

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. Completed and signed application form
2. Executed copy of your lease, if not owner
3. Corporate Documents
4. Proof of tax clearance from City Bureau of Revenue
5. Plot Plan/Layout
6. Colored Copy of photo ID
7. Application fees
8. Supplement A forms
9. Acknowledgement of Bar or Restaurant Use Standards
10. Schedule F form (if required)

ATTACHMENTS DESCRIBED AND EXPLAINED

1. Completed and signed application form (Pages 4- 6)
2. Executed copy of your lease, if not owner
If the applicant DOES NOT own the premise to be permitted:
 - Attach a copy of the signed and dated lease or management agreement.
Note: the lease or management agreement must be between the landowner and applicant: not an individual member/shareholder/partner, etc.
3. Corporate Documents
The documents required depend on the type of legal entity applying:
If the applicant is a CORPORATION OR LLC:
 - Attach a copy of the Articles of Incorporation or Articles of Organization (obtained from the Secretary of State) .Ensure that the entity is registered and "in good standing" with the Secretary of State.If the applicant is a PARTNERSHIP:
 - Attach a notarized Partnership Agreement.If applicant is ANY OTHER LEGAL ENTITY:
 - Attach a copy of the business' paperwork as filed with the LA Secretary of State.If the applicant is a SOLE PROPRIETOR (AN INDIVIDUAL):
 - No corporate documents are required.
4. Proof of tax clearance from City of New Orleans Bureau of Revenue located on the first floor of City Hall at 1300 Perdido St., Rm 1W15, New Orleans, LA 70112.

5. Plot Plan/Layout

A plot plan/layout of the entire floor area that will be occupied by the proposed business clearly labeling measurements of all walls of attached and unattached buildings, property lines, doors, windows, patios, holding bars, stages, tables, seating/chair arrangements, food preparation areas and equipment, restrooms, amusement devices, emergency exits and lighting locations, back of house operations, and any other related features.

Note: Diagram must be large enough to be legible, at least 8 ½" by 11"(letter size).

6. Colored Copy of photo ID

COLORED copy of Driver's License or government-issued ID

7. Application fees, in accordance with Chapter 10-122 of the City Code of New Orleans.

NON-REFUNDABLE APPLICATION FEES

- Alcoholic beverage outlet application processing fee: \$1,000.00
(new applications & renewal of applications)
- Manager's annual permit fee: \$100.00
- An additional \$50.00 nonrefundable processing fee must be paid at the time of application if the business is located in:
 - the Vieux Carré
 - the New Orleans Historic District Landmarks Commission (NO HDLC)
 - the Central Business District Historic District Landmarks Commission (CBD HDLC), or
 - any area of the city that is subject to any moratorium on the issuance of alcoholic beverage permits at the time of application

Fees are processed immediately upon receipt. If your application is rejected or denied, fees will NOT be returned or refunded.

PRIOR TO THE ISSUANCE OF THE LICENSE, THE FOLLOWING ADDITIONAL FEES ARE DUE:

- If the business is located in Vieux Carré, NO HDLC, CBD HDLC, or a moratorium district at the time of application, an additional fee of \$125.00 must be paid.
- RETAIL or WHOLESALE BEER ONLY (low content: 6% and lower by volume) = \$135.00
- RETAIL or WHOLESALE WINE/LIQUOR (high content: 6% and higher by volume) = \$500

FORMS OF PAYMENT ACCEPTED:

- IN-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.

8. Supplement A forms for EACH owner, partner or financially interested party, officer, director, member, manager, and registered, authorized and qualified agent of this business

9. Acknowledgement of Bar or Restaurant Use Standards

10. Supplement F form (if required)

- A Schedule F 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
 - The spouse of the person completing the Schedule A has been convicted of a felony
- 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.

INFORMATION ON TYPES OF ESTABLISHMENTS

When deciding which class and type of permit best suits your business model, please refer to Chapter 10 of the City Code of New Orleans available at https://library.municode.com/la/new_orleans/codes/. Some helpful information is contained below, but encourages you to refer to the particular state and local laws for a complete listing of requirements.

CITY OF NEW ORLEANS CLASS A-GENERAL per CCNO Ch. 10-53(1): includes WINE/LIQUOR (high content, as defined by CCNO Ch. 10-1, 6% and higher by volume) and/or BEER ONLY (low content, as defined by CCNO Ch. 10-1, 6% and lower by volume), and issued to a retail outlet:

- where alcoholic beverages are sold on the premises for consumption on or off the premises by paying customers
- that is equipped with a permanent wet bar equipped with a non-movable sink and backbar or similar equipment for public display and to inform the public of brands and flavors offered for sale.
- that is staffed by a bartender whose primary duty is to open and/or prepare alcoholic beverage products for consumption on or off the premises by paying customers, or prepared with an appropriate lid or cover on the container for takeout service. Such an establishment must meet all state and city health and zoning requirements as set forth by the state or the city; and
- where city and state law provides that no person under the age of 18 years is allowed on the premises except as provided by R.S. 26:90(A)(8)(a) and 26:286(A)(8)(a).

