



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. DPSP6696 REVISED 8/13

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

APPROVED ☐ YES ☐ NO

DATE: _____

APPROVED BY: _____

CHIEF OF POLICE OR DESIGNATED REPRESENTATIVE

Comments or Notes:



Guidelines for Liquor License in Shreveport, La.

A list of items needed when you turn in your application to the Shreveport Police Department.

1. The initial application.
2. Shared Affidavit
3. Background Checks – If born abroad need valid passport, US Naturalization Certificate or a Consular Report of Birth Abroad FS-240
4. IRS- Department of the Treasury
5. Occupational License
6. Certificate of Occupancy
7. Distance Letter
8. Newspaper article
9. Articles and Paperwork from the Secretary of State
10. Lease agreement or Deed
11. Caddo-Shreveport Sales & Use Tax Commission (Must be the Clearance Certificate and not the Resale Certificate)
12. Louisiana Department of Revenue State Sales Tax Clearance Certificate (Must be the Clearance Certificate and not the Resale Certificate)
13. Health Permit
14. Letter of Grounds for Suspension or Revocation
15. Processing Fee of \$500.00 for initial application. \$100.00 for any supplement application

****No Incomplete Packages. Must have all permits before submitting them to the ABO Unit. ****
Need actual copies of permits and not receipts.



Guidelines for opening a business in the City of Shreveport

All Business Establishment desiring to sell alcohol shall obtain the proper zoning requirement, as required by the United Development Code of the city and parish, before applying:

1. Obtain a Federal Tax ID (FEIN):

Physical: South Pointe Center Phone: (318) 869-6310
3007 Knight St. Suite 110 1-800-829-4933

2. Obtain of Certificate of Occupancy:

www.shreveportla.gov/certocc. A copy of the application is in this package.

All business (including home based) that are located within the corporate limits of the City of Shreveport, or the Parish of Caddo, must obtain a Certificate of Occupancy prior to applying for an occupational/business license. Fee is \$50 for home based \$125 for commercial location.

To contact this office:

Physical: City of Shreveport	Mail: City of Shreveport	Phone: (318) 673-6442
Zoning (Permit Center)	Zoning (Permit Center)	(318) 673-6440
505 Travis St, Suite 130	P.O. Box 31109	Fax: (318) 673-6454
Shreveport, La. 71101	Shreveport, La. 71130	

3. Occupational License (inside city limits): A copy of the application is in this package

www.shreveportla.gov/DocumentCenter/View/35

An Occupational/Business license tax is due and payable upon commencement of business. The City of Shreveport will issue a temporary license to conduct business for the first 30 days of business, afterward you will complete an update for your permanent license. Initial fee is \$50 for first 6 months of the year, \$25 starting July 1st-except for professional classifications. Depending on the type of business, there may be multiple licenses (classifications) associated with an account. To contact this office:

Physical: City of Shreveport	Mail: City of Shreveport	Phone: (318) 673-5501
Revenue Division	Revenue Division	Fax: (318) 673-5504
505 Travis St., Ste. 120	P.O. Box 30168	
Shreveport, La. 71101	Shreveport, La. 71130	

4. City and State Sales Tax authorities: Retail businesses must register for a sales tax account with the following entities-Caddo/Shreveport Sales & Use Tax Commission

Physical: 3300 Dee St.	Mail: P.O. Box 104	Phone: (318) 865-3312
Shreveport, La. 71105	Shreveport, La. 71161	Website: www.laota.gov

State of Louisiana – Department of Revenue-Sales Tax Division

Local Office: 910 Pierremont Road Suite. 312 Shreveport, La. 71106

Phone: 855-307-3893

or reach LDR using the "Contact Us" method on website.

Physical: Baton Rouge Headquarters	Mail: Baton Rouge Headquarters	Phone: (855) 307-3893
617 North Third	P.O. Box 201	Website: revenue.louisiana.gov
Baton Rouge, La. 70802	Baton Rouge, La. 70821	

5. Contact Assessor's Office-Caddo Parish, Louisiana

The Caddo Parish Assessor is responsible for discovery, listing, and valuing all property in Caddo Parish for ad valorem tax purposes. This property includes all Real Estate, all Business Movable Property (Personal Property), and all Oil and Gas Property and Equipment.

Physical: 501 Texas St., Ste 102 Shreveport, La. 71101 Phone: (318) 226-6712

6. **Apply with Louisiana Secretary of State (if applicable):** Any company that wishes to do business in Louisiana under a name other than its registered company name must register a so-called "trade name" (an equivalent of DBA or "doing business as"):

Physical: Louisiana Secretary of State 8585 Archives Ave., Baton Rouge, La. 70809

Mail: Louisiana Secretary of State P.O. Box 94125, Baton Rouge, La. 70804

All business is handled at our customer service located at the side entrance of Twelve United Plaza.

