
OCCUPATIONAL AND BUSINESS LICENSE ALCOHOLIC BEVERAGE OUTLET PACKET

INSTRUCTIONS

1. COMPLETE THE OCCUPATIONAL AND BUSINESS LICENSE: ALCOHOLIC BEVERAGE OUTLET APPLICATION
Have you double-checked your application (pages 4-6) to verify that ALL fields are complete, all questions have been answered and the application is signed and notarized (page 6)?
2. COLLECT AND ATTACH THE ITEMS LISTED BELOW TO YOUR APPLICATION
3. SUBMIT THE COMPLETED APPLICATION AND ATTACHMENTS
Submit the signed and completed application with the attachments by mail or in person of this application packet to:
Attn: ABO Processing
City of New Orleans, One Stop
1300 Perdido St., 7W03
New Orleans, LA 70112

OVERVIEW OF ITEMS TO SUBMIT WITH APPLICATION

1. MANAGER APPOINTMENT AFFIDAVIT
2. Colored Copy of photo ID
3. Application fees
4. Supplement A
5. Supplement F form (if required)

ATTACHMENTS DESCRIBED AND EXPLAINED

1. MANAGER APPOINTMENT AFFIDAVIT
Page 2 of this packet must be completed, signed, and notarized.
2. Colored Copy of photo ID
COLORED copy of Driver's License or government-issued ID
3. Application fees, in accordance with Chapter 10-122 of the City Code of New Orleans.
NON-REFUNDABLE APPLICATION FEES
 - Manager's annual permit fee: \$100.00
 - Manager's identification card fee: \$5.00IN-PERSON PAYMENT Checks, Cashier's Checks, Money Orders, Visa, MasterCard, and Discover. Please make all checks and money orders payable to City of New Orleans.
ONLINE PAYMENT MasterCard, Discover, and Visa. You can pay online by logging in at onestopapp.nola.gov and searching for this item by application or invoice number.
4. Supplement A forms for manager of this business (Pages 3-5)
5. Supplement F form (if required)
 - A Schedule F (pages 6-7) form is only required to be submitted by any person completing a Schedule A form IF either:
 - The person completing the Schedule A has been convicted of a felony or a misdemeanor of moral turpitude within the past 5 years; or
 - The spouse of the person completing the Schedule A has been convicted of a felony or a misdemeanor of moral turpitude within the past 5 years.
 - NOTE: you must disclose all felony convictions EVEN IF you have received a pardon, expungement, deferred adjudication, etc.
 - Attach court documents (disposition) for all Schedule F forms submitted.

MANAGER APPOINTMENT AFFIDAVIT

The below must be signed and sworn to by:

- If the business is owned by an Individual, the same Individual;
- If the business is owned by a Partnership, a Partner;
- If the business is owned by a Corporation, an Officer/Director;
- If the business is owned by, an Officer/Director/Member.

STATE OF LOUISIANA, PARISH OF ORLEANS

Before me, the undersigned authority came and appeared _____ a resident of
(affiant)
_____, who, after being by me first sworn did
(affiant's address)
depose and say that he/ she is the/an owner of the retail establishment doing business as

_____ located at
(business name)

_____,
(business address)

City of New Orleans License # _____, request that _____
(name of manager to be appointed)
be recognized as an authorized manager of this business.

Print Name of Affiant
(Owner, Officer, Member, Partner)

Affiant Signature

Sworn and subscribed before me this _____ day of _____ 20_____ .

Print Name of Notary Public

Notary Public Signature

My commission is for _____

ALCOHOLIC BEVERAGE OUTLET INDIVIDUAL APPLICATION SUPPLEMENT A

This form is required for EACH owner, partner or financially interested party, officer, director, member, manager, and registered, authorized and qualified agent of this business please list their title and relationship to the business.

