How to Become an Investigative Aide with the Kentucky Alcohol Retail Inspection Program

1. What is the Kentucky Alcohol Retail Inspection Program?

The Department of Alcoholic Beverage Control (ABC) enforces Kentucky’s alcoholic beverage laws, particularly the laws prohibiting alcohol retailers from selling alcoholic beverages to persons under the age of 21.

With the help of Investigative Aides, ABC Investigators inspect alcoholic beverage retailers to make sure alcoholic beverages are sold only to persons 21 years of age or older.

2. What is an Investigative Aide?

Investigative Aides make this Program possible. An Investigative Aide is a person between the ages 18 and 20 years-old who enters an alcoholic beverage retailer, such as a convenience store, grocery store, liquor package store, or restaurant, and attempts to purchase an alcoholic beverage.

Investigative Aides are accompanied by ABC Investigators who observe the “controlled buy.” If an alcoholic beverage is sold to an Investigative Aide, the product is given to the ABC Investigator who preserves it as evidence.

3. Why should you become an Investigative Aide?

Investigative Aides are paid $12.50 per hour. There are no regular hours or schedules. Investigative Aides schedule their hours with ABC Investigators.

You are providing a public service. Underage drinking is a danger to public health. This Program is one way the Commonwealth works to prevent underage drinking and promote public health and safety.

4. How do you sign up?

Complete the brief application enclosed with this sheet, and submit your application to the address above.
INVESTIGATIVE AIDE – ALCOHOL RETAIL INSPECTION PROGRAM
APPLICATION FORM

NAME _________________________________
ADDRESS __________________________________________
CITY_________________________ ZIP CODE__________
COUNTY_________________________________
DATE OF BIRTH ___________________AGE __________
SOCIAL SECURITY NUMBER _______________________
HGT. ________ WGT. ________ HAIR ________ EYES ________
TELEPHONE (Home) ___________________ (Work) __________
(CELL) _______________________________________ 
EMAIL _______________________________________

Kentucky Resident: ☐ Yes ☐ No
Driver’s license number and state issued: ____________________________________________
Occupation: __________________________________________
Business / school: __________________________________________
Address: __________________________________________
Vehicle information (make – model – year): __________________________________________
Signature of Applicant for Investigative Aide__________________________________________ Date_____
Witnessed by_________________________________________ Date_____

Attach a Copy of Drivers License & Birth Certificate

FOR ABC OFFICE USE ONLY
Date accepted into program: ___________________
Birth Certificate received: ☐ Yes ☐ No
Drivers License received: ☐ Yes ☐ No
ALCOHOL INVESTIGATIVE AIDE PROGRAM

AGREEMENT OF UNDERSTANDING

I, ________________________________, being _______ years of age, and a Kentucky resident, agree to assist the Kentucky Department of Alcoholic Beverage Control (“Department”) investigations of alcohol sales to underage persons. I understand these investigations may be conducted under state law. I affirm herein that no member of my immediate family owns any interest in any establishment regulated by the Department. My participation is voluntary and on an “as needed” basis. I voluntarily and knowingly enter into this agreement.

I agree to respond truthfully as to my legal age and date of birth if asked by the retailer or an employee during an investigation. I also agree that my attire and overall appearance will be such as to make me appear to be my true age. I will earn an hourly wage of $12.50. To enroll in this program, I agree to complete the Kentucky state investigative aide application.

I understand that I am not a law enforcement officer and will not represent myself in that manner at any time, and that I am not entitled to carry a firearm or a badge. I understand that participation in this program does not entitle me to any special privileges. The following shall include, but not be limited to, grounds for immediate termination from the program: (1) any violation of law except while under the direction of the Department or its agents or employees; (2) failure to abide by the terms of this agreement; (3) failure to follow the instructions or procedures of the Department; (4) engaging in alcohol use; or (5) suffering any school-related problems including attendance and grades.

I understand that I shall not engage in any alcoholic beverage use while participating as an investigative aide with the Department. I understand that I am not to sample any products purchased on behalf of the Department and shall promptly turn over any evidence to the Department for evidentiary purposes. I understand that I may be required to testify in judicial or administrative enforcement proceedings on behalf of the Department of Alcoholic Beverage Control, the Commonwealth of Kentucky.

________________________________________________
Signature of Investigative Aide                                        Date

________________________________________________
Witness                                        Date