

Program Roll-Out Guidelines:

NEW YORK



In New York, responsible alcohol service training is voluntary. ServSafe Alcohol™ **in print form** is an approved program in New York.

Mitigating benefit: The New York State Liquor Authority (NYSLA) will consider training a mitigating factor if, at the time of violation, the person who committed the violation held a valid certificate of completion or renewal from a certified alcohol training awareness program provider and the licensee diligently implemented and complied with training program.

Instructors must be registered through a school approved by the New York State Liquor Control Commission.

Independent trainers wishing to instruct the ServSafe Alcohol program should contact Mr. Harold Qualters at the New York State Restaurant Association for information on becoming an instructor through their office at (800) 452-5212.

Registering as a School

To conduct internal training in New York, you must complete an application for approval as a school.

The forms, attached below, include the following:

1. School Application Checklist
2. Minimum Criteria & Curriculum
 - ❖ NOTE: The ServSafe Alcohol program, together with the NRAEF's New York state supplement, meets the state's curriculum requirements.
3. School Application
 - ❖ NOTE: Section 6, page 2 and Section 7, page 2 require signatures and must be notarized.

Submit the completed application along with the required materials, to Mr. John Coneys at the NYSLA. He can be reached directly at (518) 474-4107.

STATE LIQUOR AUTHORITY:

Division of Alcoholic Beverage Control
State Liquor Authority
80 S. Swan St., Suite 900
Albany, New York 12210-8002
Phone: 518-474-0810
Fax: 518-402-4015
Website: www.abc.state.ny.us

STATE LAWS:

To view the laws regarding Alcoholic Beverage Control please visit <http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS> and select "ABC."



Application for

Certificate of Approval to
 Give or Administer an Alcohol Training Awareness Program

Name of School

CHECKLIST

PLEASE COMPLETE THIS CHECKLIST AND FORWARD IT WITH YOUR APPLICATION

- Have you enclosed a **check, bank draft, or money order** in the amount of nine hundred dollars (\$900)? Cash will not be accepted. Yes No
- Have you answered **all** questions on the School Application? Yes No
- If the applicant will give the Alcohol Training Awareness Program at two or more locations, have you submitted a copy of page 2 of the School Application for **each and every location**? Yes No
- Have you listed **all** program materials at Section 4 of the School Application? Yes No
- Have you **enclosed** a copy of **all** program materials listed at Section 4 of the School Application? Yes No
- With respect to the Type of Applicant, have you answered Questions **1, 2, 3.a, 4, and 5** found on page 5 of the School Application? Yes No
- With respect to the Type of Applicant, have you checked **only one box** of the five boxes found on page 6 of the School Application? Yes No
- With respect to the Type of Applicant, have you **enclosed all** of the documents and **provided all** of the information specified in the checked paragraph on page 6 of the School Application which corresponds to your application type? Yes No
- If you have answered "Yes" to Question 4 of the Personal Questionnaire found at page 8 of the School Application, have you **enclosed** a copy of a **Certificate of Conviction** or a **Certificate of Disposition** issued by the Court Clerk with respect to **each conviction**, along with a copy of any **Certificate of Relief from Civil Disabilities** which has been issued? Yes No
- If you have answered "Yes" to Question 5 of the Personal Questionnaire found at page 8 of the School Application, have you **enclosed** a copy of the **Accusatory Instrument** with respect to **each pending matter**? Yes No
- Has the Director of the Applicant School signed the **Personal Questionnaire** and **Director's Affirmation in the presence of a Notary Public**, and have both documents been notarized? Yes No



MINIMUM CRITERIA AND CURRICULUM

Minimum criteria for the conduct of an approved alcohol training awareness program:

Hours. Each session of an approved alcohol training awareness program shall consist of no less than two complete hours of instruction devoted to the teaching of the curriculum set forth below.

A school shall not certify that a student has successfully completed an approved alcohol training awareness program unless the student has attended the entire session of the approved alcohol training awareness program.

Minimum curriculum requirements for an approved alcohol training awareness program.

