



Louisville Metro Alcoholic Beverage Control Teenage Alcohol & Tobacco Enforcement Program



Louisville Metro Alcoholic Beverage Control
444 South 5th Street
Louisville KY 40202
Telephone (502) 574-2866
Fax (502) 574-5245

ARE YOU 16 to 20 AND INTERESTED IN BECOMING AN INVESTIGATIVE AIDE?

TEEN ALCOHOL AND TOBACCO ENFORCEMENT PROGRAM

18-20 years of age Alcoholic Beverage Enforcement Program
16-17 years of age Tobacco Enforcement Program

The Office of Louisville Metro Alcoholic Beverage Control would like to introduce you to our Alcohol I.A. Program. This is a volunteer program providing students and young adults with a unique forum, to both participate with and review a career option in law enforcement.

The program is designed to reduce sales of alcoholic beverages and tobacco products to underage persons, which is the top priority of this office. Participating students and young adults are exposed to the full legal system, from the time the law is violated through the judicial or administrative hearing.

Volunteers that are accepted into the program as investigative aides, participate in the investigation by attempting to make controlled buys under the direct supervision and observance of ABC agents. Examples of these locations include package liquor stores, convenience stores, restaurants, bowling alleys, motels/hotels, etc. The volunteer I.A. does not mislead the employee or the retailer by misrepresenting his or her age, by producing false identification, or by any other misleading method. The investigative aide does not participate in an arrest, but does witness the process of securing and labeling evidence, report writing, inventory procedures and occasionally provides courtroom testimony. Volunteers, are not required to participate on any set schedule, but rather are called upon based on their availability and need arises.

The volunteer I.A. is paid an hourly wage, and the ABC adheres to all state child labor laws. To further ensure the safety and anonymity of the aides, agents will try to assign youths to routes across town from their schools and neighborhoods, or even to another nearby county. The volunteer I.A. will work with one or more ABC agents during investigations. In most cases the agent accompanies the teen when he or she enters the premises to attempt to purchase alcohol or tobacco products. The sale must be consummated. If a sale occurs, the I.A. leaves the premises. The agent, subsequently, reenters the premises to cite the seller. ABC retains any alcohol or tobacco products purchased as evidence.

Without the Investigative Aide Program, ABC could not properly ascertain the sale of alcohol or tobacco products to minors. Furthermore, the federal government, which mandates every state to conduct teen tobacco enforcement, asserts that the use of a minor in investigations is the most valid method to determine tobacco sales to teenagers. As such, the Investigative Aide Program plays a crucial role in ABC's overall teen alcohol and tobacco enforcement strategy in combating and reducing underage sales..

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PERSONAL HISTORY FORM

ATTACH PHOTO HERE

NAME _____
ADDRESS _____
_____ ZIP CODE _____
COUNTY _____
DATE OF BIRTH _____ AGE _____
SOCIAL SECURITY NUMBER _____
HGT. _____ WGT. _____ HAIR _____ EYES _____
TELEPHONE (Home) _____ (Work) _____
(CELL) _____
EMAIL _____

Driver's license number and state issued: _____
Traffic violation history: _____
Occupation: _____
Business / school: _____
Address: _____
Vehicle information (make – model – year): _____

Have you ever been arrested or been given a citation or notice to appear in Court for violating a traffic or criminal law? Yes No
Have you ever used false identification? Yes No

I swear the above information is true and correct under the penalty of perjury.

Signature of Applicant for Investigative Aide _____ Date _____
Witnessed by _____ Date _____

ATTACH A COPY OF BIRTH CERTIFICATE OR DRIVERS LIC.

FOR ABC OFFICE USE ONLY

Results of local record and driver's license check: _____
Date accepted into program: _____ Not accepted: _____
Reason not accepted: _____
Copy of Birth Certificate/Drivers license has been received: Yes No

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PARENTAL PERMISSION AFFIDAVIT
For applicants 16-17 years of age.

I swear or affirm that I am the legal guardian of _____,
whose date of birth is _____. I hereby give my consent for the
minor to participate as an Investigative Aide with the Louisville Metro Office of Alcoholic Beverage
Control in conduction state and federal tobacco compliance activities. I understand that participation
in the Investigative Aide Program is voluntary and is not without some degree of risk. However, I agree
to release the Office, its agents, and insurers from any liability arising from participation in this program
resulting from or arising out of the minor's negligent acts.

I understand that all investigations will be conducted at the direction and under the
supervision of the Office. Each purchase or attempted purchase of tobacco products will be under
the supervision of no less than two adult employees of the Office. I fully understand and agree that
the minor may be required to testify at judicial or administrative proceedings on behalf of the Office,
the FDA, or the Commonwealth of Kentucky.

I understand that in conducting such investigations, the welfare of the Investigative Aide is
the Office's primary concern. The procedures employed by the Office have been fully explained to
me and I understand that my consent for the minor's participation may be withdrawn at any time by
notifying the Office in writing.

SIGANTURE OF PARENT OR LEGAL GUARDIAN **DATE**

WITNESS **DATE**

Louisville Metro ABC Original Copy

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WITNESS **DATE**

Parent or Legal Guardian copy

Louisville Metro
Alcoholic Beverage Control
Investigative Aide Compliance Operation Information

Page ____ of ____

Date: _____

Time: _____ Lic # _____

Establishment: _____ Address: _____ Police Div.: _____

Purchased Item(s): _____ Cost: \$ _____

Offender (seller): _____ Licensee Cited: Yes No

Time: _____ Lic # _____

Establishment: _____ Address: _____ Police Div.: _____

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Establishment: _____ Address: _____ Police Div.: _____

Purchased Item(s): _____ Cost: \$ _____

Offender (seller): _____ Licensee Cited: Yes No

Officer(s)/Code Number(s): _____

Louisville Metro
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Officer(s)/Code Number(s): _____

Investigative Aide Payment Documentation

Investigative Aide Name: _____

Date: _____

This signature acknowledges the receipt of \$_____.00, as payment for being an investigative aide and acting as a minor decoy to purchase alcohol and/or tobacco for Louisville Metro Alcoholic Beverage Control during the hours of _____ to _____, totaling _____ hours on this date.

I.A. Signature: _____

ABC Investigators Signature: _____

Date: _____

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