

Marshfield C.A.R.E.S. Membership Application Form

As a Marshfield C.A.R.E.S. member, I agree to:

- Check identification when selling alcohol
- Refuse sales of alcoholic beverages to anyone under the age of 21
- Refuse sales to intoxicated customers
- Provide employees with a written copy of establishment policies
- Hold regular, mandatory staff meetings to enhance communication
- Participate in Responsible Beverage Service training

Class A liquor license holders and their servers will agree to at least 3 of the following 7 options:

- Alcohol marketing (Choose one, two or three of the following to qualify for this option)
 - Turn window signs and posters inward
 - Avoid "eye level" marketing to children
 - Distance displays and alcohol from products typically purchased by children, such as candy, soda and chips
- Food and non-alcoholic beverages
- Hours of sale
- I.D. confiscation
- Point of sale
- Product sampling
- Termination of employment

Class B liquor license holders and their servers will agree to at least 6 of the following 13 options:

- Alcohol signage
- Alternative transportation
- Drink promotions
- Final service
- Food and non-alcoholic beverages
- Hiring practices
- I.D. confiscation
- Measuring drinks
- Notify arriving staff
- Product sampling
- Refusal of service
- Sober server
- Termination of employment

By signing below I will actively lead my establishment, along with my employees, in reducing underage drinking while also promoting responsible alcohol use among adults.

Establishment Name (print): _____

License Holder Name (print): _____

Signature: _____ Date: _____

Primary contact information to receive enrollment packet:

Name: _____ Phone: _____

Address: _____

E-mail: _____

Mail or fax application to:

Marshfield Clinic Center for Community Outreach
1000 North Oak Avenue (F1C)
Marshfield, WI 54449
Fax: 715-389-8779

Once your application has been received, a member of Marshfield Area Coalition for Youth (MACY) will contact you and provide an enrollment packet.