

STATEMENT OF EMPLOYEE KNOWLEDGE AND COMPLIANCE
“Prevention of Youth Access to Tobacco Act”

Company Name _____

Company Address _____

_____ Zip _____

Employee Name _____

Employee Social Security No. _____

I understand if I violate the conditions of this law, I am subject to an administrative fine levied by the Alcoholic Beverage Laws Enforcement (ABLE) Commission plus any action conforming to my employer’s disciplinary policy.

I understand that state law prohibits the sale or distribution of tobacco products or vapor products to persons under twenty-one (21) years of age and out-of-package sales, and requires proof of age of purchaser or recipient if an ordinary person would conclude on the basis of appearance that the prospective purchaser or recipient may be under twenty-one years of age.

I promise, as a condition of my employment, to obey the law. I understand that violations by me may be punishable by fines, suspension or non-issuance of my driver license. In addition, I understand that violations by me may subject the storeowner to fines or license or permit suspension.

Employee Signature _____ **Date** _____

File this completed form with the employee personnel records at place of employment. The form is subject to review by investigative enforcement agents.

Effective 06/01/2020