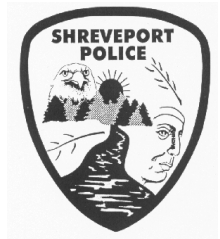


**SHREVEPORT POLICE DEPARTMENT  
ALCOHOLIC BEVERAGE CONTROL  
ABO EMPLOYEE CARD APPLICATION**



**ABO OFFICE USE ONLY**

Date of Application \_\_\_\_\_

Card # \_\_\_\_\_ Receipt # \_\_\_\_\_ SID # \_\_\_\_\_

**APPLICATION MUST BE FILLED OUT COMPLETELY**

<p><b>Class A</b> On/Off Premise Consumption / Owner or Manager (Liquor Stores, Bars, All Bartenders, Alcohol Caterer, Microbrewery, Micro distillery) Fee \$66.00</p>	<p><b>Class B</b> Off-Premises Consumption (Box Stores, Convenient Stores, Grocery Stores Restaurant &amp; Wholesalers) Fee \$40.00</p>
--	---

**Qualifications for an ABO Employee Card:**

Processed on \_\_\_\_\_

1. Must be 18 years of age or older and be of good character and reputation.
2. Have not been convicted of a felony under the laws of the United States, the state of Louisiana, or any other state or country, when applying for the ABO Class "A" Card unless ten years have passed from the completion of sentence.
3. Convicted Felons may be employed by an applicant if, the applicant's business, alcoholic beverage are not the principal commodities sold, handled, or given away.
4. Cannot have been convicted within the past FIVE 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.
5. Cannot be convicted of two or more offenses in the past FIVE years of any violation of a municipal, parish or state law relating to alcoholic beverages.
6. Must not have had a dealer's permit revoked within the past FIVE years or an ABO Card revoked within the past FIVE years.

Name: Last \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers' License or ID Number: \_\_\_\_\_ State: \_\_\_\_\_ SSN#: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

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 Shreveport will you be working- Outside of Shreveport is not eligible for ABO Card).**

Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Your Position: \_\_\_\_\_

**CRIMINAL HISTORY:**

If you have been arrested of any **Misdemeanor or Felony Criminal Offenses** within the **past five (5) years**, please list them in this section. If you are not sure about the exact date, please provide the month and year.

1. Arrested by (Agency Name) \_\_\_\_\_ Charge: \_\_\_\_\_

Is your charge pending? \_\_\_\_\_ When do you go to court? \_\_\_\_\_ Were you convicted? \_\_\_\_\_ If you were convicted, what was the Completion Date: \_\_\_\_\_ Are you currently on probation or parole? \_\_\_\_\_

Results: \_\_\_ Jail \_\_\_ Fine \_\_\_ Charges Dropped \_\_\_ Community or Diversion Program-Date of completion \_\_\_\_\_

2. Arrested by (Agency Name) \_\_\_\_\_ Charge: \_\_\_\_\_

Is your charge pending? \_\_\_\_\_ When do you go to court? \_\_\_\_\_ Were you convicted? \_\_\_\_\_ If you were convicted, what was the Completion Date: \_\_\_\_\_ Are you currently on probation or parole? \_\_\_\_\_

Results: \_\_\_ Jail \_\_\_ Fine \_\_\_ Charges Dropped \_\_\_ Community or Diversion Program-Date of completion \_\_\_\_\_

3. Arrested by (Agency Name) \_\_\_\_\_ Charge: \_\_\_\_\_

Is your charge pending? \_\_\_\_\_ When do you go to court? \_\_\_\_\_ Were you convicted? \_\_\_\_\_ If you were convicted, what was your Completion Date: \_\_\_\_\_ Are you currently on probation or parole? \_\_\_\_\_

Results: \_\_\_ Jail \_\_\_ Fine \_\_\_ Charges Dropped \_\_\_ Community or Diversion Program-Date of completion \_\_\_\_\_

*If you have any more charges, please go to the ABO window and ask for 2<sup>nd</sup> page.*

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

- I understand all arrest and convictions for any criminal offense and DWI within the past five years SHALL be listed on the ABO Application.
- 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 have not been convicted of an offense within the last two years of two or more violations of the provisions of any municipal or parish ordinance or state law relating to alcoholic beverages.
- I understand that falsification of the ABO Application is a criminal offense which if convicted, is punishable by a \$500.00 fine or 60 days in jail. This form may be the basis for denial or revocation of my ABO Card.
- I have not have had his alcoholic beverage handling employee card revoked within the last two years.
- I understand any misstatement or suppression of fact may in an application or accompanying affidavit is a ground for denial of permit in accordance with state law.
- I understand that if the application is denied that the **application fee will not be refunded.**

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 06/2017