



2025-2026 ABO & LIVE ENTERTAINMENT RENEWAL FORM

INSTRUCTIONS *(In accordance with Sec. 10-123(d), this application **shall not** be used if filing after **June 30, 2025**)*

- COMPLETE THE ABO & LIVE ENTERTAINMENT RENEWAL FORM
Have you double-checked your application (pages 2-3) to ensure that ALL fields are complete, all questions have been answered, and the application is signed and notarized (page 3)?
- COLLECT AND ATTACH THE ITEMS LISTED BELOW TO YOUR APPLICATION
- SUBMIT THE COMPLETED APPLICATION AND ATTACHMENTS:
 - Online at onestopapp.nola.gov (required)** Please upload items 1-3 below.
 - You **MUST** be associated as a Web Administrator to upload via onestopapp.nola.gov. Please email abo@nola.gov to be associated as a Web Administrator.
 - Create a login if you have not done so already as it is required to upload documents via onestopapp.nola.gov. Next, type in the address of the business in the search bar and be sure to select the correct business entity for the ABO renewal.

OVERVIEW OF ITEMS TO SUBMIT WITH APPLICATION

- ABO & Live Entertainment Renewal Form
- Proof of local tax clearance from Bureau of Revenue
- Proof of State tax clearance from LDR
- Renewal Fees
- Executed copy of lease (if changes have occurred)
- Updated floor plan (if changes have occurred)
- Updated Acknowledgment of Bar or Restaurant Use Standards (if changes have occurred)
- Updated litter abatement plan (if changes have occurred)

ATTACHMENTS DESCRIBED AND EXPLAINED

- Completed and notarized ABO & LIVE ENTERTAINMENT RENEWAL FORM (pages 2-3 of this packet)
- Local tax clearance from the City of New Orleans Bureau of Revenue. If you did not receive a tax clearance by mail, one may be obtained in person from the Bureau of Revenue, located on the first floor of City Hall at 1300 Perdido St, Room 1W15, New Orleans, LA between 8am and 5pm Monday through Friday; by fax to (504) 658-1606; or by email to revenue@nola.gov. The Bureau of Revenue ABO Unit can also be contacted at (504) 658-1674.
- State tax clearance from Louisiana State Department of Revenue and Taxation, located at 1450 Poydras St, Suite 800, New Orleans, LA. State LDR can be contacted at (225) 219-2272 or tax.clearance@la.gov
- Executed copy of your lease for the upcoming year/lease period **if expired since last renewal**.
NOTE: the lease must be between the landowner and business, and not an individual member/shareholder/partner/etc.
- ABO renewal fees, in accordance with Chapter 10-122 of the City Code of New Orleans:

Alcohol Type	Liquor & Beer	Beer Only
Low content: 6% and lower by volume	\$135	\$135
High content: 6% and higher by volume	\$500	-0-
Total	\$635	\$135

Live entertainment renewal fees, in accordance with Chapter 14-310 of the City Code of New Orleans:

Gross Sales	Non-Profit	For Profit
\$0 - \$10,000	\$125	\$250
\$10,001 - \$50,000	\$250	\$500
Over \$50,000	\$375	\$750

IN-PERSON PAYMENT: Checks, cashier's checks, and 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 after it has been entered into the system.

- Floor Plan/Site Plan (only required if any changes have been made): The entire area that will be occupied by the proposed business needs to be submitted with clear room labels, measurement 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: the diagram must be large enough to be legible, at least 8 ½" by 11" (letter size).
- [Acknowledgment of Bar Use Standards](#) form or [Acknowledgments of Restaurant Use Standards](#) form.
- [Litter Abatement Checklist](#) approved by the Department of Sanitation (email sanitation@nola.gov for more info).



Date	_____
Tracking Number	_____

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BUSINESS INFORMATION

In order to renew your license, please help us verify that we have current contact information for your business. Complete this section annually and whenever updating a Business Trade Name or its ownership.

Application Date _____ 2024-25 ABO License No. _____ Revenue Account No _____

Legal Name of Business _____

Trade Name of Business _____

Business Address _____

Mailing Address _____

Mailing City _____ Mailing State _____ Mailing Zip _____

Primary Contact Name _____

Contact Email _____ Contact Phone _____

Relation to Business _____

Additional Contact Information _____

RENEWAL QUESTIONNAIRE

Have changes to the floor plan or layout of your business occurred in the past year?	Yes	No
Have business hours changed in the past year?	Yes	No
Has live entertainment been added to your business in the past year?	Yes	No
Are you also renewing your Live Entertainment License?	Yes	No

If you answered YES to any of the above, please submit an updated Floor Plan, Site Plan, and [Bar Use Standards](#) or [Restaurant Use Standards](#) form.