Office Hours: M-F 8:00am – 4:30 pm

Websites:

File Trade Name Applications:

www.sos.la.gov/businessservices/publisheddocuments/309tradenametrade/mark

File Business Documents:

www.sos.la.gov/BusinessServices/FileBusinessDocuments/Pages/default.aspx

Forms & Fee Schedule:

www.sos.la.gov/businessservices/filebusinessdocuments/getformsandfeeschedule/pages/default.aspx

7. **Obtain a Caddo Health Permit contact Caddo Environment Health:** selling food, daycare, hotel, school, hospital, restaurant, etc.

Physical: 1033 Creswell Ave Shreveport, La. 71105

Phone: (318) 676-5265

Office Hrs. 8:00 am – 9:30 am M-F

Office Hrs. 3:30 pm – 4:30 pm M-F

8. **Newspaper Articles:** Can be obtained through any newspaper in the area.

- Shreveport Times – Website: <https://www.shreveporttimes.com>
To place an ad by phone, please contact 1-800-447-3818
- The Sun Digital Media (318) 631-6222
- Inquisitor Newspaper 7781 Hwy 1 Shreveport, La. 318-929-5152

9. **Shreveport Police Department:** If applying for alcohol beverage permits/ABO Cards you must contact the alcohol division.

Physical: 1234 Texas St., Room 63 Phone: (318) 673-6140

Office Hours: 8:00 am – 3:30 pm (M-F)

10. **State of Louisiana (ATC Office):** You must apply for your state license along with city license. To apply for an Alcoholic Beverage Retail Application Packet. Go to www.atc.louisiana.gov to fill out packet and print it out. For any questions about or assistance with this application contact: (225) 925-4041. **SUBMISSION INFORMATION-ATC LOCATIONS:** Applications may be mailed to **P.O. Box 66404, Baton Rouge, La. 70896** or submitted in person at our Baton Rouge customer service windows.

ALCOHOL LICENSE FEES:

The Processing Fee must be taken care of before you receive your annual permit.

Initial Application Fees are \$500.00

Renewal & Supplement Application Fees are \$100.00

Bar

Class A <6% Bar (\$75)
Class A 6%> Bar (\$500)

Restaurant

Class <6% Rest (\$75)
Class 6%> Rest (\$500)

Package

Class B <6% Pack (\$60)
Class B 6%> Pack (\$500)

GENERAL INFORMATION:

- Processing of license application will take approximately 2 to 3 weeks.
- Processing Fees are paid to the Shreveport Police Department at 1234 Texas Ave when you turn in your application.
- Fees are paid to the Finance Department at 505 Travis Street in Suite 120 where license is issued.
- All licenses will expire 365 days after payment of fees.
- No business can operate on a previous owner's license.
- Each owner, stockholder, member, or rider is required to have the live scan done at the ABO Office. The price of live scan is \$46.00. The owner will not have to do a background check with the city if he/she already has an active ABO Card. Owner will need an ABO Card if he/she is working inside the business. If the owner is not working in the business, he/she will have to do the live scan and bypass the ABO card.
- The license cannot be moved to another address. Must submit a new application to ABO Office. All licenses must have the new address on each permit. If you have a new FEIN number, you will have to start the process all over again.
- Change of Manager, a supplement application must be made.
- Change of Ownership, Shares, Officers, stockholders,
- Business must have a State and City License before operating.
- Digital Cameras are required for all businesses. All entrances, exits, all stairways, elevators, all points of sales, parking lots, and all fueling areas.

ABO/SOB CARDS

- All employees are required to have ABO/SOB cards **BEFORE** working.
- Work inside the City Limits of Shreveport.
- Must be 18 years or Older.
- All employees must have a valid State Issued Id or Drivers' License, Social Security Card, and \$50.00 cash.
- If your employee is born abroad on a Military Base, they will need to bring their birth certificate (only US Citizen) as well.
- If your employee is born Outside the United States, they will need to bring their **Naturalization Certificate or US. Residency Card**, along with their **social security card and valid state Identification**.
- Once you have been processed in our system and your employee is denied an ABO Card. **THERE IS NO REFUND.**
- ABO Employee Card: All employees are required to have this card.
Website: www.shreveportla.gov
 - Go to Business
 - Alcoholic Beverage Ordinance (ABO) Licenses & Card
 - ABO & SOB Cards
 - ABO Cards



