SHREVEPORT POLICE DEPARTMENT
ALCOHOLIC BEVERAGE UNIT
PROMOTIONAL TESTING
PERMIT
$ 25.00

ABO OFFICE USE ONLY

PERMIT NUMBER _____

DATE RECEIVED_____

NAME OF APPLICANT_____

ADDRESS: _____PHONE #_____

SOCAIL SECURTIY #_____DOB:_____MALE: ☐ FEMALE: ☐ RACE_____

LOCATION OF EVENT/BUSINESS NAME: _____

ADDRESS_____

DATE OF EVENT: _____ TIME OF EVENT: _____

NAME OF SPONSOR IF DIFFERENT THAT BUSINESS_____

ADDRESS: _____PHONE #_____

TYPE OF ALCOHOLIC BEVERAGE TO BE TASTED: _____
(WINE, BEER, BOURBON, ETC.)

Signature of the applicant certifies that all information provided is correct to the best of their knowledge and the following restrictions are understood and will be complied with:

1. No individual will be given a sample greater than two (2) ounces per brand.
2. No individual shall consume more than two (2) ounces of each brand of alcoholic beverage provided.
3. In the case of alcohol beverage of greater than 23 percent alcohol by volume, tasting will be limited to one half (1/2) ounce per brand per individual.
4. Promotions tasting will only be conducted at a business holding a current alcoholic beverage permit for the type of alcoholic beverage being tasted.

_____
SIGNATURE OF APPLICANT DATE

☐ APPROVED_____
Chief of Police or
Designated Representative

☐ DISAPPROVED_____
Chief of Police or
Designated Representative

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By signing above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

DPSSP6696 Revised 08/2013

FORM APPROVED BY THE CHIEF OF POLICE