from the website at <http://www.state.fl.us/dbpr/abt/signs/index.shtml>.

It is _____ 's policy that
(Name of establishment)
any employee illegally using, or trafficking in, controlled substances on the premises will be
immediately terminated from employment. I acknowledge that by signing this document I am
aware of _____ 's
(Name of establishment)
policy and will adhere to it as a condition of my employment.

(Applicant's signature)

(Date)

(Applicant's printed name)

(Vendor's or Manager's signature)

(Date)

NOTICE

**IT IS UNLAWFUL
FOR ANYONE
(INCLUDING PARENTS)
TO SELL, GIVE OR SERVE
ALCOHOLIC BEVERAGES
TO A PERSON UNDER
21 YEARS OF AGE**

THIS MESSAGE PROVIDED BY:

**The Department of Business and Professional Regulation
Division of Alcoholic Beverages and Tobacco**

Reference: Section 562.11, Florida Statutes



January – April Staff Meeting

Date held: _____

Location: _____

Given by (name of manager or vendor): _____

Topics Covered:

1) _____

2) _____

3) _____

4) _____

5) _____

Checklist:

- Reviewed the establishment's policies regarding selling/serving alcohol to a minor, the illegal use of controlled substances, etc.
- Reviewed the state laws pertaining to alcoholic beverages and the rules of the Division of Alcoholic Beverages and Tobacco.
- Ensured **every** employee who attended this meeting signed his/her name on the sign-in sheet.

(Signature of Vendor or Manager)

(Date)

May - August Staff Meeting

Date held: _____

Location: _____

Given by (name of manager or vendor): _____

Topics Covered:

1) _____

2) _____

3) _____

4) _____

5) _____

Checklist:

- Reviewed the establishment's policies regarding selling/serving alcohol to a minor, the illegal use of controlled substances, etc.
- Reviewed the state laws pertaining to alcoholic beverages and the rules of the Division of Alcoholic Beverages and Tobacco.
- Ensured **every** employee who attended this meeting signed his/her name on the sign-in sheet.

(Signature of Vendor or Manager)

(Date)

September - December Staff Meeting

Date held: _____

Location: _____

Given by (name of manager or vendor): _____

Topics Covered:

1) _____

2) _____

3) _____

4) _____

5) _____

Checklist:

- Reviewed the establishment's policies regarding selling/serving alcohol to a minor, the illegal use of controlled substances, etc.
- Reviewed the state laws pertaining to alcoholic beverages and the rules of the Division of Alcoholic Beverages and Tobacco.
- Ensured **every** employee who attended this meeting signed his/her name on the sign-in sheet.

(Signature of Vendor or Manager)

(Date)

January – April Staff Meeting
Sign-in Sheet

Date held: _____

Name	Signature	Position
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May – August Staff Meeting
Sign-in Sheet

Date held: _____

Name	Signature	Position
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September - December Staff Meeting
Sign-in Sheet

Date held: _____

Name	Signature	Position
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