At each session of an approved alcohol training awareness program, the approved school must present a course of instruction which includes:

- (a) the legal obligations imposed by subdivision 1 of section 65 and paragraph (b) of subdivision 1 of section 65-b of the Alcoholic Beverage Control Law.
- (b) the licensee's and server's legal responsibility to reasonably supervise the licensed premises.
- (c) the licensee's and server's legal responsibility for any subsequent redelivery of an alcoholic beverage made by an individual to whom the server has made a single or multiple delivery, where such redelivery is made in the area within the licensee's or server's reasonable apprehension.
- (d) the on-premises licensee's and server's legal responsibility for any subsequent redelivery of an alcoholic beverage made by an individual to whom the server has made a multiple delivery. Where a server for on-premises consumption delivers, in a single delivery made to a single individual, a quantity of alcohol which would reasonably be consumed by more than one person, the server is obligated to accompany such individual to the area of consumption and make sure that no alcohol is given to a person under the legal age.
- (e) information regarding the use of written evidence of age in connection with the delivery of an alcoholic beverage, particularly with regard to the limitations on the use of such written evidence of age.
- (f) information regarding the licensee's and server's burden to establish that a delivery of alcohol was made in reasonable reliance upon written evidence of age.

- (g) information regarding those forms of identification which may be legally accepted as written evidence of age.
- (h) information regarding the key features of each form of identification which may be legally accepted as written evidence of age in connection with the delivery of an alcoholic beverage.
- (i) information with regard to the manner in which false and fraudulent forms of identification may be detected.
- (j) information with regard to the devices and manuals which may be used to aid in the detection of false and fraudulent written evidence of age, and information with regard to the manner in which such devices and manuals may be obtained. No school, school director, or school instructor shall accept any compensation, direct or indirect, to recommend a particular device or manual. However, a recommendation with respect to a particular device or manual may be made based upon direct first-hand experience.
- (k) information regarding the right of a licensee or server, acting in good faith, to refuse the delivery of an alcoholic beverage based upon the apparent age of the patron or customer, even though written evidence of age has been presented. A licensee or server fails to act in good faith, within the terms of this Part, where the apparent age of the patron or customer is falsely used in bad faith as a pretext to refuse a delivery to a person on account of race, creed, color or national origin.
- (l) information with regard to the criminal penalties which may be imposed upon a licensee or server who violates subdivision 1 of section 65 of the Alcoholic Beverage Control Law or paragraph (b) of subdivision 1 of section 65-b of the Alcoholic Beverage Control Law.
- (m) information with regard to the civil liability to which a licensee or server may be exposed where the server violates subdivision 1 of section 65 of the Alcoholic Beverage Control Law or paragraph (b) of subdivision 1 of section 65-b of the Alcoholic Beverage Control Law.
- (n) first-hand accounts of public harm which has occurred as a consequence of a licensee's or server's failure to comply with the requirements of law.



Application for

Certificate of Approval to
Give or Administer an Alcohol Training Awareness Program

**SECTION 1 - SCHOOL BUSINESS OFFICE AND
DIRECTOR**

Name of School

Street Address of School Business Office:

County:

Telephone Number of School Business Office:

School Director:

Last Name

First Name

M.I.

Director's School Mailing Address:

Director's School Telephone Number:

SECTION 2 - PROGRAM LOCATION

Name of School

**Name of Building where
the program will be given:**

**Street address and room where
the program will be given:**

City, Town, or Village & Zip

County of Program Location

**Name and Room Number
of Contact Person at
the Proposed Location:**

**Telephone Number at
the Proposed Location:**

SECTION 3 - MINIMUM STANDARDS FOR THE PROGRAM LOCATION

Will class size be limited to thirty persons? Yes No

Does the classroom have a desk, or a chair with an attached writing surface, for each person taking the program? Yes No

Is the classroom well lighted? Yes No

Is the classroom well ventilated? Yes No

Is the classroom comfortably heated or cooled, as the season requires? Yes No

At the time the program is conducted, will the classroom be equipped with an audio-visual display projector? Yes No

Does the building containing the proposed classroom provide adequate rest room facilities for both sexes? Yes No



Application for

**Certificate of Approval to
 Give or Administer an Alcohol Training Awareness Program**

SECTION 4 - PROGRAM MATERIALS

- Please list below all program materials. Please type or print neatly.
- The listing should include preparation materials used exclusively by the School’s Instructors, materials to be used during the presentation of the program, and materials for distribution to persons attending the program.
- Items to be listed include, but are not limited to:
 - Course outlines
 - Instructor’s manuals
 - Lesson plans
 - Paper copies of presentation slides
 - Resource materials or devices to be displayed during the class
 - Lists of questions to be asked during the program session, with answers
 - Written tests or quizzes, with answers
 - Student outlines and materials to be used during the session
 - Materials to be kept by students following the conclusion of the session
- **Copies of all listed materials must accompany this form when the School’s application is submitted.**

1	
2	
3	
4	
5	
6	



Application for

Certificate of Approval to
 Give or Administer an Alcohol Training Awareness Program

SECTION 5 – TYPE OF APPLICANT

Please answer each question with regard to the type of applicant who/which is applying for the Certificate of Approval to Give or Administer an Alcohol Training Awareness Program.

