



Commonwealth of Kentucky
Department of Alcoholic Beverage Control
500 Mero Street, 2NE33
Frankfort, KY 40601
Phone: 502-564-4850
Email: ABC.Enforcement@ky.gov

Kentucky Alcohol & Tobacco Enforcement Program

ALCOHOLIC BEVERAGE CONTROL

How to become an Investigative Aide with the Kentucky Alcohol & Tobacco Retail Inspection Program

1. What is an Investigative Aide?

Investigative Aides make this program possible. An Investigative Aide is a person age 16 to 20 years-old who enters a tobacco or alcohol retailers, and attempts to purchase a tobacco or alcohol product. This is called a “controlled buy.”

Investigative Aides are accompanied by ABC Investigators who observe the “controlled buy.” If a tobacco or alcohol product is sold to an Investigative Aide, the product is given to the ABC Investigator who preserves it as evidence.

2. What is the Kentucky Alcohol & Tobacco Retail Inspection Program?

The Department of Alcoholic Beverage Control (ABC) enforces federal and state retail alcohol & tobacco laws, particularly those prohibiting alcohol & tobacco retailers from selling alcohol & tobacco products to persons under the age of 21.

With the help of Investigative Aides, ABC Investigators inspect retailers to make sure alcohol & tobacco products are sold *only* to persons 21 years of age or older.

3. Why should you become an Investigative Aide?

Investigative Aides are paid \$15.00 per hour. Scheduling is flexible, and done directly between the Investigative Aide and the Investigators with whom they work.

You are providing a public service. Youth alcohol & tobacco use is a danger to public health and this is one way the Commonwealth works to prevent underage alcohol & tobacco use and improve the health of our state.

The tobacco Investigative Aide that turns 18 will still be able to continue with the tobacco program as well as sign up for the alcohol program. When you become 18 a background is required. The 16 & 17 years of age will need a school permission signed by the Principal.

4. How do you sign up?

Complete the attached application, and obtain your parent or guardian's consent for 16 & 17 year olds. If you are 18 to 20 years of age, you can use a witness. Submit the completed application to the enforcement division either by mail or email at the address listed above.

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ALCOHOLIC BEVERAGE CONTROL
INVESTIGATIVE AIDE – RETAIL INSPECTION PROGRAM
APPLICATION FORM

ATTACH PHOTO HERE

NAME _____
ADDRESS _____
CITY _____ ZIP CODE _____
COUNTY _____
DATE OF BIRTH _____ AGE _____
SOCIAL SECURITY NUMBER _____
HGT. _____ WGT. _____ HAIR _____ EYES _____
TELEPHONE (Parents Emergency Contact) _____
(CELL) _____
EMAIL _____

Kentucky Resident: Yes No

Driver's license number and state issued: _____

Occupation: _____

Business / school: _____

Address: _____

Vehicle information (make – model – year): _____

Signature of Applicant for Investigative Aide _____ Date _____

Signature of Applicant's Parent or Guardian _____ Date _____

Witnessed by _____ Date _____

How did you hear about this program (circle one)? Website - Social Media - Friend/Relative - School - Other

Attach a Copy of Drivers License & Birth Certificate

FOR ABC OFFICE USE ONLY

Date accepted into program: _____

Birth Certificate received: Yes No

Drivers License received: Yes No



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500 Mero Street 2NE33
Frankfort, KY 40601
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ABC Form-IA
Agreement of
Understanding
Revised 03/31/2017

FDA INVESTIGATIVE AIDE PROGRAM

AGREEMENT OF UNDERSTANDING

I, _____, being _____ years of age, and a Kentucky resident, agree to assist the Kentucky Department of Alcoholic Beverage Control (“Department”) in all investigations of tobacco sales to underage persons. I understand these investigations may be conducted under state law or as an agent of the federal government. I affirm herein that no member of my immediate family owns any interest in any establishment regulated by the Department. My participation is voluntary and on an “as needed” basis. I voluntarily and knowingly enter into this agreement.

I agree to respond truthfully as to my legal age and date of birth if asked by the retailer or an employee during an investigation. I also agree that my attire and overall appearance will be such as to make me appear to be my true age. I will earn an hourly wage of \$12.50. To enroll in this program, I agree to complete the Kentucky state investigative aide application, and complete a brief online training session. I will be paid for the time spent completing the training.

I understand that in the unlikely event of an enforcement or judicial action, my identity may be revealed and, if needed, I may be asked to provide a narrative report, declaration, and/or give oral testimony in a hearing. I agree to remain available to testify as a witness and provide oral testimony for a minimum of five (5) years after leaving the program. My identity will be kept private and the only time it would be used is in the case of a hearing or if ordered by a court of law or by the Office of the Attorney General for an open record request.

I understand that I am not a law enforcement officer and will not represent myself in that manner at any time, and that I am not entitled to carry a firearm or a badge. I understand that participation in this program does not entitle me to any special privileges. The following shall include, but not be limited to, grounds for immediate termination from the program: (1) any violation of law except while under the direction of the Department or its agents or employees; (2) failure to abide by the terms of this agreement; (3) failure to follow the instructions or procedures of the Department; (4) engaging in alcohol or tobacco use; or (5) suffering any school-related problems including attendance and grades.