BUSINESS INFORMATION

Legal Name of Business _____ Date of Application _____
 Trade Name of Business _____ FEIN _____
 Ownership Type: Individual Partnership Corporation Limited Liability Company (LLC) Non-Profit
 Business Location Street Address _____, New Orleans, LA _____
(zip code)

INDIVIDUAL BACKGROUND INFORMATION

Individual Name _____ Individual Phone(s) _____
 Individual Email _____ Relationship to Business _____
 Individual Street Address _____
 City _____ State _____ Zip _____
 Preferred Method of Contact _____ Date of Birth _____
 Occupation _____ Place of Birth _____
 Employer _____ Social Security Number _____
 Driver's License Number _____ State of Issuance _____
 Maiden Name/Aliases (if any): _____
 Relationship Status _____
 If married, please complete the following fields:
 Name of Spouse _____ Spouse Maiden Name/Aliases _____
 Spouse Date of Birth _____ Spouse Social Security Number _____
 Spouse Driver's License Number _____ State of Issuance _____

QUALIFICATIONS

1. Is the applicant listed also applying for a video poker license issued by Louisiana State Police? Yes
 No
2. Do you or your spouse own or hold interest in any other business holding a state retail beer and/or liquor permit? Yes
 No
 If you or your spouse is an officer, member, or partner in another entity that maintains a state alcohol permit, complete the following questions. If there is more than one business, attach a list disclosing each.
 - Permit Number _____
 - Trade Name _____
 - Location _____

ALCOHOLIC BEVERAGE OUTLET INDIVIDUAL APPLICATION SUPPLEMENT A

3. Do you or your spouse own or hold interest in any business holding an alcoholic beverage manufacturer/supplier permit? Yes No

If YES, complete the following questions. If there is more than one business, attach a list disclosing each.

- Permit Number _____
- Trade Name _____
- Location _____

4. Do you or your spouse own or hold interest in any business holding an alcoholic beverage wholesale permit or solicitors permit? Yes No

If YES, complete the following questions. If there is more than one business, attach a list disclosing each.

- Permit Number _____
- Trade Name _____
- Location _____

5. Is this application being submitted by you to obtain an alcoholic beverage permit in your name for the benefit of any other person? Yes No

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS ABOUT YOUR CRIMINAL HISTORY, YOU (AND YOUR SPOUSE) MUST COMPLETE A SUPPLEMENT F

6. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage regulatory statute, rule, or ordinance? Yes No

7. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked within the last (2) years prior to the filing of this Schedule A? Yes No

8. Have you or your spouse ever been denied an alcoholic beverage permit? Yes No

9. Have you or your spouse ever been convicted of a felony? Yes No

10. (This includes an offense adjudicated under Article 893 or 894, dismissals, pardons, expungements, guilty pleas, and pleas of nolo contendere "no contest.") Yes No

11. Have you or your spouse ever been convicted of solicitation for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in controlled dangerous substances? Yes No

12. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance classified in Schedule I of R.S.40:964 on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the Have you or your spouse been convicted or had a judgment of court rendered against you involving the sale or service of alcoholic beverages by this or any other state, or by the U.S. within the last (2) years? Yes No

13. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of theft? Yes No

14. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of any crime involving false statements or declarations? Yes No

ACKNOWLEDGEMENT & AFFIDAVIT

STATE OF LOUISIANA, PARISH OF ORLEANS

Before me, the undersigned Notary Public, personally came and appeared _____, the appeared(s) in the above and foregoing instrument, who declared under oath to me, Notary,:

- that he/she prepared and signs the above and foregoing Supplement A including the required attachments, and that the instrument is tendered in support of the Occupational and Business License Master Application for an alcoholic beverage permit made to the City of New Orleans by the business applicant stated herein,
- that the signature appearing hereon is his/her own, of his/her own free and voluntary act and is for intent and purposes therein expressed, and that he/she swears that the information given and all answers therein are true and correct.

