ATAP

NEW YORK STATE LIQUOR AUTHORITY
ALCOHOLIC BEVERAGE CONTROL

ALCOHOL TRAINING AWARENESS PROGRAM
CERTIFICATE APPLICATION

Completed applications, program materials, and the certificate fee of nine hundred dollars (certified check or money order ONLY, made payable to the New York State Liquor Authority) should be mailed to:

NEW YORK STATE LIQUOR AUTHORITY
Alcohol Training Awareness Program
80 S. Swan Street Suite 900
Albany, NY 12210

APPLICATIONS SUBMITTED WITHOUT THE PROPER FEE AND/OR WITHOUT THE PROPER ATTACHMENTS WILL BE DISAPPROVED.

ANY CHANGES TO AN APPROVED PROGRAM MUST BE SUBMITTED WITH A NEW APPLICATION AND PROGRAM MATERIALS. APPLICANT MUST INDICATE WHAT INFORMATION WAS ADDED, CHANGED, OR DELETED AND CANNOT BE USED WITHOUT APPROVAL BY THE AUTHORITY.

Application Checklist

Have you answered **all** questions on the application?

Have you included a copy of the program materials?

Have you included a check made payable to the New York State Liquor Authority for $900?

Has the Director of the Applicant Program signed the application and has it been notarized?

Has there been any changes to the program, and if so, have you indicated what changes have been made on the materials?

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PLEASE CHECK THE APPROPRIATE BOX(S) NEXT TO PROGRAM(S) THAT YOU ARE APPLYING FOR

CLASS ROOM	ONLINE
☐ ON-PREMISES	☐ ON-PREMISES
☐ OFF-PREMISES	☐ OFF-PREMISES

1. Program Business Office

Please provide the following information for the entity who will deliver or administer the alcohol awareness training.
The Legal Name is the name that will appear on the certificate.

Legal Name of the Applicant:

Program Name (if applicable): Federal Identification No.

Mailing street address:

City: State: Zip Code:

County: Telephone No. (include area code):

2. Director Information

Director Name: Date of Birth: Social Security No.

Residence:

City: State: Zip Code:

Director Telephone No. (include area code): E-mail:

Provide your employment record for the past **TEN** years (include additional pages if necessary and a copy of your resume):

From/To (month/year) Employer Employer Address

Type of business Position

From/To (month/year) Employer Employer Address

Type of business Position

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, ever been ARRESTED and/or CONVICTED (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except traffic violations? ◯ YES ◯ NO

If YES, complete the chart below and where applicable, submit a **Certificate of Relief from Disabilities, Police Report**, **Certificate of Disposition** or a **Certificate of Conviction** by the Court Clerk for each case. If necessary, attach additional sheets.

Name of the Defendant	Connection with Applicant (eg: applicant, officer, employee	Date of Offense	Nature of the arrest and/or conviction	Disposition

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3. Program Material

The following is a list of minimum criteria that must be provided/demonstrated by the applicant for a proposed program:

a. The licensee's and server's responsibility to not sell, deliver or give alcohol to someone under the age of 21;
b. The licensee's and server's responsibility when serving more than one drink to an individual to be aware of any redelivery by the legal patron;
c. The licensee's and server's responsibility to reasonably supervise the premises;
d. The licensee's and server's right to refuse to sell, including but not limited to, an under age patron, an intoxicated patron, or a patron without proper identification;
e. The information regarding the licensee's and server's burden to establish that a delivery of alcohol was made in a reasonable reliance upon written evidence of age;
f. The information regarding those forms of identification which may be legally accepted as written evidence of age;
g. The information regarding key features of each form of identification;
h. The information with regard to the manner in which false and fraudulent forms of identification may be detected;.
i. The 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 devises and manuals may be obtained;
j. The criminal liabilities and penalties for unlawfully dealing with a child (Penal Law 260.20);
k. The civil liabilities, general liabilities, responsibilities and general obligations (General Obligations Law 11-100 and 11-101); and
l. The first hand accounts from the public, due to servers failure to comply ("Dram Shop") (i.e., MADD, RID, and Shattered Lives).

All program materials must be included with this application.

4. Terms and Conditions

1. The Director is affirming his/her support for the application for a Certificate to deliver or administer an Alcohol Training Awareness Program.
2. The Director has reviewed the application and all of the items submitted in support of such application, and affirms that all of the representations made therein are true to the best of his/her knowledge and belief.
3. The Director is responsible for ensure that each person hired as an instructor by the program possess the education, licensure, academic teaching experience, formal training, and/or work experience required to capably teach the program.
4. The Director is responsible for ensuring that each instructor is fully familiar with the minimum criteria, the curriculum, and the program materials before conducting a program session.
5. The Director is responsible for the personal supervision of the instructors and each instructor will present to the Director a complete session of the Alcohol Awareness Training 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. The Director is responsible for implementation of a records maintenance program in compliance with the "Records Maintenance Requirements for Schools Giving an Approved Alcohol Training Awareness Program". The requirements are identified as "Schedule A", found at the following link (TBD)
7. The Director is responsible for ensuring that each instructor issues only the approved Certification of Completion forms to individuals that have successfully completed an approved Alcohol Training Awareness Program. The certificate is identified as "Schedule B" found at the following link (TBD)

I certify that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the certificate and agree to comply with the conditions. I understand that any omission or inaccuracy constitutes a basis for the Authority to disapprove this application, and to revoke, recall or non-renew any certificate which has been issued in reliance upon the statements made in this application.

_____

Signature of Director Submitting this Application

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

_____

Signature of Notary Public

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