**Review and Complete with employees each March or April and again in September or October (every 6 months) and keep on file for inspection.**

**This update must be done every 6 months to maintain compliance**

***SEMI-ANNUAL UPDATE MEETING SIGN-IN SHEET***

#### COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### STORE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STORE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_

#### CONDUCTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subjects Covered (Suggested):**

* *Recognizing false and altered I.D.’s*
* *Procedures of inspecting I.D.’s*
* *Determining legal age for alcohol and tobacco products*
* *Methods and procedures for refusing sales*
* *Incident Log documentation and its importance*
* *The liabilities and responsibilities of the owner and employees in the selling of alcohol and tobacco products*
* *Review of ABC Board Rules and Regulations*
* *Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

By my signature below, I certify that I, on this date, attended the semi-annual update meeting as required by the Alabama ABC Board Responsible Vendor Program.

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| PRINT NAME | Last 4 Digits of Social Security Number | SIGNATURE |
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**Use as many sheets as necessary to document everyone’s attendance. This form is kept in your records. DO NOT send this form to the ABC Board or *P.A.S.T.***

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