

LIQUOR COMPLIANCE CHECK SHEET

DATE 6-2-16 TIME 1400 CN# 16-128583

ESTABLISHMENT Arnellias TYPE (ON-SALE) (OFF-SALE)

ADDRESS 1183 University

VICE OFFICERS Sgt. AGUIRRE / Ofc. GRAUPMAN

CHECKER # 16-2 DOB 02/27/75 CHECKER # 16-3 DOB _____

WHAT DID THEY TRY TO PURCHASE? _____

PASS OR FAIL

SERVER

LAST NAME ROBINSON Jr FIRST Larry MIDDLE Robert

DATE OF BIRTH 7-23-75 HEIGHT _____ WEIGHT _____ RACE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: WORK () _____ HOME () _____ OTHER () _____

PICTURE TAKEN YES/NO _____ IDENTIFICATION TYPE _____

MANAGER

LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: WORK () _____ HOME () _____ OTHER () _____

NOTES _____

