

Application for City of Shreveport MANUFACTURER'S LIQUOR LICENSE

Class "M" (Manufacturer) Alcohol Permit				
Processing Fee			Application Fees	
Initial Processing Fee	\$500.00	Initial Application	\$100.00	
Renewal Application Fee	\$100.00	Renewal Application	\$100.00	
Supplement Processing Fee	\$100.00	Supplement Application	\$100.00	
Type		Category		Summary
(B)	Beer Permit	BRW	Brewery	A brewer is any person who is engaged in the manufacture of beer.
(W)	Wine Permit	WIN	Winery	A Wine-Manufacturer only engage in manufacture of wine.
(L)	Liquor Permit	DOS	Distillery	A place where liquor (excess of six percent (6% +) is manufactured
Manufacturer Alcohol Attachment Permit				
Type		Summary of business with Class M Permit		
(MTR)	Manufacturer Alcohol Tasting Room	Allows businesses to operate a tasting room or other on-premises consumption establishment or service point.		
(MPAC)	Manufacturer Package	Allows businesses to sell packaged alcohol for consumption off-premises.		

Requirements:

- (1) Owner & Spouse Information
- (2) Criminal History and fingerprints (Additional \$46.00 for background check)
- (3) Business Name, DBA Name, and Business Address
- (4) Proof of Newspaper Publication
- (5) Federal Employer Identification Number. Website: www.irs.gov
- (6) Obtain a Certificate of Occupancy
- (7) Occupational License. Website: www.shreveportla.gov/certocc
- (8) Sales Tax Account Id. **MUST HAVE THIS NUMBER IN ORDER FOR A PERMIT TO BE ISSUED.**
Website: www.laota.com
- (9) Status of Business
- (10) Copy of Lease or Deed.

Restrictions:

- (1) Attachment permit is not to be used in place of a special event permit
- (2) This permit shall also not be issued to a food truck or other mobile vendor(s) for the purpose of selling and serving alcoholic beverages from the mobile unit, except that dispensing alcohol from a mobile unit may be authorized at lawfully permitted special events such as fairs, festivals and sporting events.
- (3) Manufacturers shall be prohibited from obtaining a Special Event Temporary Alcohol Permit
- (4) also prohibited from obtaining an Alcohol Caterer's Permit.

Hours of Operation:

- (1) Alcohol Sales for **on/off-premises consumption** may be conducted within the City between the hours of 6:00 a.m. and 2:30 a.m. on any day of the week.
- (2) It shall be unlawful for any Manufacturer to sell package alcohol for **on/off-premises** between the hours of 2:30 a.m. and 6:00 a.m. on any day of the week.



**SHREVEPORT POLICE DEPARTMENT
ALCOHOL BEVERAGE CONTROL OFFICE**

**MANUFACTURER BUSINESS
APPLICATION**

YEAR

Revenue Stamp

Brewery Winery Distillery

Initial Application \$100.00

ATTACHMENTS

Initial Processing Fee \$500.00

Tasting Room Fee \$500.00

Renewal Application \$100.00

Package Alcohol Fee \$500.00

Renewal Processing Fee \$100.00

Supplement Application

Purpose of Supplement: _____

Supplemental Processing fee \$100.00

Revenue Office Only
Post Mark Date/ Initials

ABO Office Only
Date Received/Initials/Receipt

Receipt Number

APPLICATION MUST BE FILLED OUT COMPLETELY

Permit Issued to: Corporation Partnership Limited Liability Company Sole Owner

Name of Business (DBA): _____ Business Phone: _____

Physical Business Address: _____ Zip: _____

Corporation Name: _____ Business Phone: _____

Mailing Address: _____ Zip: _____

Emailing Address: _____

Name of Manager: _____ Phone: _____

Physical Home Address: _____ Zip: _____

DOB: _____ Race: _____ Sex: _____ Height: _____ Hair Color: _____ Eye Color: _____ Weight: _____

Social Security #: _____ Driver's Licenses Number: _____ State: _____

CHIEF OF POLICE OR DESIGNATED REPRESENTATIVE

Approved Disapproved

Sign: _____

Date: _____

Revenue

Owner Name: _____ Maiden Name: _____

Physical Home Address: _____ Phone: _____

DOB: _____ Race: _____ Sex: _____ Height: _____ Hair Color: _____ Eye Color: _____ Weight: _____

Social Security#: _____ Driver's License Number: _____ State: _____

Are you a Citizen of the United States: _____ what state where you born in? _____ If, not what is your naturalization number?

Owner(s) Spouse Full Name: _____ Maiden Name: _____

Physical Home Address: _____ Phone: _____

DOB: _____ Race: _____ Sex: _____ Height: _____ Hair Color: _____ Eye Color: _____ Weight: _____

Social Security#: _____ Driver's License Number: _____ State: _____

Are you a Citizen of the United States: YES / NO what state where you born in? _____ If, no what is your naturalization number?

ELIGIBILITY QUESTIONS

1. Are you a legal residence of the United States of America? YES / NO If no explain: _____

2. Does application hold both state and/or local liquor permits for the current year at other locations? YES / NO If yes, list locations:

3. Has applicant ever had a local or state alcohol permit denied or revoked? YES / NO If yes, explain:

4. Are you delinquent in the payment of any Federal, State or Local taxes (sales, withholding, etc.)? YES / NO If yes Explain: _____

5. Has applicant ever been convicted of a felony in the last 10 years? YES / NO If yes explain: _____

6. Is applicant currently on Probation or Parole? YES / NO If yes explain: _____

7. Has applicant been convicted of any of the following in the last 10 years ANY control dangerous substance (drugs), soliciting prostitution, pandering, letting premises for prostitution, letting a disorderly place, contributing to the delinquency of a juvenile? YES / NO If yes explain:

8. Has applicant been convicted of 2 or more local, parish or state laws relating to alcohol beverages? YES / NO If yes explain:

This is to certify that I understand that any misstatement or suppression of fact in this application or violation of any requirement set forth in the Alcoholic Beverage Ordinance is grounds for the denial of this request for a permit. I also understand that I will be fingerprinted and checked for possible criminal history and outstanding warrants. With this knowledge, I certify I have reach each question contained on this application and that the answers which I have given are true and correct to the best of my knowledge. I also certify I have read and understand all the applicable laws and ordinances of the City of Shreveport.

Date: _____ Signed: _____ Title: _____