



**CITY OF SHREVEPORT**  
**1234 TEXAS AVE ROOM 64**  
**SHREVEPORT, La. 71101**  
**(318) 673-6140**  
[www.shreveportla.gov](http://www.shreveportla.gov)

**ALCOHOL CATERER**  
**APPLICATION**  
**PACKET**

**This permit allows businesses to obtain an Alcohol Caterer Permit to sell and serve alcoholic beverages at any event in the City limits of Shreveport.**

Types of Alcohol Caterer Permits	Summary	Fees		
		Annual Fee	Initial Fee	Renewal Fee
Attached Alcohol Caterer	Businesses that hold a current alcohol permit to sell and serve alcoholic beverages at an event other than on the premises for which the holder's regular permit is issued. <ul style="list-style-type: none"> <li>• Restaurants</li> <li>• Bars</li> <li>• Retail dealers whose primary purpose is the sale of packaged alcoholic beverages.</li> </ul>	Annual Fee	Initial Fee	Renewal Fee
		\$500.00	\$500.00	\$100.00
Stand Alone Caterer	Business that does not qualify for an on-premises alcohol permit, but who operates a fully equipped commercial kitchen where food is prepared for the purpose of catering events or gatherings off its premises. <ul style="list-style-type: none"> <li>• A fully equipped commercial kitchen</li> <li>• A Certificate of Occupancy for its Premises</li> <li>• An Occupational license</li> <li>• A health permit for the premises</li> <li>• Derive at least 70 percent of its gross annual revenue from sale of food or food-related products.</li> <li>• At least 40 percent of the gross revenue per event catered must be derived from the sale of food or food-related product.</li> </ul>	Annual Fee	Initial Fee	Renewal Fee
		\$500.00	\$500.00	\$100.00
Independent Concessionaire	Businesses that hold a written concession agreement at an arena, stadium, City Owned Property or other type of public event venue. <ul style="list-style-type: none"> <li>• A written concessionaire agreement to provide food and/or beverage concession(s) from the owner/operator of the premises.               <ul style="list-style-type: none"> <li>✓ A provision designating the specific location, on the premises, where the alcohol concessions will be located.</li> <li>✓ A provision prohibiting any party to engage in conduct prohibited by local, state, or federal alcoholic beverage laws.</li> </ul> </li> <li>• A Certificate of Occupancy for its Premises</li> <li>• An Occupational license</li> <li>• A health permit for the premises</li> </ul>	Annual Fee	Initial Fee	Renewal Fee
		\$500.00	\$500.00	\$100.00

### Permit Requirements of all new applications:

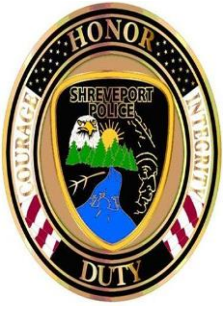
- All owners and their spouses shall be fingerprinted for the state.
- All owners and their spouses shall submit to a \$46.00 Criminal History Check and/or Live Scan for the City.
- Photographed
- Copy of Social Security Card
- Valid picture identification
- And any other information as required by the chief of police.

### Business Requirements:

- All alcoholic beverages at a catered event must be dispensed by the Alcohol Caterer or his employee, agent, or servant.
- The Alcohol Caterer and any persons dispensing the alcohol shall have local ABO Employee Cards.
- The valid issued permit shall be physically posted in a conspicuous place at all events being catered.
- Alcohol Caterers are required to notify the Louisiana Office of Alcohol and Tobacco Control (ATC) of each being catered. However, the local is not required per City ordinance.

### Business Restrictions:

- Alcohol cannot be delivered and dropped off.
- This attachment permit is not to be used in place of a Special Event Permit.
- This attachment permit shall not be issued to a Manufacturer.
- 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 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.



**SHREVEPORT POLICE DEPARTMENT  
ALCOHOL BEVERAGE CONTROL OFFICE  
ALCOHOL CATERER PERMIT**

\_\_\_\_\_  
YEAR

*Revenue Stamp*

**Types of Category (Check One)**

- Attached Catering
- Stand-Alone Alcohol Caterer
- Independent Concessionaire

Revenue Office Only  
Post/Mark Date/Initials

ABO Office Only  
Date Received/Initials

ABO Office Receipt No. \_\_\_\_\_

- Initial Application \$500.00       Renewal Application \$500.00       Supplement Application
- Initial Processing Fee \$500.00      Renewal Processing Fee \$100.00      All Supplement Fee \$100.00

**Purpose of Supplement:** \_\_\_\_\_

**APPLICATION MUST BE FILLED OUT COMPLETELY**

TYPE OF LICENSE HELD BY CATERER:  RESTAURANT/FOOD ESTABLISHMENT  BAR  LIQUOR STORE

CITY PERMIT NUMBER: \_\_\_\_\_ STATE PERMIT NUMBER: \_\_\_\_\_

**Business Information**

Name of Business (DBA): \_\_\_\_\_ Business Phone: \_\_\_\_\_

Location of Business and Address: \_\_\_\_\_

Corporation Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Emailing Address: \_\_\_\_\_

**Managers Information**

Name of Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_  Male  Female

Driver's Lic. Number: \_\_\_\_\_ / \_\_\_\_\_ Alcohol Beverage Handling Card Number: \_\_\_\_\_

Does application hold both state and/or local liquor permits for the current year at other locations? \_\_\_\_ If yes, list locations: \_\_\_\_\_

**CHIEF OF POLICE OR DESIGNATED REPRESENTATIVE**

- Approved       Disapproved

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

**Revenue Department**

Owner(s) 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: \_\_\_\_\_ What City & State where you born in? \_\_\_\_\_

If, not what is your naturalization number? \_\_\_\_\_

Owner(s) Spouse Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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 City and State where you born in? \_\_\_\_\_

If, no what is your naturalization number? \_\_\_\_\_

**Questions Pertain to Both Applicant and Spouse**

1. Are you and your spouse a legal residence of the United States of America? Applicant \_\_\_\_\_ Spouse \_\_\_\_\_

2. Does the applicant hold both state and/or local liquor permits for the current year at other locations?

Yes/No If yes, explain: \_\_\_\_\_

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

6. Is the applicant or spouse 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 (drug), 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: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ and UNDERSTAND**

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: \_\_\_\_\_