SHREVEPORT POLICE DEPARTMENT
ALCOHOLIC BEVERAGE UNIT
SPECIAL EVENT
ALCOHOL PERMIT

PERMIT NUMBER_____ DATE RECEIVED_____

☐ CITY OWNED BUILDING	☐ HIGH	☐ LOW	
☐ NON-PROFIT ORGANIZATION	☐ HIGH	☐ LOW	
☐ CITY COUNCIL APPROVAL REQ.	☐ HIGH	☐ LOW	RESOLUTION NUMBER_____
☐ FESTIVAL PLAZA	☐ LOW	☐ WINE	
☐ RIVER FRONT FAIR OR FESTIVAL	☐ LOW	☐ WINE	
☐ FAIRGROUNDS	☐ LOW	☐ WINE	

Sunday Permit ($25.00 additional fee for each Sunday) Date required:

1. _____/_____/_____ 2. _____/____/_____ 3. _____/_____/_____

EVENT INFORMATION

Location of event: _____

Address: _____Times: _____thru _____

Inclusive date (s) of event: _____/_____/_____ THROUGH _____/_____/_____

Sponsoring organization or person: _____

Address: _____ Phone # _____

PERSONAL INFORMATION

Name of applicant: _____DOB_____

Address: _____Phone # _____

Sex: Male ☐ Female ☐ Race _____ Social Security # _____

Name of Applicant's spouse: _____DOB_____

Address: _____Phone # _____

Sex: Male ☐ Female ☐ Race _____ Social Security # _____

☐ APPROVED_____ ☐ DISAPPROVED_____

Chief of Police or Designated Representative — Date

Chief of Police or Designated Representative — Date

QUESTIONS APPLY TO BOTH APPLICANT AND SPOUSE

1. Have you ever been convicted of a felony? _____ If so, where and what were the charges? _____. Did you receive a pardon? _____

2. Have you 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 _____? If so, where and what were the charges? _____

3. Have you had a license or permit to sell or deal in alcoholic beverages revoked within one year or this application? _____ If so, where _____

4. Have you been convicted or had a judgment rendered against you for any violation involving alcoholic beverages within one (1) year prior to this application? If so, where and what were the charges? _____

5. Have you ever been convicted for violating any provision of Beer or Liquor permit laws of this state or local authorities? Is so, where and what were the charges? _____
_____

6. Have you ever used any other name other than the one provided? _____ If so, give details.

   Name _____Where used_____Date_____

   Name _____ Where used _____ Date _____

ADDITIONAL INFORMATION: _____

_____

_____

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 08/2013

FORM APPROVED BY THE CHIEF OF POLICE