LIVE ENTERTAINMENT

Is your Live Entertainment License for: Indoor Outdoor Both

What is the final ordinance number which authorizes your Live Entertainment? _____ M.C.S.

Gross Revenue: \$0 - \$10,000 \$10,001 - \$50,000 Over \$50,000

ALCOHOL

Does more than 50% of your sales come from the sale of alcoholic beverages? Yes No

Please confirm the following:

ALCOHOL CONTENT:	Low Alcohol (beer)	High Alcohol (wine/liquor)	Both
SALES TYPE:		On-premise	Off-premise



Date _____
Tracking Number _____

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OWNER/AGENT CONTACT UPDATE

If any contact information for any owner or agent of your business has occurred, please use the fields below to update their contact information. If no contact information has changed, please leave these fields blank.

Owner Name _____

Relationship to Business _____

Mailing Address _____

Mailing City _____ Mailing State _____ Mailing Zip _____

Owner Email _____ Owner Phone _____

Agent Name _____

Relationship to Business _____

Mailing Address _____

Mailing City _____ Mailing State _____ Mailing Zip _____

Agent Email _____ Agent Phone _____

ADDITIONAL CONTACT UPDATES

If you have additional owner/agent contact updates to report, please use the fields below and/or additional copies of this page.

Contact Name _____

Relationship to Business _____

Mailing Address _____

Mailing City _____ Mailing State _____ Mailing Zip _____

Contact Email _____ Contact Phone _____

Contact Name _____

Relationship to Business _____

Mailing Address _____

Mailing City _____ Mailing State _____ Mailing Zip _____

Contact Email _____ Contact Phone _____



Date	_____
Tracking Number	_____

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AUTHORIZATION, ACKNOWLEDGMENTS & AFFIDAVIT

All information obtained as a result of your acknowledgment 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 by:

- If the applicant is an Individual, the same Individual;
- if the applicant is a Partnership, each Partner;
- if the application is a Corporation, an Officer/Director;
- if the applicant is an LLC, an Officer/Director/Member

STATE OF _____, PARISH/COUNTY OF _____

I do acknowledge and attest:

1. that I prepared and signed the above and all required attachments in support of updating or renewing an alcoholic beverage permit application made to the City of New Orleans by the business applicant stated herein;
2. that the signature appearing herein is my own, of my own, freely and voluntarily, and is for the intent and purposes herein expressed, and that I swear that the information provided is true and correct;
3. that the applicant for this license and its members meet all qualifications and conditions of Chapter 10 of the Code of the City of New Orleans;
4. that I understand that any change in ownership or membership in the business applied for must be reported immediately to the City of New Orleans;
5. that pursuant to Chapter 10 Sections 10 and 115 of the Code of the City of New Orleans, any person, agent, or employee of the person who shall make a false oath to any report or application required by the provisions of the code shall be guilty of the crime of false swearing and such an action may constitute a violation of Sec.10-6(4) "Concealing violations" serving as a basis for revocation of any license or permit obtained pursuant to this application;
6. that Chapter 54 Section 401 and 492 of the Code of the City of New Orleans 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 onto the sidewalk and rights of way or in any manner causing the obstruction of the same;
7. that any temporary change of use including the temporary addition of bars or counters requires separate and additional approval pursuant to Chapter 10 Section 52 of the Code of the City of New Orleans and Section 21.8 of the New Orleans Comprehensive Zoning Ordinance; and
8. 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 Acknowledgment of Bar Use Standards or Acknowledgment of Restaurant Use Standards must be submitted to the Department of Safety and Permits for review prior to implementation.

Further, I hereby 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, including but not limited to police reports, arrest records, and any other documentation which makes reference to me. I do further agree to relieve, release, and indemnify the 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.

_____	_____ / /	_____
<i>Print Name of Applicant</i>	<i>Applicant Signature</i>	<i>Date</i>

_____	_____ / /	_____
<i>Print Name of Applicant</i>	<i>Applicant Signature</i>	<i>Date</i>

Sworn and subscribed before me this _____ day of _____ 2025.

_____	_____
<i>Print Name of Notary Public</i>	<i>Notary Public Signature</i>