

## **NOTICE OF EMPLOYMENT**

This form is to be completed and submitted to the Department of Liquor Control <u>as required by</u> <u>Rules 7.9 and 10.1 for licensees and any other blue/red card holders who are to be in active charge of the premises.</u>

Full and Legal Name of Employee:	
Employees Current Mailing Address:	
Driver's Lic., State ID or Passport No.:	Type of ID: Driver's Lic. State ID PP
Date of Birth:	
Phone Number: Email Address:	
Date: Signature:	
To be filled by Department of Liquor Control	
Date Processed by Department of Liquor Control	Received by
Blue Card	Red Card
Card Number:	Card Number:
Expiration Date:	Expiration Date: