



Shreveport Police Department/ABO

1234 TEXAS STREET  
Shreveport, Louisiana 71101

Web site: <http://www.shreveportla.gov/index.aspx?NID=422>

## LIQUOR AND BEER LICENSE

### REQUIREMENTS FOR APPLICANT:

1. Citizen of the United States
2. Two year resident of Louisiana
3. No felony convictions
4. Has not been adjudged or convicted of any provisions of Chapter 10 of Shreveport Code of ordinances (two or more in the last two years)
5. No state liquor violations in the last year
6. Recent picture of owner and manager

### INDIVIDUAL OWNERSHIP:

#### (ITEMS REQUIRED)

1. Certificate of Occupancy and distance letter from Zoning Office (505 Travis)
2. Certified copy of newspaper ad
3. Notarized lease signed by less or and lessee
4. \$20.00 for fingerprinting and \$26.00 for criminal background check for applicant and spouse, if not an applicant within last 5 years
5. Copy of Driver's License or State I.D.
6. \$ 26.00 for fingerprint processed through Louisiana State Police.

### PARTNERSHIP:

#### (ITEMS REQUIRED)

1. Certificate of Occupancy and distance letter from Zoning office
2. Completed application by all partners
3. Certified copy of newspaper ad. (All partners names have to appear in ad)
4. \$ 20.00 for fingerprinting and \$26.00 for criminal record check one each partner and spouses.
5. Copy of Driver's License or State I.D.
6. \$ 26.00 for fingerprint processed through Louisiana State Police.

### CORPORATION/LLC:

#### (ITEMS REQUIRED)

1. Certificate of Occupancy and distance letter from Zoning office
2. Certified copy of newspaper ad. (Name of corporation. DBA name of business and name of officer of corporation)

3. Notarized lease made out to corporation and signed by lessor and officer of corporation)
4. Articles of incorporation and charter seal showing corporation and signed by lessor and officer of corporation.
5. Affidavit showing how much stock is owned by each stockholder
6. \$ 20.00 for fingerprinting and \$ 26.00 for criminal record check for each person owning over 5% of corporation
7. Copy of Driver's License or State I.D.
8. \$ 26.00 for fingerprint processed through Louisiana State Police.

NOTE: WHEN APPLYING FOR RETAIL PERMITS ONLY, THE REQUIREMENTS AS TO CITIZENSHIP AND RESIDENCE DO NOT APPLY TO OFFICERS, DIRECTORS, AND STOCKHOLDERS OF CORPORATIONS THAT ARE ALREADY ESTABLISHED AND OPERATING WITH A VALID ALCOHOL PERMIT IN A STATE OTHER THAN LOUISIANA. THE CORPORATION SHALL BE EITHER ORGANIZED UNDER THE LAWS OF THE STATE OR QUALIFIED TO DO BUSINESS WITHIN THE STATE.

**ALCOHOL LICENSE FEES:**

Liquor packaged premise consumption	\$500.00
Liquor packaged	\$500.00
Beer on premise consumption	\$ 75.00
Beer packaged	\$ 60.00
Beer & Wine	\$150.00

Sunday permit for restaurants: (Allows restaurants to serve with meals from 12 noon until 12 midnight on Sunday)

**GENERAL INFORMATION:**

Processing of license application will take approximately 3 to 3 weeks. Fees are paid to the Finance Department at 505 Travis Street where license is issued.

All licenses will expire 365 days after payment of fees. No business can operate on a previous owner's license. License cannot be moved to another address.

Business must have a State and City license before operating.

Each new owner must apply for a new certificate of occupancy.

**ABO/SOB CARDS**

ALL employees are required to have ABO/SOB cards BEFORE working.



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

PERMIT NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

<input type="checkbox"/> CITY OWNED BUILDING	<input type="checkbox"/> HIGH	<input type="checkbox"/> LOW	RESOLUTION NUMBER _____
<input type="checkbox"/> NON-PROFIT ORGANIZATION	<input type="checkbox"/> HIGH	<input type="checkbox"/> LOW	
<input type="checkbox"/> CITY COUNCIL APPROVAL REQ.	<input type="checkbox"/> HIGH	<input type="checkbox"/> LOW	
<input type="checkbox"/> FESTIVAL PLAZA	<input type="checkbox"/> LOW	<input type="checkbox"/> WINE	
<input type="checkbox"/> RIVER FRONT FAIR OR FESTIVAL	<input type="checkbox"/> LOW	<input type="checkbox"/> WINE	
<input type="checkbox"/> FAIRGROUNDS	<input type="checkbox"/> LOW	<input type="checkbox"/> WINE	

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

1. \_\_\_\_/\_\_\_\_/\_\_\_\_                      2. \_\_\_\_/\_\_\_\_/\_\_\_\_                      3. \_\_\_\_/\_\_\_\_/\_\_\_\_

**EVENT INFORMATION**

Sponsoring organization or person: \_\_\_\_\_

Address: \_\_\_\_\_ Times: \_\_\_\_\_ thru \_\_\_\_\_

Inclusive date (s) of event: \_\_\_\_/\_\_\_\_/\_\_\_\_ THROUGH \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of event: \_\_\_\_\_

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	Chief of Police or Designated Representative
Date	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



**SHREVEPORT POLICE DEPARTMENT  
ALCOHOLIC BEVERAGE UNIT  
PROMOTIONAL TESTING  
PERMIT  
\$ 25.00**



**ABO OFFICE USE ONLY**

**PERMIT NUMBER** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DOB: \_\_\_\_\_ MALE:  FEMALE:  RACE \_\_\_\_\_

LOCATION OF EVENT/BUSINESS NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_

NAME OF SPONSOR IF DIFFERENT THAN BUSINESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

TYPE OF ALCOHOLIC BEVERAGE TO BE TASTED: \_\_\_\_\_  
(WINE, BEER, BOURBON, ETC.)