Zoning Enforcement

505 Travis Street | Suite 440 | Shreveport, LA | 71101
phone 318-673-6440 | fax 318-673-6454

CERTIFICATE OF OCCUPANCY APPLICATION

Please return form to:
Permit Center (Zoning Desk)
1st Floor, Government Plaza, Suite 130
505 Travis Street
Shreveport, LA 71101

DO NOT WRITE IN THIS AREA-OFFICIAL USE ONLY

Date: _____ Application Number: _____ Property Zoned: _____

☐ \$75 (Home Occupation) ☐ \$75 (Group Home) ☐ \$125 (Inside City Limits) *Note: If this property has been occupied without a valid Certificate of Occupancy by the applicant, **ALL FEES WILL DOUBLE.***

2. CERTIFICATE OF OCCUPANCY REQUEST

☐ New Construction ☐ Alcohol ☐ Courtesy Inspection
☐ New Business ☐ Outside City Limits (Parish Address) ☐ Ownership Change
☐ Temporary Pop-Up Use ☐ Other (Please specify) _____

3. PROPERTY INFORMATION

Name of Applicant: _____
Address or Description of Property: _____
Type of Business: _____ Square Footage of Building or Suite: _____
Owner of Business (if different than applicant): _____
Company Name / Name of Occupant: _____
Mailing Address (mailing address must be given if business location is in a mall, an itinerant vendor or temporary certificate of occupant i.e. firework sales): _____

Telephone Number: _____
Date Inspections are Requested (Inspections are done 8:00AM to 12:00 Noon, occupant must be at location or have building open during these hours): _____

Remarks: _____

4. STATEMENT OF UNDERSTANDING

This is to certify that I have been advised that in order to occupy any building, that I/We are required to obtain a Certificate of Occupancy for the structure located at _____. I / We further understand that in order to obtain this certificate, the structure in question must be in full compliance with City of Shreveport building and fire codes, zoning requirements and when necessary the Caddo Parish Health requirements. Failure to comply with these requirements will prevent the City of Shreveport from approving any utility connections and prevent the MPC from issuing the Certificate of Occupancy.

Signature of Applicant _____ Date _____

NOTE: If you have not received your Certificate of Occupancy within a week of the inspection, please call (318) 673-6440 or (318) 673-6442

Metropolitan Planning Commission | 505 Travis Street, Suite 440 | Shreveport, LA 71101 | 318-673-6440 | fax 318-673-6112
www.shreveportcaddompc.com

NEW BUSINESS LICENSE APPLICATION

(All blanks must be completed before processing)



CITY OF SHREVEPORT

REVENUE DIVISION

P.O. BOX 30168

SHREVEPORT, LA 71130-0002

PHONE: (318) 673-5500 FAX: (318) 673-5504



APPLICATION IS REQUIRED FOR: (check one)

New Business	
Purchase of Existing Business	
Existing Business, No Prior License	
Other (Please Attach Explanation)	

FOR OFFICE USE ONLY	
OLT	
CST	
ABP	

Business Name (dba): _____

Street Location: _____

City: _____ State: _____ Zip Code: _____

Primary Business Activity: _____

Does business sell gasoline or petroleum products at retail? _____

Business Begin Date: _____ Type of Business: ☐ Individual ☐ Partnership ☐ Corporation

Business Telephone Number: _____ Fax Number: _____

E-mail address: _____

Business Authorization ID Numbers (if applicable)	
A. Certificate of Occupancy Number	
B. Caddo/Shreveport Sales & Use Tax Number	
C. Louisiana State I.D. Number	
D. Federal Employer I.D. or Owner's Social Security Number	

Owner, Partners or Corporation's* Full Name(s): _____

Chief Corporate Officers Name: _____

Owner's Home or Corporate Office Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Location of Business Records: ☐ Business Site ☐ Home Office ☐ Mailing Address Do you intend to sell alcoholic beverages? _____

Number of branches in Shreveport under of same ownership _____ Total number of branches national under the same owner _____

(Please attach list of Shreveport locations)

I acknowledge that an Occupational License is not an authorization to conduct business, but merely a receipt for taxes paid. I further acknowledge that a Certificate of Occupancy and/or other licenses or permits may be required to legally conduct business in the City of Shreveport.

Printed Name of Owner or Corp. Officer: _____ Date: _____

Signature of Owner or Corp. Officer: _____

Upon receipt of completed application and tax, a 30 day temporary license will be issued. A permanent license application form will be mailed 15 days from the business begin date which must be filed at the end of the first 30 days of business.



