

**APPLICATION FOR EMPLOYMENT (Ages 16 and 17 Years)  
PERMIT TO BE EMPLOYED AT A LICENSED ESTABLISHMENT**

I having been duly sworn, do depose and say that:

1. I acknowledge that I have read the requirements of the Delaware Alcoholic Beverage Control Commissioner stated below, and that I will not violate any such requirements.
2. I am \_\_\_\_ years of age, having been born on \_\_\_\_\_  
(Birth Date)
3. I have made application at \_\_\_\_\_  
(Name of Restaurant)
4. To be employed as a \_\_\_\_\_  
(Position)

I have not been convicted of any Felony, Sex Offense, Drug Offense, or Law concerning Alcoholic Beverages. (If convicted of any of the above mentioned charges, please explain below)

\_\_\_\_\_

\_\_\_\_\_

I will advise the Commissioner within two days if I am convicted of any other offenses.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Address of Applicant)

\_\_\_\_\_

\_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

The Commissioner's work permit is to be obtained by the employee and given to the employer who shall keep it as long as the employee remains working at his establishment, after which the permit is to be surrendered to the Office of the Commissioner by the employer. In the event the employee secures work at another establishment, a new work permit shall be applied for and secured from the Office of the Alcoholic Beverage Control Commissioner.

Employees under 18 years of age shall not receive orders for alcoholic beverages or be involved in the sale of alcoholic beverages in any way.

Employee shall not work in any capacity behind a counter at which alcoholic beverages are mixed.

PARENTAL CERTIFICATION

(UNDER THE AGE OF 18 ONLY)

This is to certify that I/We have knowledge that \_\_\_\_\_ is  
to be employed as \_\_\_\_\_ by Saudades Group LLC dba Churrasaria Saudades  
which is licensed for the sale of alcoholic beverages, and I/We as Parent/Parents/Guardian have no  
objection to the issuance of a special permit, authorizing such employment ,as authorized by the Delaware  
Liquor Control Act.

\_\_\_\_\_  
(One of both Parents may Sign)

and/or

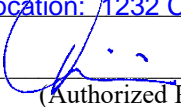
\_\_\_\_\_  
(Legal Guardians must attach Authority)

RETAIL LICENSEE

Issued to: Saudades Group LLC dba Churrasaria Saudades Brazilian Steakhouse  
(Corporation Name/Partnership/Individual)

Trading As: Churrasaria Saudades

Address: Physical location: 230 East Main St Unit203 Newark DE 19711  
Office Location: 1232 Choptank Rd Middletown DE 19709 Zip \_\_\_\_\_

Signature & Title:  Managing Member, Saudades Group LLC  
(Authorized Person (Owner/Manager/Assistant Manager))

Return form to: Office of the Alcoholic Beverage Control Commissioner  
820 North French Street  
Wilmington, DE 19801  
Julie.gray@state.de.us