



**SHREVEPORT POLICE DEPARTMENT
ALCOHOLIC BEVERAGE UNIT
ABO Card Application**



ABO OFFICE USE ONLY

Date of Application _____

Card # _____ Receipt # _____ SID # _____

APPLICATION MUST BE FILLED OUT COMPLETELY

Name: Last _____ First _____ MI _____ Phone # _____

Address _____ City _____ State _____ ZIP _____

Mailing Address (If different) _____ City _____ State _____
ZIP _____

Alias or other names (maiden and previous married names must be included.) _____

PERSONAL INFORMATION:

Sex	Race	Eyes	Hair	Left/Right Thumb Print Only
Female	Asian	Black	Black	
	Black	Blue	Blonde	
Male	Hispanic	Brown	Brown	
	Indian	Green	Grey	
	White	Hazel	Red	
	Other	Grey	Bald	

Height _____ Weight _____ Date Of Birth ____/____/____ Age _____ Place of Birth _____

City/State

Drivers License or ID Number _____ State _____ S.S. # _____

Are you a natural born citizen of the United States **YES / NO**? If not, in addition to all other required documents, you are required to have either a valid passport, US Naturalization Certificate or a Consular Report of Birth Abroad FS-240. All applicants are required to have a valid social security card regardless of citizenship status.

EMPLOYMENT INFORMATION:

(Where in the city of Shreveport will you be working?) **Outside of City of Shreveport is not eligible for ABO.**

Name of Business _____ Phone Number _____

Address _____ Your Position _____

What your Email Address: _____

Qualifications for an ABO Employee Card:

1. Must be 18 years of age or older and be of good character and reputation
2. Cannot be on probation or parole from ANY felony conviction.
3. Cannot have been convicted within the past two years of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping or letting a disorderly place, or any violation of the controlled dangerous substance statute.
4. Cannot be convicted of two or more offences in the past two years of any violation of a municipal, parish or state law relating to alcoholic beverages.

Processed on

ADDITIONAL INFORMATION

1. MISDEMEANOR CONVICTIONS:

If you have been convicted of any misdemeanor offense within **the past five (5) years you must list the conviction in this section.** This includes **all misdemeanor criminal offenses as well as any DWI convictions.** Check all blocks that apply to your convictions. (Ask for supplement charge sheet if you need more space) **NOTE:** It is considered convictions if you plead guilty were found guilty or plead no contest to a criminal charge. **If you're in doubt, be safe and list it.** All entries will be compared to information found in your background check.

Arrested by: (Agency name) _____ Charge(s) _____

Conviction Date: _____ Results: Jail Fine Probation Community Service Diversion

Other Explain: _____

Arrested by: (Agency name) _____ Charge(s) _____

Conviction Date: _____ Results: Jail Fine Probation Community Service Diversion

Other Explain: _____

Arrested by: (Agency name) _____ Charge(s) _____

Conviction Date: _____ Results: Jail Fine Probation Community Service Diversion

Other Explain: _____

2. FELONY CONVICTIONS:

If you have been convicted of any felony offense within the past five (5) years or are on parole or probation for any felony offense, regardless of conviction date, **you must list the conviction in this section.** Check all blocks that apply to your conviction. (Ask for supplement charge sheet if you need more space.)

Arrested by: (Agency name) _____ Charge(s) _____ Conviction Date: _____

Are you currently on probation or parole? _____ Probation/Parole Officer and phone # _____

Arrested by: (Agency name) _____ Charge(s) _____ Conviction Date: _____

Are you currently on probation or parole? _____ Probation/Parole Officer and phone # _____

3. Have you ever had any Alcoholic Beverage Handling Card or Dealer's Permit suspended, revoked or denied? _____

If yes, where and when? _____

!!!!!!READ CAREFULLY BEFORE SIGNING!!!!!!

APPLICANT CERTIFICATION

I certify that I have read each question on this application and the answers which I have given are true and correct to the best of my knowledge. Furthermore, I understand any misstatement or suppression of fact may result in criminal prosecution which if convicted, will be punishable by fine, not to exceed \$500.00 dollars and/or up to 60 days in jail. I understand the misstatement or suppression of fact may also result in the denial, suspension, or revocation of my Alcoholic Beverage Handlers card. I also understand that I will be fingerprinted and checked for possible criminal history. I understand that the criminal history report, if any, will be compared to the arrest information on my application.

My signature below indicates I have listed all convictions as required on this application.

Signature _____ Date: _____

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 08/2011



**SHREVEPORT POLICE
DEPARTMENT
ABO Application
Statement of Clarification**



By placing your initials by each item you acknowledge understanding and compliance with that item. Please circle the appropriate response where required. It is considered convictions if you plead guilty, were found guilty, or plead no contest to a charge.

_____ I understand all convictions for any criminal offense within the past five (5) years must be listed on the ABO application.

_____ I understand that all convictions for any DWI within the past five years must be listed on the ABO application.

_____ I **have/have never** been convicted of a criminal offense or DWI as stated above, by _____ any city, state or federal law enforcement agency.

_____ If I have been convicted, regardless of the status of the conviction i.e., pardoned, Article 893/894, set aside etc., I have listed all convictions on the application.

_____ I **am/am not** on probation or parole for a felony conviction at this time

_____ I understand that falsification of the ABO application or this document is a criminal _____ offense which if convicted, is punishable by a \$500.00 fine and/or 60 days in jail.

_____ I understand that falsification of the ABO application and/or this form may be the basis _____ for denial or revocation of my ABO card.

_____ I understand that my fingerprints will be checked for any possible criminal activity.

_____ I understand that if the application is denied that the **application fee will not be refunded.**

Signature of applicant _____ Initials

_____ Date _____