Shreveport Police Department
ABO Unit
1234 Texas Ave Suite 64
Shreveport, La. 71101
(318) 673-6140



Grounds for Suspension or Revocation

Sec. 10-103. - Grounds for suspension or revocation.

(b) When a permit is revoked for any legal cause, the city council may, at the same time, order that no alcoholic beverage permit shall be issued covering the same premises until one year after the date of revocation.

I understand that if Lessee's alcohol permit is revoked, I may lose privileges to sale alcohol at this location for 365 days after date of revocation.

Business Name:

Address of Business (Including City, State, and Zip Code):

Lessor

Date

Owner/Member (Print Name)

Date

Owner/Member Signature

Date

Lessee

Date

Owner/Member (Print Name)

Date

Owner/Member Signature

Date



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

Type of Business:	Bar <input type="checkbox"/>	Restaurant <input type="checkbox"/>	Package <input type="checkbox"/>
	Wholesaler <input type="checkbox"/>	Other: <input type="checkbox"/> Specify: _____	
Type of Alcohol:	Beer <input type="checkbox"/>	Wine <input type="checkbox"/>	Liquor <input type="checkbox"/>
Consumption:	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: _____

STATE OF LOUISIANA
PARISH OF CADDO

SHARE AFFIDAVIT

BEFORE ME the undersigned Notary Public, personally came and appeared _____,
who after being duly sworn did depose and state, He/She is an officer, director, stockholder, or the owner of
_____ shares, which represent _____ % of the shares of said corporation being the same as
the which has applied for a license to sell alcoholic beverages at

(Business name/address)

_____ stated that he/she meets all the requirement for the issuance of the said
alcoholic beverage permit(s) as set forth in Section 10-44 of the Code of Ordinances of the City of Shreveport, including specifically the
following:

1. Is the person of good character and reputation and over 21 years of age?
2. Is a citizen of the United States and of the State of Louisiana and a resident of the State continuously for a period of not less than two years preceding the date of the filing of the application?
3. Is the owner of the premises or has a bona fide typewritten lease.
4. Has not been convicted of a felony under the laws of the United States, the State of Louisiana or any other state or country.
5. Has not been convicted in this or any other state or by the United State or any other country of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place or illegally dealing in controlled dangerous substances.
6. Has not had a license or permit to sell or deal in alcoholic beverages issued by the United States, any political subdivision of a state authorized to issued permits or licenses revoked within one year to the application or been convicted or had a judgment of court rendered against him involving alcoholic beverages by this or any other state or by the United State for one year prior to the application.
7. Has not been adjudged by the City Council or convicted by a court of violating any of the provisions of Chapter 10 of the Code of Ordinances of the City of Shreveport dealing with alcoholic beverages.
8. Has not been convicted of violating any municipal or parish ordinance adopted pursuant to provisions of Chapter 10 of the Code of Ordinances of the City of Shreveport. Applicant acknowledges that if he has been so convicted the granting of a permit or of a permit or of a renewal is within the discretion of the City Council.
9. Is not the spouse of a person who fails to meet the requirements for an alcohol beverage permit unless judicially separated or divorced?
10. Has paid all taxes, license fees and other charges due to the City by the applicant or his/her business.

Sworn to and subscribed before me, Notary Public this _____ day of _____ 201_____.

APPLICANT

NOTARY PUBLIC

ABO BACKGROUND CHECK

New or Supplement Business Applicant Permit

ATN AND SID NUMBER FOR OFFICAL USE ONLY

ATN # _____ SID # _____ RECIEPT # _____

All owners, spouses, and regional managers are required to do a background check for the City of Shreveport. If the manager is working at the business, they are required to get an ABO Card instead of background check with the City. Cost of City Background Check is \$46.00.

All managers and owners are required to do (2) two fingerprint cards with the State. If you would like the city of Shreveport to do your fingerprints for the state the cost is \$20.00.

Name: _____ DOB: _____ Phone: _____

Home Address: _____ Zip: _____

Were you born in the United States? If so, what state _____
The state you were born in

If born abroad, where were you born? _____

If you are born abroad you are required to have either a valid passport, US Naturalization Certificate or a Consular Report of Birth Abroad FS-240.

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

Social Security No: _____ Drivers' License No: _____ / _____
State

Name of Business: _____

Company Address: _____

Opening Date: _____ Business Phone No: _____

I understand and agree that the Shreveport Police Department shall have the right to fully investigate my record as to felonies, misdemeanors, or any other arrest. Further, I waive such legal rights if any I may have and do release any and all persons from the liability in connection with furnishing such information about me to the above listed agency to who I am making application.

