

## ALCOHOLIC BEVERAGE OUTLET MANAGER APPLICATION

### INSTRUCTIONS

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

Manager Appointment Affidavit (page 1 of this application)	Supplement A Forms (pp. 2-4 of this application)
Copy of Government Identification Card	Schedule F form (if required, pp. 5-6 of this application)

**THE APPLICATION FEE MUST BE PAID UPON SUBMISSION OF THE APPLICATION. Application fees are as follows:**

- Manager's annual permit fee: \$100.00
- Manager's identification card fee: \$5.00

### 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 \_\_\_\_\_, PARISH/COUNTY OF \_\_\_\_\_

Before me, the undersigned authority came and appeared \_\_\_\_\_, a resident of

\_\_\_\_\_, who, after being by me first sworn did

depose and say that he/she is the/an owner of the retail establishment doing business as

\_\_\_\_\_ located at

City of New Orleans License # \_\_\_\_\_, request that \_\_\_\_\_

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**

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 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;



**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**

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**ACKNOWLEDGMENTS & 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

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

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

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

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