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| **LICENSING (SCOTLAND) ACT 2005**  **AGE VERIFICATION POLICY STAFF DECLARATION** |

*Insert Name & Address of Premises*

**STAFF MEMBER NAME:** **. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

The sale of alcohol to a child or young person (that is to say, a person aged under 18 years) is an offence which may lead to a fine of up to £5,000 and/or a term of imprisonment not exceeding three months. Such a sale will also lead to a review of the premises licence and could result in the licence being suspended or revoked.

The Premises Licence Holder operates an ‘Age Verification Policy’, in terms of which you must require production of an acceptable proof-of-age document if you are in any doubt as to whether a person seeking to buy alcohol is less than 25 years of age.

Only the following documents are acceptable for proof-of-age purposes *[Delete any of the forms of identification below which are NOT to be accepted as part of the company’s ‘Age Verification Policy’]:*

• **Passport**

**• European Union photocard driving licence**

**• Ministry of Defence Form 90 (Defence Identity Card)**

**• Photographic identity card bearing the national Proof of Age Standards Scheme (PASS) hologram**

**• A national identity card issued by a European Union member state (other than the**

**United Kingdom), Norway, Iceland, Liechtenstein or Switzerland, or**

**• Biometric Immigration Document.**

If no such document is produced or if you have a suspicion that the document presented is not genuine, or has been tampered with or has been altered, then you must refuse the sale or refuse to authorise the sale.

**Declaration:**

**I have read and understood the foregoing policy. I understand that failure to comply with its terms will be treated as gross misconduct and may lead to my dismissal from my employment.**

**Signed [Licence Holder/Premises Manager]**: **. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Signed [Staff Member]: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Date:** **. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**