CITY OF NEW ORLEANS CLASS A-RESTAURANT per CCNO Ch. 10-53(2): includes WINE/LIQUOR (high content, as defined by CCNO Ch. 10-1, 6% and higher by volume) and/or BEER ONLY (low content, as defined by CCNO Ch. 10-1, 6% and lower by volume) and issued to a restaurant:

- with a valid Class "R" permit issued by the state.
- which operates a place of business whose purpose and primary function is to take orders for and serve food and food items;
- which serves alcoholic beverages in conjunction with meals;
- which serves food on all days of operation;
- which maintains separate sales figures for alcoholic beverages; and
- which operates a fully equipped kitchen used for the preparation of uncooked foods for service and consumption of such foods on the premises of the establishment; and
- which grosses at least 50 percent of its average monthly revenue from the retail sale of food, food items that are prepared for service and consumption on the premises of the establishment, and nonalcoholic beverages.

CITY OF NEW ORLEANS CLASS B-GENERAL RETAIL PERMIT per CCNO Ch. 10-54: includes WINE/LIQUOR (high content, as defined by CCNO Ch. 10-1, 6% and higher by volume) and/or BEER ONLY (low content, as defined by CCNO Ch. 10-1, 6% and lower by volume) and permit shall be issued only to an outlet where alcoholic beverage is sold for CONSUMPTION OFF PREMISES by paying customers.

OCCUPATIONAL AND BUSINESS LICENSE: ALCOHOLIC BEVERAGE OUTLET 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)
 Mailing Street Address _____
 Mailing City _____ Mailing State _____ Mailing Zip _____
 Contact Name _____ Contact Phone(s) _____
 Contact Email _____ Relationship to Business _____
 Preferred Method of Contact _____

TYPE OF CITY OF NEW ORLEANS LICENSE APPLIED FOR:

- Class A General - Retail outlet, consumption ON premises (bar, lounge, event, etc.)
- Class A Restaurant - subject to CCNO Ch.10-53(2)
- Class A Restaurant Conditional - subject to CCNO Ch.10-53(2)
- Class B General - Retail outlet with consumption OFF premises (retail store, grocery, etc.)
- Wholesale
- Other: _____

CONTENT OF ALCOHOL TO BE SOLD:

- Low Alcohol (beer)
- High Alcohol (wine/liquor)

SALES TYPE:

- On premise
- Off premise

Reason for Application: New Business Purchase of Existing Business Other Change in Ownership

LOCATION OWNERSHIP INFORMATION

Does the applicant own the premises to be permitted? Yes No

If "no", complete the section below, which is incorporated by the oath sworn on this application.

A copy of this Registration Application and all attachments have been delivered in person to _____,
(lessor name)
 who resides at _____ and who is the legal owner of
(lessor legal address)
 _____, the premises wherein the affiant named below desires to
(business address associated with this application)
 operate the business known as _____ as a _____.
(business name) (type of business).

BUSINESS INFORMATION

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. All parties listed below must additionally attach a Supplement A and Supplement F, if required.

Name	Relationship to Business

OCCUPATIONAL AND BUSINESS LICENSE: ALCOHOLIC BEVERAGE OUTLET APPLICATION

OPERATIONAL INFORMATION

- Will this business be open exclusively to other alcohol retailers? Yes No
- Is the purpose and primary function of this business to take orders for and to prepare alcoholic beverages? Yes No
- Will live performances (e.g. bands, singers, other performers, DJs, etc.) take place at this establishment? Yes No
- Will admission be charged for performances at this establishment? Yes No
- Is the purpose and primary function of this business to take food orders and serve food/food items? Yes No
- Will this business serve alcoholic beverages in conjunction with meals? Yes No
- Will the average monthly revenue from food and non-alcoholic beverages exceed 50% of its total average monthly revenue? Yes No
- Will this business maintain separate sales figures for alcoholic beverages? Yes No
- Will this business serve food on all days of operation? Yes No
- Will this business operate a fully-equipped kitchen used for the preparation of uncooked foods for service and consumption of such food on the premises? Yes No
- Is this location at least 300 feet from any public playground, public library, place of worship, school, synagogue or day care center as required by CCNO Ch.10-236(a)? Yes No
- Is all construction and/or remodeling of the premises to be licensed complete? Yes No
- If "No," provide an estimated completion date: _____
- This application will be denied if construction/remodeling are not fully complete at the time of inspection.

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. The below must be signed and sworn to by: If the applicant is an Individual, the same Individual; If the applicant is a Partnership, each Partner; If the applicant is a Corporation, an Officer/Director; If the applicant is an LLC, an Officer/Director/Member.

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 OCCUPATIONAL AND BUSINESS LICENSE: ALCOHOLIC BEVERAGE OUTLET APPLICATION 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.
- that the applicant for this license and its members meet all qualifications and conditions of Chapter 10 of the City Code of New Orleans;
- that the appeared(s) understands that any change in ownership or membership in the business applied for must be reported immediately to the City 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;

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- that any temporary change of use including the temporary addition of bars or counters requires separate and additional approval pursuant to Chapter 10-52 of the City Code of New Orleans and Section 21.8 of the New Orleans Comprehensive Zoning Ordinance; and
- that any permanent changes to the layout, operating hours, floor space used, security plans, noise production, or alteration of the business location of a retailer who offers consumption on premises will require that a revised the Acknowledgement of Bar Use Standards or the Acknowledgement of Restaurant Use Standards must be submitted to the Department of Safety of Permits for review prior to implementation.

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 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.

_____ Applicant Signature
 Print Name of Applicant

_____ Applicant Signature
 Print Name of Applicant

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

_____ Notary Public Signature
 Print Name of Notary Public

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 _____