Signature of Applicant

Date

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby 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 facility or agency named above. DPSSP 6696

ABO BACKGROUND CHECK

New or Supplement Business Applicant Permit

ATN AND SID NUMBER FOR OFFICAL USE ONLY

ATN # _____ SID # _____ RECIEPT # _____

All owners, spouses, and regional managers are required to do a background check for the City of Shreveport. If the manager is working at the business, they are required to get an ABO Card instead of background check with the City. Cost of City Background Check is \$46.00.

All managers and owners are required to do (2) two fingerprint cards with the State. If you would like the city of Shreveport to do your fingerprints for the state the cost is \$20.00.

Name: _____ DOB: _____ Phone: _____

Home Address: _____ Zip: _____

Were you born in the United States? If so, what state _____
The state you were born in

If born abroad, where were you born? _____

If you are born abroad you are required to have either a valid passport, US Naturalization Certificate or a Consular Report of Birth Abroad FS-240.

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

Social Security No: _____ Drivers' License No: _____ / _____
State

Name of Business: _____

Company Address: _____

Opening Date: _____ Business Phone No: _____

I understand and agree that the Shreveport Police Department shall have the right to fully investigate my record as to felonies, misdemeanors, or any other arrest. Further, I waive such legal rights if any I may have and do release any and all persons from the liability in connection with furnishing such information about me to the above listed agency to who I am making application.

Signature of Applicant

Date

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INSPECTION FOR NEW BUSINESS:

Before the agents come to approve any permit (new or renewal) the following must be met: Please have all permits in locations that can be seen in the store or business.

1. Digital Camera System (Started September 30, 2019)

- Cameras shall be positioned to record all entrances and exits, all stairways and elevators, all points of sales, all parking lots, and all fueling areas.
- Cameras shall be in operation and recording any time the establishment is open for business and for one hour after closing.
- All recorded videos shall be maintained for at least 30 days and shall be made readily available to law enforcement upon request.

2. Valid City of Shreveport Occupational License. (**Your Business License**)

3. Valid Louisiana Tax Certificate properly displayed.

4. Premises Clean and Sanitary. (Inside & outside)

5. Alcohol purchased from authorized wholesaler.

6. Operating with State and Local Alcohol Beverage Licenses.

7. Employees operating with valid ABO Cards.

8. For Bars and Liquor Stores:

- Display of Prohibited Acts signs inside and outside.
- Compliance with local and state laws pertaining to minors on premises.

****Please do not bring any hard drives, flash drives, or pictures to the ABO Office, unfortunately, the agents will have to come where your business is located****

- If you fail inspections for any reason listed above and your business needs to be reinspected, please call 1-318-673-6140 and leave a message or email us at ABOO@shreveportla.gov.
- Once the agents approve your Liquor Licenses, your application is sent to our Revenue Department at 505 Travis St. All fees with the city must be paid before you can receive your Alcohol License.

If you are needing to pick up your Liquor License, you can reach out to Terrance Neal at

Terrance.Neal@shreveportla.gov or Diane Smith at Dianne.Adams-Smith@shreveportla.gov. They need to have something in writing saying you are coming to pick up a license. **If you have any other questions about fees, call Revenue at 318-673-5581 or 318-673-5598.**



CITY OF SHREVEPORT
1234 TEXAS AVE ROOM 64
SHREVEPORT, La. 71101
(318) 673-6140
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"> • Restaurants • Bars • Retail dealers whose primary purpose is the sale of packaged alcoholic beverages. 			
		\$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"> • A fully equipped commercial kitchen • A Certificate of Occupancy for its Premises • An Occupational license • A health permit for the premises • Derive at least 70 percent of its gross annual revenue from sale of food or food-related products. • At least 40 percent of the gross revenue per event catered must be derived from the sale of food or food-related product. 			
		\$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"> • 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"> ✓ A provision designating the specific location, on the premises, where the alcohol concessions will be located. ✓ A provision prohibiting any party to engage in conduct prohibited by local, state, or federal alcoholic beverage laws. • A Certificate of Occupancy for its Premises • An Occupational license • A health permit for the premises 			
		\$500.00	\$500.00	\$100.00

Permit Requirements of all new applications:

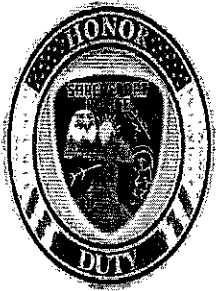
- All owners and their spouses shall be fingerprinted for the state.
- All owners and their spouses shall submit to a \$46.00 Criminal History Check and/or Live Scan for the City.
- Photographed
- Copy of Social Security Card
- Valid picture identification
- And any other information as required by the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