I understand that I shall not engage in any tobacco or alcoholic beverage use while participating as an investigative aide with the Department. I understand that I am not to sample any tobacco products purchased on behalf of the Department and shall promptly turn over any tobacco evidence to the Department for evidentiary purposes. I understand that I may be required to testify in judicial or administrative enforcement proceedings on behalf of the Department of Alcoholic Beverage Control, the Commonwealth of Kentucky, or the Food and Drug Administration.

Signature of Investigative Aide

Date

Witness

Date



Kentucky Department of Alcoholic Beverage Control
500 Mero Street 2NE33
Frankfort, KY 40601

ABC Form-Parental
Consent & Waiver
(IA) Program
Revised 03/31/2017

(502) 564-4850 Telephone
ABC.Enforcement@ky.gov

FDA INVESTIGATIVE AIDE PROGRAM

PARENTAL CONSENT & WAIVER

I swear and affirm that I am the legal guardian of _____ (“Minor”), whose date of birth is _____. I hereby give my consent for the minor to participate as an Investigative Aide with the Kentucky Department of Alcoholic Beverage Control in conducting state and federal tobacco compliance activities. I understand that participation in the Investigative Aide Program is voluntary. I, and on behalf of the Minor, agree to release the Department, 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 by trained Department Investigators. Each purchase or attempted purchase of tobacco products will be under the observation and in the presence of no less than one adult employee of the Department. I fully understand and agree that the minor may be required to testify at judicial or administrative proceedings on behalf of the Department, the Commonwealth of Kentucky, or the Food and Drug Administration.

The procedures employed by the Department 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 Department in writing.

Signature of Investigative Aide’s Parent/Guardian Date

Witness Date



ALCOHOLIC BEVERAGE CONTROL

PUBLIC PROTECTION CABINET

500 Mero Street 2NE33

Frankfort, KY 40601

502-564-4850 (o)

502-564-7479 (f)

INVESTIGATIVE AIDE PROGRAM

CONSENT TO OBTAIN EMERGENCY MEDICAL TREATMENT

The Department of Alcoholic Beverage Control's primary priority is the safety and well-being of Investigative Aides. Therefore, as a precaution, we ask that parents or guardians provide consent to obtain emergency medical care for their child in the unlikely event such care is necessary. ABC Investigators will have a copy of the consent during inspections and will contact you immediately. If your child has any allergies or conditions, please include that information as well.

I, the undersigned parent and/or legal guardian of _____, (mm/dd/yyyy), _____, do hereby give consent to the Kentucky Department of Alcoholic Beverage Control and/or its employees or agents to obtain emergency medical care for my child and as otherwise permitted by KRS 214.185. This consent is effective beginning on the date below through my child's eighteenth (18th) birthday, and may be revoked at any time in writing.

Allergies/Conditions:

Name (please print)

Signature

Date

Andy Beshear
Governor



Ray Perry
Secretary

Allyson Taylor
Commissioner

Dear Principal/Counselor:

The U.S. Food and Drug Administration (FDA) and Kentucky Department of Alcoholic Beverage Control (ABC) have had a long-standing partnership in administering a program in which ABC investigators work with minor aged participants (including 16-17 year-old youth) to monitor underage sales of tobacco products. This is a very effective program in promoting compliance on the part of retail establishments and curtailing prohibited sales of these products to underage purchasers.

The FDA requires the ABC to obtain permission from a participating minor's school, before that minor may work with ABC investigators in the FDA Tobacco Retail Inspections Underage Purchaser Program. The minors are compensated for their time and generally may work 3-5 hours, usually one or two evenings per month. Participation in this program also requires the permission of the participating minor's parent/guardian (attached).

We ask that you kindly not disclose the existence of this request without prior authorization from the ABC. Any such disclosure could impede the administrative reviews being conducted, could interfere with the ABC's enforcement efforts or potentially cause the participating minor to encounter misguided judgment or pressure from their peers.

By signing below, you give permission for the minor to work in the Tobacco Retail Inspections Program with the FDA administered thru the Kentucky Department of Alcoholic Beverage Control. This permission is given with the understanding that this work will only be done after school hours and will not interfere with the minor's education.

Name of Participating Minor Student: _____

Name of High School: _____

Name of Approving Principal/Counselor: _____
(please print)

Principal/Counselor Signature: _____

Date: _____

Thank you for your assistance in helping ABC to make the FDA Tobacco Retail Inspections Program a success. If you have any questions or concerns, please do not hesitate to contact Amy Rawlins, Program Coordinator at 502-782-1038.

Sincerely,

Amy Rawlins
FDA Program Coordinator
Kentucky Department of Alcoholic Beverage Control

**Department of Alcoholic Beverage Control | Mayo-Underwood Building | 500 Mero
Street, 2NE33 | Frankfort, Kentucky 40601 Telephone: (502) 564-4850 | Fax:
(502) 564-1442**