Signature of the applicant certifies that all information provided is correct to the best of their knowledge and the following restrictions are understood and will be complied with:

1. No individual will be given a sample greater than two (2) ounces per brand.
2. No individual shall consume more than two (2) ounces of each brand of alcoholic beverage provided.
3. In the case of alcohol beverage of greater than 23 percent alcohol by volume, tasting will be limited to one half (1/2) ounce per brand per individual.
4. Promotions tasting will only be conducted at a business holding a current alcoholic beverage permit for the type of alcoholic beverage being tasted.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

Chief of Police or Designated Representative      Chief of Police or Designated Representative

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DPSSP6696      Revised 08/2013  
FORM APPROVED BY THE CHIEF OF POLICE



**SHREVEPORT POLICE DEPARTMENT  
ALCOHOLIC BEVERAGE UNIT  
PRIVATE/PROMOTIONAL  
PARTY PERMIT  
PRICE \$ 25.00**

PRIVATE PARTY  PROMOTIONAL EVENT

CITY OWNED BUILDING   
 COMMERCIAL OWNED   
 LOW CONTENT   
 HIGH CONTENT

**ABO OFFICE USE ONLY**

PERMIT NUMBER \_\_\_\_\_  
 DATE APPLICATION RECEIVED \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
 SOCAIL SECURTIY # \_\_\_\_\_ DOB: \_\_\_\_\_ MALE:  FEMALE:  RACE \_\_\_\_\_

LOCATION OF EVENT/BUSINESS NAME: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DATE OF EVENT: \_\_\_\_\_ TIME OF EVENT: \_\_\_\_\_  
 NAME OF HOST OR SPONSORING ORGANIZATION: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
 WHAT TYPE OF EVENT? \_\_\_\_\_ ESTIMATED NUMBER OF PERSON TO ATTEND: \_\_\_\_\_

Signature of the applicant certifies that all information provided is correct to the best of their knowledge and the following restrictions are understood and will be complied with.

1. Event cannot be open to public.
2. Absolutely no alcohol sales.
3. No cover charge, dues, fees or other emolument is charged or collected.
4. Consumption of alcoholic beverages is not used to attract or induce customers.
5. Guest list must accompany private party application and only guests on the list may attend the party.
6. Party will be limited to the hours the business is zoned to be open but in no case will exceed 12 midnight.
- 7.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
 Chief of Police or Date Chief of Police or Date  
 Designated Representative Designated Representative

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 DPSSP6696 Revised 08/2013



**SHREVEPORT POLICE DEPARTMENT  
SEXUALLY ORIENTED BUSINESS  
LICENSE APPLICATION**  
Application for \_\_\_\_\_ Year

- Initial Application
- Renewal Application
- Supplement Application (Used for Information Charge)

<b>ABO/REVENUE OFFICE USE ONLY</b>  <b>POST MARK DATE/INITIALS</b> _____ / _____ <b>ABO OFFICE ONLY</b> <b>DATE RECEIVED/INITIALS</b> _____ / _____
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Application must be filled out completely (check all that apply)

- Application for:  Type I License:  Adult Cabaret  Adult Motel  Escort Agency  Massage Center  
\$ 1000.00  Adult Motion Picture Theater  Exotic Dance Service
- Type II License  Adult Bookstore  Adult Novelty Store  Adult Video Store  Semi-nude Modeling Studio
- Type III License  Dual Purpose Business  
\$ 100.00

Business Category  Corporation  Partnership  Limited Liability Corporation (LLC)  Individual

If owner change: Previous Owner: \_\_\_\_\_ Name of business: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permit issued to: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If different from business name)

Name of Manager: \_\_\_\_\_ Phone# (Home) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Any other name (s) used in the previous 5 years \_\_\_\_\_

APPROVED \_\_\_\_\_  
Chief of Police or \_\_\_\_\_ Date  
Designated Representative

DISAPPROVED \_\_\_\_\_  
Chief of Police or \_\_\_\_\_ Date  
Designated Representative

Owner(s) Full Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
(Last, First, MI)

Any other name(s) used in the past five years \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

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

Any other name(s) used in the past five year's  
\_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**QUESTIONS PERTAIN TO BOTH APPLICANT AND SPOUSE**

1. Have you been convicted or plead guilty or nolo contendere (no contest) to a specified criminal activity as defined in Chapter 72 of the Shreveport Code of Ordinance (see Specified Criminal Information Sheet for details) within the in the past five (5) years? \_\_\_\_\_. If so, fill out the appropriate sections below. **ALL APPLICABLE ARRESTS MUST BE LISTED.** Check all blocks that apply to your arrest (s). If additional space is required, ask for Conviction Supplement Sheet.

Arrested by: (Agency) \_\_\_\_\_ Charge (s) \_\_\_\_\_ Date: \_\_\_\_\_



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DPSSP6696

Revised 08/2011

FORM APPROVED BY THE CHIEF OF POLICE

**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 Sexually Oriented Business Ordinance is grounds for the denial of this request for a permit. I verify I have read the Specified Criminal Information Sheet and listed all applicable arrests. I also understand that I will be fingerprinted and checked for possible criminal history and any outstanding arrest warrants. With this knowledge, I certify I have each question contained on this application and that the answers which I have given are true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_