

## FULL ALCOHOLIC BEVERAGE OUTLET APPLICATION

### INSTRUCTIONS

**UPLOAD THE COMPLETED APPLICATION AND ATTACH THE FOLLOWING DOCUMENTS TO THE ONE STOP APPLICATION ([onestopapp.nola.gov](http://onestopapp.nola.gov)):**

Executed copy of the lease	Supplement A Forms
Corporate Documents	<a href="#">Bar Use Form</a> or <a href="#">Restaurant Use Form</a>
Site & Floor Plans	Schedule F form (if required)
Copy of Government Identification Card	

### 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/](https://library.municode.com/la/new_orleans/codes/). Some helpful information is contained below but we encourage you to refer to the state and local laws for a complete listing of requirements.

#### CLASS A GENERAL per CCNO Ch. 10-53(1):

- 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 provide 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).

#### CLASS A RESTAURANT per CCNO Ch. 10-53(2): (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.

#### 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.

## FULL ALCOHOLIC BEVERAGE OUTLET APPLICATION

#### TYPE OF CITY OF NEW ORLEANS LICENSE APPLIED FOR:

Class A General - 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. 20-53(2)

Class B General - Retail outlet with consumption OFF premises

Wholesale

Other: \_\_\_\_\_

#### CONTENT OF ALCOHOL TO BE SOLD:

Low Alcohol (beer)

High Alcohol (wine/liquor)

#### SALES TYPE

On premises

Off premises

## FULL 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 Corporation (LLC)          Non-Profit

Business Location Street Address: \_\_\_\_\_, New Orleans, LA \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Relationship to Business: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone 1: \_\_\_\_\_

Contact Phone 2: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

### 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 \_\_\_\_\_, (lessor legal address) and who is the legal owner of \_\_\_\_\_, (business address associated with this application), the premises wherein the affiant named below desires to operate the business known as \_\_\_\_\_, (business name) as a \_\_\_\_\_, (type of business).

### BUSINESS OWNERSHIP 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

## FULL 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

Any information obtained after you sign the acknowledgement below may be used throughout the entire application process for an alcoholic beverage license, including any future renewals. This information may also be used in hearings before the Alcoholic Beverage Control Board or in any appeals related to those hearings. The acknowledgement must be signed and sworn to by the appropriate person based on the type of applicant:

- **Individual applicant:** The individual themselves must sign.
- **Partnership:** Every partner must sign.
- **Corporation:** An officer or director of the corporation must sign.
- **LLC:** An officer, director, or member of the LLC must sign.

STATE OF \_\_\_\_\_, COUNTY/PARISH OF \_\_\_\_\_

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;



**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 Corporation (LLC)      Non-Profit

Business Location Street Address: \_\_\_\_\_, New Orleans, LA \_\_\_\_\_

**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/Ailases (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: \_\_\_\_\_

**OPERATIONAL INFORMATION**

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

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

9. Have you or your spouse ever been convicted of a felony?  
 (This includes an offense adjudicated under Article 893 or 894, dismissals, pardons, expungements, guilty pleas, and pleas of nolo contendere "no contest.") Yes No

10. 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

11. 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

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

13. 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

**ACKNOWLEDGMENTS & AFFIDAVIT**

STATE OF \_\_\_\_\_, COUNTY/PARISH OF \_\_\_\_\_

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;



**ALCOHOLIC BEVERAGE OUTLET INDIVIDUAL APPLICATION 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 Corporation (LLC)      Non-Profit

Business Location Street Address: \_\_\_\_\_, New Orleans, LA \_\_\_\_\_

**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/Ailases (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: \_\_\_\_\_

Jurisdiction (Court/Agency): \_\_\_\_\_ Date of Final Discharge: \_\_\_\_\_

2. Charge and Statute Number: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Jurisdiction (Court/Agency): \_\_\_\_\_ Date of Final Discharge: \_\_\_\_\_

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**ALCOHOLIC BEVERAGE OUTLET INDIVIDUAL APPLICATION**

**SUPPLEMENT F**

**ACKNOWLEDGMENTS & AFFIDAVIT**

STATE OF \_\_\_\_\_, COUNTY/PARISH OF \_\_\_\_\_

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

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Print Name of Notary Public

\_\_\_\_\_  
Notary Public Signature

My commission is for \_\_\_\_\_.