1. The applicant is a school certified by the New York State Department of Education. Yes No
2. The applicant is a trade association whose members are engaged in or involved in the retail sale of alcoholic beverages. Yes No
3.
 - a. The applicant is a national or regional franchisor who/which has granted five franchises in New York State to businesses which are licensed to sell beer at retail for consumption off the premises. *(If you answered "No" to Question 3.a, skip Questions 3.b and 3.c.)* Yes No
 - b. If you have answered "Yes" to Question 3.a, has the franchisor been issued a New York State Alcoholic Beverage License? *(If you answered "No" to Question 3.b, skip Question 3.c.)* Yes No
 - c. If you have answered "Yes" to Question 3.b, please provide the following information:

Applicant's NYS Alcoholic Beverage License Serial No.:

Name:

Address:

Telephone No.:

4. The applicant is a licensee who/which operates five or more premises in New York State licensed to sell alcoholic beverages at retail for consumption off the premises. Yes No
5. The applicant is a person interested -- as an individual proprietor, partner, corporate officer and/or limited liability company member -- in five or more licensees authorized in New York State to sell alcoholic beverages at retail for consumption off the premises. Yes No

Please check **one** of the following boxes to indicate **the documents which you are enclosing** with the application with regard to the type of applicant which is applying for the Certificate of Approval to Give or Administer an Alcohol Training Awareness Program.

1. If the applicant is a school certified or licensed by the New York State Department of Education, please enclose a copy of the certificate or license which permits the applicant to conduct a school.

2. If the applicant is a trade association whose members are engaged in or involved in the retail sale of alcoholic beverages, please type on the association's letterhead paper the following information:
 - (1) the officers of the trade association and the addresses and telephone numbers at which the officers may be contacted,
 - (2) the type of businesses served by the trade association, and
 - (3) the approximate number of members belonging to the association.

3. If the applicant is a national or regional franchisor who/which has granted five or more franchises to licensees authorized by New York State to sell beer at retail for consumption off the premises, please enclose a list of the franchised New York State retail licensees which states **for each licensee**: (1) the New York State Alcoholic Beverage License serial number, (2) name, (3) trade name, and (4) address.

4. If the applicant is a licensee authorized to sell alcoholic beverages at retail for off-premises consumption who/which operates five or more licensed premises in New York State, please enclose a list which states **for each premises**: (1) the New York State Alcoholic Beverage License serial number, (2) name, (3) trade name, and (4) address. Please indicate which license is the "master file" for the chain.

5. If the applicant is a person interested -- as individual proprietor, partner, corporate officer and/or limited liability company member -- in five or more licensees authorized by New York State to sell alcoholic beverages at retail for consumption off the premises, please enclose a list which states **for each license**: (1) the New York State Alcoholic Beverage License serial number, (2) name, (3) trade name, (4) address, and (5) nature of the applicant's interest.



PERSONAL QUESTIONNAIRE

- Each school director must complete a Personal Questionnaire in full.
- This form may be photocopied, and the photocopy used for the submission of information.
- Answer all questions below. If a question is Not Applicable to you, fill in the space with an N.A.
- Unanswered questions will require the return of your application to you for completion.
- Attach additional sheets if more space is needed to fully answer a question.

Name of School

1. YOUR NAME _____

Date of Birth

Social Security No.

Home Address

Home Telephone No.

