

**S.T.A.R. (Server Training in Alcohol Regulations)
Class Registration Form**
 Department Of Alcoholic Beverage Control
 1003 Twilight Trail, Frankfort, KY 40601
 Toll Free: (888)-847-7222 FAX: (502) 564-0212

Business Name (as it appears on license):				
**Site Id #:				
Business/Personal Address:				
City:	State:			Zip:
Personal Phone #:	Business Phone #:		Business Email:	
Business Contact:		Board Ordered Training: <input type="checkbox"/> YES <input type="checkbox"/> NO Case No#:		

***** If you have additional people to register please list them on the following page.
 *** One registration form for each class required.**

Class Information

City : Location :

Date of Class Requested:

Time:

Spanish Materials Needed: YES NO

Payment:

Include this form along with payment: credit card, check or money order is accepted. No cash please. All checks should be made payable to the Kentucky State Treasurer. Pre-payment is required for admittance.

Check Credit Card Money Order Other Number X 35 = Total

Credit Card Type:

Credit Card Number:

Expiration Date:

Name as it appears on card:

S.T.A.R. Student/Group Registration Form: (Please complete the following for each student attending).

Student Information

SSN	First Name	Last Name	Date of Birth	County of Residence