ALCOHOLIC BEVERAGE OUTLET INDIVIDUAL APPLICATION

SUPPLEMENT A

- that the applicant for this license and his/her spouse, if applicable, meets all qualifications and conditions of Chapter 10 of the City Code of New Orleans;
- that pursuant to Chapter 10, Sections 10 and 115 of the City Code of New Orleans any person or any agent or employee of any person who shall make false oath to any report or application required by the provisions of this chapter shall be guilty of the crime of false swearing and such an action may constitute a violation of Sec.10-6(4) "Concealing violations" as basis for revocation of any license or permit obtained pursuant to this application.
- that Chapter 54-401 of the City Code & 492 and the International Building Code as adopted in Chapter 26 of the Code of the City of New Orleans, restrict the serving of alcoholic beverages on to sidewalk and right of ways and in any manner that causing the obstruction of the same;

Further, the appeared(s) hereby authorize and acknowledge by signature below, that I authorize the Police Department and its agents or employees to release to the Department of Safety and Permits, Department of Finance, Law Department of the City of New Orleans and agents or employees thereof information received as a result of this application review, including but not limited to, all police reports, arrest records, whether municipal, state, or federal and any other documentation which make reference to me. I do further agree to relieve, release, and indemnify the City of New Orleans' Police Department, Department of Safety and Permits, Department of Finance, Law Department and all agents or employees thereof from any and all liability as a result of the release of this information.

Print Name of Applicant

Applicant Signature

Print Name of Applicant

Applicant Signature

Sworn and subscribed before me this _____ day of _____ 20____ .

Print Name of Notary Public

Notary Public Signature

My commission is for _____

ALCOHOLIC BEVERAGE OUTLET INDIVIDUAL

SUPPLEMENT F

This form must be completed by any applicant who has been convicted of a felony or of a misdemeanor and seeks lawful issuance of an alcoholic beverage permit under the provisions of CCNO Chapter 10-118, R.S. 26:80(f) and/or 26:280(f). Applicant attests that the felony was not a crime of moral turpitude or of violence as defined in LA R.S. 14:28, and that 5 years or more have passed between the date of this application and the successful completion of any sentence, deferred adjudication, or period of probation, parole, and the final discharge of the defendant. Applicant is required to submit official documentation of pardon, restoration of rights, or official certification that 5 years or more has passed since successful completion of any sentence, deferred adjudication, or period of probation or parole and the final discharge of the defendant at the time of application.

BUSINESS INFORMATION

Legal Name of Business _____ Date of Application _____

Trade Name of Business _____ FEIN _____

Ownership Type: Individual Partnership Corporation Limited Liability Company (LLC) Non-Profit

Business Location Street Address _____, New Orleans, LA _____
(zip code)

INDIVIDUAL BACKGROUND INFORMATION

Individual Name _____ Individual Phone(s) _____

Individual Email _____ Relationship to Business _____

Individual Street Address _____

City _____ State _____ Zip _____

Preferred Method of Contact _____ Date of Birth _____

Occupation _____ Place of Birth _____

Employer _____ Social Security Number _____

Driver's License Number _____ State of Issuance _____

Maiden Name/Aliases (if any): _____

CRIMINAL HISTORY INFORMATION

YOU MUST ATTACH A COURT RECORD OF THE DISPOSITION OF EACH CHARGE/CONVICTION

1. Charge and Statute Number _____ Date of Conviction _____

Date of Final Discharge _____ Jurisdiction (Court/Agency) _____

2. Charge and Statute Number _____ Date of Conviction _____

Date of Final Discharge _____ Jurisdiction (Court/Agency) _____

ALCOHOLIC BEVERAGE OUTLET INDIVIDUAL

SUPPLEMENT F

ACKNOWLEDGEMENT & AFFIDAVIT

STATE OF LOUISIANA, PARISH OF ORLEANS

I affirm that the above information is true and correct to the best of my knowledge, and that a copy of official documentation regarding the disposition of each charge/violation is attached.

Print Name of Applicant

Applicant Signature

Print Name of Applicant

Applicant Signature

Sworn and subscribed before me this _____ day of _____ 20____ .

Print Name of Notary Public

Notary Public Signature

My commission is for _____