

# Premises Age Verification Policy

Licensing Act 2003 (Mandatory Licensing Conditions) Order 2010

|                       |  |
|-----------------------|--|
| <b>Premises name:</b> |  |
| <b>Address:</b>       |  |
|                       |  |
|                       |  |
|                       |  |
| <b>Postcode:</b>      |  |

## Check 25

To prevent sales of alcohol to under 18s, before serving alcohol from these premises the responsible member of staff must ask all customers who DO NOT CLEARLY appear to be over the age of 25 for a suitable means of identification bearing their name, date of birth and a holographic mark.

For the purposes of this policy the responsible person will be one of the following:

- The Premises Licence Holder
- The Designated Premises Supervisor (DPS)
- A staff member aged 18 or over
- A staff member aged 18 or over who is authorised to allow the sale or supply of alcohol by a staff member under the age of 18
- A member or officer of a private members club

Examples of appropriate identification include:

- A proof of age card bearing the PASS hologram
- A photo card driving licence
- A passport

The adoption of an Age Verification Policy is a legal requirement under the Licensing Act 2003 (Mandatory Licensing Conditions) Order 2010 legislation and applies in relation to the sale and supply of alcohol from these premises.

However, best practice dictates that it should also be used with regard to all age restricted products including tobacco, fireworks, knives, solvents, DVDs and computer games etc.

Failure to adopt such a policy is a criminal offence with a maximum fine of £20,000 and/or six months imprisonment.



A copy of this document must be made available when requested by authorised officers of the Local Authority, Trading Standards or a Police Licensing Officer.

The Premises Licence Holder or Club Premises Certificate Holder will ensure that all staff are made aware of and understand the requirements of this policy

| Name of Premises Licence Holder        | Signature | Date |
|--|-----------|------|
|  |           |      |
| Name of Designated Premises Supervisor | Signature | Date |
|  |           |      |

#### Additional Staff Members

I have read and understand the requirements of this policy:

| Full Name                               | Signature | Date |
|---|-----------|------|
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| Continue on separate sheet if necessary |           |      |

Lancashire Community Alcohol Network - working together to keep young people safe.

[www.lancashire.gov.uk/lancan](http://www.lancashire.gov.uk/lancan)

