

## Program Roll-Out Guidelines:

### Louisiana



In Louisiana, responsible alcohol service training is mandatory. The ServSafe Alcohol™ Program 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
- Ensure all servers attend a refresher course every 2 years offered by an approved provider
- 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 (see following pages for application form). 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.

The laws pertaining to the Responsible Vendor Program are available at.

## 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: \_\_\_\_\_

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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 # \_\_\_\_\_

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Name of Attendee: \_\_\_\_\_ Address: \_\_\_\_\_

Home Telephone w/Area Code: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_

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Home Telephone w/Area Code: \_\_\_\_\_

Driver's License or ID #: \_\_\_\_\_ State: \_\_\_\_\_ SS# \_\_\_\_\_

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

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*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: _____