



An authorized representative of the third-party responsible alcohol service program must complete and submit the program application, along with requested materials.

Section 1 - Organization Information

Business Name: _____ Phone: _____

Website: _____

Address: _____

City: _____ State: _____ ZIP: _____

Iowa Business Number: _____ FEIN: _____

Organization's Authorized Representative

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Organization's Alternative Contact

This person is a backup contact only. A new application is required if the authorized representative named above changes.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Section 2 - The Program

Name: _____

Description: _____

Target Audience: _____

Instructional Methods: _____

Program Duration: _____

Program Evaluation

Method: _____

Criteria: _____

Records: _____

Updates and Revisions: _____

Certificate Issuance and Invalidation Process

Certification Records: _____

Invalidation Procedures: _____

Program Fees

Fee Structure: _____

Fee Amount: _____ Fee Payment: _____

Iowa Law Compliance Monitoring

1. On a separate sheet(s), describe the procedures for checking identification and preventing underage sales as taught in your program.
2. On a separate sheet(s), provide a brief description of how the program educates participants on exercising reasonable care in identifying underage individuals.
3. On a separate sheet(s), describe how the program trains participants about sales or service of alcohol to underage persons, including penalties, under Iowa law.
4. On a separate sheet(s), describe how the program trains participants about sales or service of alcohol to intoxicated patrons under Iowa law.
5. On a separate sheet(s), describe how the program trains participants about Iowa’s dram shop laws and the responsibilities of servers/sellers.
6. On a separate sheet(s), describe how the program trains participants about Iowa’s required signage and other statutory obligations.
7. On a separate sheet(s), explain how the program educates participants about the affirmative defense contained in Iowa Code chapter 123, including how the program ensures participants understand the limitations and conditions of the affirmative defense.

Section 3 – Verification, Acknowledgement, and Declaration

I declare that I am the authorized representative of the training program seeking approval from the director and that the information provided in this application is true and accurate to the best of my knowledge and belief. I understand that any false or misleading information may result in the rejection or cancellation of the approval of the training program.

Authorized Signature: _____ Date: _____

Authorized Representative Name: _____

Section 4 – Supporting Documentation

Please attach and submit these documents:

- Detailed curriculum and training materials
- Sample completion certificate
- Record-keeping template
- Certificate invalidation policy document
- Any additional supporting materials or references

Submit this form by mail to:

ATTN: Legal Services & Appeals
Iowa Department of Revenue
Alcohol & Tax Compliance Division
PO Box 14457
Des Moines IA 50306-3457

Questions: Contact us by phone at: 515-281-6134 or by email at: idrhearings@iowa.gov

Third-Party Responsible Alcohol Service Program Application Instructions

General Instructions

- Complete all applicable fields. Approval will not be granted without a properly completed application.
- Submission of a completed application does not guarantee approval.
- Application or program management cannot be delegated to another entity.
- A new application must be submitted every two years.

Organization Information

- Fill in the legal name and doing business as (DBA) name of the business.
- Fill in the 10-digit phone number of the organization.
- Fill in the website of the organization.
- Fill in the mailing address or PO Box, city, state, and ZIP code.
- Fill in Iowa Business Number provided by the Secretary of State.
- Fill in the Federal Employer Identification Number (FEIN) of the partnership, corporation, LLC, or LLP; or SSN of the sole proprietor that owns the business.

Authorized Representative Information

- Fill in the name, title, phone, and email of the authorized representative.
- Fill in the mailing address or PO Box, city, state, and ZIP code.
- Fill in the 10-digit phone number of the authorized representative.
- Fill in the email address of the authorized representative.

Alternate Contact Information

- Fill in the name, title, phone, and email of the secondary contact.
- Fill in the mailing address or PO Box, city, state, and ZIP code.
- Fill in the 10-digit phone number of the alternate contact.
- Fill in the email address of the alternate contact.

Program Information

- Provide a detailed description of the training program, including its objectives, curriculum, and goals.
- Identify the target audience for the program (e.g., retail alcohol licensees, employees, agents).
- Describe the instructional methods used to deliver the training (e.g., online modules, live webinars, interactive sessions)
- Indicate the total duration and program breakdown (e.g., hours per module, total hours).

Program Evaluation

- Describe the evaluation method, indicating how the program assesses the participants' learning outcomes (e.g., quizzes, tests, assignments).
- Indicate the criteria for completing the program (e.g., minimum score, attendance).
- Indicate how the program keeps and stores the evaluation records (e.g., database, cloud).
- Explain the process for updating and revising the training program to reflect changes in Iowa law and how these updates are communicated to participants.

Certification Information

- Indicate how the program will transmit certification records to the Iowa Department of Revenue.
- Provide detailed procedures on how the program will invalidate certificates issued to persons convicted of violations of Iowa law. Include how the program is to be notified of such violations, and how the program will update its records to reflect the invalidation of the certificate.

Program Fees

- Indicate the fee structure for the program (e.g., per participant, per module, per hour).
- Indicate the fee amount for the program, (e.g., \$50 per participant, \$100 per module).
- Indicate the fee payment method and schedule (e.g., online, check, invoice).