



**SHREVEPORT POLICE DEPARTMENT
ALCOHOLIC BEVERAGE UNIT
SPECIAL EVENT TEMPORARY ALCOHOL PERMIT**



*** OFFICE USE ONLY ***

Permit No. _____ Date Received: _____ Clerk's Initials: _____

Category A				Category B		Category C	
Public Special Event (Open to the public)				Private Special Event (Not open to the public)		On-Site Tasting Special Event	
Non-Profit Special Event		For Profit					
Type (BW) Beer/Wine	Type (BWL) Beer/Wine/ Liquor	Type (BW) Beer/Wine	Type (BWL) Beer/ Wine /Liquor	Type (BW) Beer/Wine	Type (BWL) Beer/Wine/Liquor	Type (BW) Beer/ Wine	Type (BWL) Beer/Wine/ Liquor
Contract Agreement Non-Profit Paperwork State Permit Required		Contract Agreement State Permit Required		Contract Agreement Commercial Building Required		State Permit Required	

NOTES:

- **Must be turned in ten (10) days prior to event. (NO EXCEPTION)**
- No more than twelve (12) Special Event Permits may be obtained by any **one person or business entity** within a single calendar year.
- **Category A** is for a maximum duration of three (3) consecutive days only. Additional applications and fees must be submitted for events lasting more than three (3) days in duration.
- **Category B and C** is limited in duration to one (1) day.
- Caterers of Alcohol shall have an **Attached Caterer's Permit** or a **Stand-Alone Caterer's Permit**.
- If a **non-profit organization** uses a for-profit caterer for the Special Event; the Non-Profit must select **For Profit** on this Application.
- **Wholesale dealers** may deliver alcoholic beverages to the special event location up to two (2) days prior to the effective date on the Special Event Permit.
- **A Written Agreement** with the host location shall be attached with the application.

EVENT INFORMATION:

CATEGORY OF SPECIAL EVENT: A B C TYPE OF ALCOHOL: BEER AND/OR WINE Beer/Wine/Liquor

NO. OF DAYS OF EVENT: 1 DAY 2 DAYS 3 DAYS DATE(S) OF EVENT: _____

TIME OF EVENT: 1ST DAY _____ THRU _____ 2ND DAY: _____ THRU _____ 3RD DAY: _____ THRU _____

SPONSORING BUSINESS ENTITY, ORGANIZATION OR INDIVIDUAL: _____

BUSINESS ENTITY, ORGANIZATION OR INDIVIDUAL'S ADDRESS: _____

PHONE No. _____ IS THIS A NON-PROFIT ORGANIZATION? YES (SEE BELOW) NO

A COPY OF YOUR IRS TAX EXEMPT UNDER EITHER SECTION 501(c) (3), 501(c) (6), OR 501(c) (8) ALONG IS TO BE PROVIDED WITH THE APPLICATION.

NAME OF LOCATION FOR EVENT: _____

EVENT LOCATION ADDRESS: _____

WHERE WILL THE EVENT BE HELD? INSIDE OUTSIDE APPROXIMATELY, HOW MANY ATTENDEES WILL ATTEND THE EVENT? _____

WILL THERE BE A GENERAL ADMISSION, REGISTRATION, OR TICKET FEE TO ATTEND EVENT? YES NO

WILL THERE BE A FEE FOR ALCOHOLIC BEVERAGES? YES NO

DOES THIS LOCATION HOLD A VALID ALCOHOL PERMIT? YES NO

CITY PERMIT NO. _____ STATE PERMIT NO. _____

ARE ALCOHOLIC BEVERAGES BEING DONATED? YES NO (SEE BELOW) Check if not applicable

 IF YES, NAME OF DISTRIBUTOR DONATING: _____

 IF NO, NAME OF CATERING SERVICE: _____

CITY PERMIT NO. _____ STATE PERMIT NO. _____

DETAILS OF EVENT: _____

PERSONAL INFORMATION:

ALL APPLICANTS ARE REQUIRED TO DO A BACKGROUND CHECK EVERY YEAR. THE COST OF THE BACKGROUND CHECK IS \$46.00.

NAME OF APPLICANT: _____ PHONE NO. _____

ADDRESS: _____ WHAT STATE WERE YOU BORN IN? _____

IF YOU HAVE A VALID ABO CARD. WE NEED YOUR ABO CARD NUMBER AND EXPIRATION DATE.

ABO CARD NO: _____ EXPIRATION DATE: _____ IS THIS YOUR FIRST EVENT FOR THIS YEAR? Yes No

EMAIL ADDRESS: _____

RACE: _____ SEX: _____ HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ WEIGHT _____ DOB: _____

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE NUMBER/STATE: _____ / _____

NAME OF APPLICANT SPOUSE: _____ DOB: _____ PHONE NO. _____

QUESTIONS APPLY TO BOTH APPLICANT AND SPOUSE:

1. Do you or your spouse own or hold interest in any business that holds a city alcohol permit? Yes No
 - If Yes, enter Permit Number, Trade Name, and Location of Business below:
 - Permit Number: _____ Trade Name: _____
 - Location of Business: _____
2. Do you own the premises where the special event will be held? Yes No
 - If No, a copy of a valid, signed and dated lease or written permission from the property owner must be submitted with the application.
3. Have you or your spouse ever been convicted of a felony? Yes No
 - If Yes, what was the charge? _____
4. Have you or your spouse ever been convicted of prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, possessing or dealing in narcotics? Yes No
If YES, where and what were the charges? _____.
5. Have you been convicted or had a judgment rendered against you for any violation involving alcoholic beverages within the last five (5) years prior to this application? Yes No If YES, where and what were the charges?
_____.
6. Have you ever been convicted for violating any provision of any alcohol laws of this state or local authorities? Yes No
If YES, where and what were the charges? _____
7. Have you ever used any other name other than the one provided? Yes No If YES, give details.

8. Does the applicant, applicant's spouse and /or applicant's membership hold an interest in a business that holds a Wholesale or Manufacturer beer or liquor permit? Yes No If YES, list the permit Number: _____

Date: _____ Signed: _____ Title: _____

CERTIFICATION BY APPLICANT:

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 checked for possible criminal history and outstanding warrants. With this knowledge, I certify I have read 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 ordinance of the City of Shreveport.

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 8/13

***** Office Use Only *****

APPROVED YES NO DATE: _____

APPROVED BY: _____

CHIEF OF POLICE OR DESIGNATED REPRESENTATIVE

Comments or Notes:

