



**Shreveport Police Department  
Alcohol Beverage Unit  
Alcohol Beverage Business Permit  
Application for \_\_\_\_\_**

Year

Revenue Stamp

Initial Application

Renewal Application

**Application fee is due at the time of submission of your application. Processing fees are payable to the Shreveport Police Department.**

**Initial Application - \$500.00    Renewal Application - \$100.00**

Revenue Office Only

Post Mark Date/Initials \_\_\_\_\_

ABO Office Only

Date Received/Initials \_\_\_\_\_

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

**Application must be filled out completely.**

<b>Type of Business:</b>	Bar <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Package <input type="checkbox"/>
	Wholesaler <input type="checkbox"/>	Other: <input type="checkbox"/> Specify: _____	
<b>Type of Alcohol:</b>	Beer <input type="checkbox"/>	Wine <input type="checkbox"/>	Liquor <input type="checkbox"/>
<b>Consumption:</b>	Off Premises <input type="checkbox"/>	On Premises <input type="checkbox"/>	Annual On-Site Tasting <input type="checkbox"/>

Permit Issued to:  Corporation     Partnership     Individual     Limited Liability Company

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

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Business Email Address: \_\_\_\_\_

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

Manager's Class A ABO Card No: \_\_\_\_\_ Manager's Email: \_\_\_\_\_

Does the applicant(s) of this business hold both state and /or local liquor permits for the current year at other locations? \_\_\_\_\_ If yes, list locations: \_\_\_\_\_

Has an applicant(s) ever been denied a state or local liquor permit? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

There have NOT been any changes in ownership of the business, in the past twelve months, including, but not limited to, any changes in the members of the corporation, organization, or partnership of the business? Initial here \_\_\_\_\_

CHIEF OF POLICE OR DESIGNATED REPRESENTATIVE

Revenue Department

Approved

Disapproved

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

**Owner and Spouse Information:**

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

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License No. / State \_\_\_\_\_ / \_\_\_\_\_

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

Are you a Citizen of United States: \_\_\_\_\_ Type of Citizenship:  Birth  Naturalized Place of Birth: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's License No. / State \_\_\_\_\_ / \_\_\_\_\_

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

Are you a Citizen of United States: \_\_\_\_\_ Type of Citizenship:  Birth  Naturalized Place of Birth: \_\_\_\_\_

If spouse is not a US Citizen have, they been a resident of Louisiana for three continuous years prior to application: \_\_\_\_\_

**Questions Pertain to Both Applicant and Spouse**

Have you ever been convicted of a felony \_\_\_\_ If so, where and what were the charges \_\_\_\_\_. Did you receive a pardon? \_\_\_\_ Has not been convicted in this or any other state or by the United States or any other country of illegally dealing in controlled dangerous substances or soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place. If so, where and what were the charges \_\_\_\_\_. Have you had a license or permit to sell or deal in alcoholic beverages revoked within one year of this application? \_\_\_\_ If so, here where \_\_\_\_\_. Has not been adjudged by the city council or convicted by any court in the last two years of violating any two or more municipal or parish ordinances adopted pursuant to the provisions of this chapter. Have you or your spouse ever used any other name other than the one provided \_\_\_\_ If so, give details.

Name: \_\_\_\_\_ Reason Used: \_\_\_\_\_

Name: \_\_\_\_\_ Reason Used: \_\_\_\_\_

**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: \_\_\_\_\_

# ABO CARD EMPLOYEE LIST

**BUSINESS:** \_\_\_\_\_

Managers Name		Class "A" ABO Card Number		Expiration Date
1				
2				
3				
4				
5				
Employee Names		Type of Card	Card Number	Expiration Date
1				
2				
3				
4				
5				
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24				
25				

**OWNER OR MANAGER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**OWNER OR MANAGER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_