NEW YORK STATE LIQUOR AUTHORITY

Underage Agent (UA) Compliance Check

Case No.

Date: Time In: Time Out:

Licensee Information

Serial Number: County: License Type:

Premises Name (Licensee) :

DBA (Trade Name) on license:

DBA (Trade Name) at time of visit:

Address (Street):

City: State: Zip Code:

UA - First Name, Last Initial (ex: John, J) DOB Age:

Investigators Witness: Other:

Cashier Description

☐ Male ☐ Female Race: Age:

Additional (if sale made):

Sale:	**Cashier Requested UA's ID:**	**Cashier Verbally Questioned UA's Age:**	Receipt Provided:
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Product Purchased:
[Example: one(1) 25-oz can Budweiser Beer in brown paper bag with straw]

Evidence Bag No.: Price Paid:

Attachments

UA Statement	☐ Yes ☐ No	UA's Redacted ID: ☐ Yes ☐ No	UA's photo(s): ☐ Yes ☐ No
Witness Statement	☐ Yes ☐ No	Purchase receipt: ☐ Yes ☐ No	Additional Remarks: ☐ Yes ☐ No

Reporting Investigator (Print name, sign and date)	
Reviewed By (Print name, sign and date)	

Print Form