2. Your occupation record for the past TEN years: (Attach additional sheets, if required.)

	Type of	Your Job	<u>FROM</u>	<u>TO</u>
<u>Employer and Employer's Address</u>	<u>Business</u>	<u>Title/Duties</u>	<u>(mo./yr.)</u>	<u>(mo./yr.)</u>

- 3.(a) Will you take an active part in the school's management? NO _____ YES _____
- (b) If YES, how many hours you will devote to the school's management:
- (c) If YES, the nature of the activity:
- 4.(a) Have you ever been **CONVICTED** (including pleas of guilty or suspended sentences) of any felony, misdemeanor, or any other type of offense EXCEPT MINOR TRAFFIC INFRACTIONS? NO _____ YES _____
- (b) **IF YES** to Question 4.(a), I have prepared a list setting forth **ALL** convictions, and have enclosed a **Certificate of Conviction** or a **Certificate of Disposition** issued by the **Court Clerk** for **each case**, and a Certificate of Relief from Civil Disabilities if available. NO _____ YES _____.
- 5.(a) Are there any ARRESTS, INDICTMENTS, or SUMMONSES for other than minor traffic infractions **PENDING** against you? NO _____ YES _____
- (b) **IF YES** to Question 5.(a), I have prepared a list setting forth **ALL** pending matters and have enclosed a copy of the **Accusatory Instrument** for each pending matter. NO _____ YES _____

The party submitting this Personal Questionnaire must swear to the truth of the following attestation in the presence of a Notary Public, and have the Notary Public witness the party's signature.

I hereby attest that all statements made in this Personal Questionnaire are true to the best of my knowledge and belief. I understand that any omission or inaccuracy constitutes a basis for the Authority to disapprove any application supported by this Personal Questionnaire, and to revoke, recall, or non-renew any certificate which has been issued in reliance upon the statements made in this Personal Questionnaire.

Sworn to before me on the _____ day of _____,

(Month) (Year)

Signature of Party Submitting this Personal Questionnaire

Signature of Notary Public

Notary Stamp:



Application for

Certificate of Approval to
Give or Administer an Alcohol Training Awareness Program

SECTION 7 – DIRECTOR'S AFFIRMATION

NAME OF APPLICANT SCHOOL

1. I, _____,
(Name of Director)

am the Director of the above-named applicant school.

2. This affirmation is submitted in support of the above-named school's application for a Certificate of Approval to Give or Administer an Alcohol Training Awareness Program.

3. I have reviewed and am fully familiar with the Minimum Criteria and Curriculum for an Alcohol Training Awareness Program.

4. I have reviewed the accompanying application and all of the items submitted in support of such application, and affirm that all of the representations made therein are true to best of my knowledge and belief.

5. I hereby certify, with regard to:

- (a) the minimum criteria for an Alcohol Training Awareness Program, that no less than two hours, exclusive of breaks, will be set aside for each session of the Alcohol Training Awareness Program; and that no person shall be certified by the school as having satisfactorily completed the program unless such person has been in attendance for the entire session.
- (b) the course locations, that each location where the program will be given is in conformity with the standards set forth in Section 3 of the School Application.
- (c) the curriculum, that the school's course of instruction fully addresses all of the subject areas contained in the State Liquor Authority's curriculum.

- (d) program materials, that all Program Materials listed at Section 4 of the School Application are and will continue to be available for all program sessions.
- (e) the qualifications of instructors, that each person hired as an instructor by the school will possess the education, licensure, academic teaching experience, formal training, and/or work experience required to capably teach the program.
- (f) the instructor's familiarity with the subject matter of the program, that each instructor will be made fully familiar with the minimum criteria, the curriculum, and the program materials before conducting a program session.
- (g) the Director's personal supervision of instructors, that each instructor will present to the Director a complete two-hour session of the Alcohol Training Awareness Program, and that the Director will not authorize an instructor to conduct a program session unless the instructor has satisfied the Director that the instructor will be able to capably teach all parts of the curriculum.

6. I understand that the foregoing representations are continuing representations, and hereby affirm that the foregoing representations are true now, and will continue to be true in the future.

The party submitting this Director's Affirmation must swear to the truth of the following attestation in the presence of a Notary Public, and have the Notary Public witness the party's signature.

I hereby attest that all statements made in this Director's Affirmation are true to the best of my knowledge and belief. I understand that any omission or inaccuracy constitutes a basis for the Authority to disapprove any application supported by this Director's Affirmation, and to revoke, recall, or non-renew any certificate which has been issued in reliance upon the statements made in this Director's Affirmation.

Sworn to before me on the _____ day of _____,
(Month)

Signature of Party Submitting this Director's Affirmation

Signature of Notary Public

Notary Stamp:

