



ABO MANAGER LICENSE PACKET

INSTRUCTIONS

1. COMPLETE THE ABO MANAGER APPLICATION SHORT FORM

Have you double-checked your application (page2) that ALL fields are complete, all questions have been answered and the application is signed and notarized?

- 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, email (abo@nola.gov) 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. Copy of Government Issued ID
- 2. Copy of the Louisiana Responsible Vendors Server Permit
- 3. ABO MANAGER APPLICATION SHORT FORM
- 4. Application fees (\$100 permit fee, \$5 Card printing fee)

ATTACHMENTS DESCRIBED AND EXPLAINED

- 1. Color Copy of Government Issued Driver's License or Identification card
- 2. Copy of your Louisiana Responsible Vendors Server Permit issued by the Louisiana Office of Alcohol and Tobacco Control.
- 3. Completed, signed, and notarized application ABO MANAGER APPLICATION SHORT FORM (page 2 of this packet)
- 4. Application fees, in accordance with Chapter 10-122 of the City Code of New Orleans.
 - Manager's annual permit fee: \$100.00
 - Manager's identification card fee: \$5.00

IN-PERSON PAYMENT Checks, Cashier's Checks, Money Orders. 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 once it has been processed.





ABO MANAGER APPLICATION NEW/RENEWAL

SHORT FORM

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BUSINESS INFORMATION			
Trade Name of Business Date of Application			
Ownership Type:	☐ Corporation	☐ Limited Liability Company (LLC)	□ Non-Profit
Business Location Street Address		, New Orleans, LA	(zip code)
INDIVIDUAL INFORMATION			
Manager Name Manager Phone(s)			
Manager Email	nager Email Preferred Method of Contact		
Mailing Street Address			
Mailing City	Mailing State _	Mailing Zi	ip
AUTHORIZATION TO SIGN/ACKNOWLEDGMENTS & AFFIDAVIT			
All information obtained as a result of your acknowledgement below will be used in all areas of this application process and any renewals thereof, including the hearings before the Alcoholic Beverage Control Board, or any appeals therefrom.			
Before me, the undersigned Notary Public, personally came and appeared			
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			