



Office of Alcoholic Beverage Control
City of Baton Rouge/Parish of East Baton Rouge
9048 Airline Hwy.
Baton Rouge, LA 70815
Telephone (225) 389-3364; Fax (225) 389-7869

OFFICE USE ONLY
Payment should be made in the
form of cash, cashier's check or
money order, made payable to the
City & Parish Treasurer.

Permit Fee: \$ _____

Business License Application

<p align="center">Class of Permit - (Office Use Only)</p> <p>_____ Class A - Consumption on premises _____ Ancillary Growler</p> <p>_____ Class A - Delivery</p> <p>_____ Class A Restaurant Delivery _____ Class R1</p> <p>_____ Class B - Package Only _____ On-Site Sampling</p> <p>_____ Class B - Delivery</p> <p>_____ Class C - Wholesaler _____ Delivery Permit (Third Party Co.)</p> <p>_____ Caterer</p> <p>_____ Class M - Manufacturer</p> <p>_____ Class MB - Microbrewery _____ Low ; _____ High Content</p> <p>_____ Class MD - Microdistillery _____ Low ; _____ High Content</p> <p>_____ Class P - Public Recreational Facility</p>	<p align="center">Type of Alcoholic Beverage to be Sold (Office Use Only)</p> <p>_____ Beer Only</p> <p>_____ Liquor Only</p> <p>_____ Beer & Liquor</p>	<p align="center">(Office Use Only)</p> <p>_____ Date of NOI Application</p> <p>_____ Business Application</p> <p>_____ Zoning Conforming Letter</p> <p>_____ Class A/B Information</p> <p>_____ Licensing Acknowledgment</p> <p>_____ Health Department Inspection Reports</p> <p>_____ Inside; _____ Outside Baton Rouge City Limits</p> <p>Account No.: _____</p>
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<p>1. Trade Name of Business & Business Phone Number:</p> <p>()</p>	<p>2. Business Owner (Name of Individual, Partnership, Corporation, LLC):</p> <p>3. Business Email:</p>
<p>4. Business Address (Street/Zip Code) () Inside; () Outside City</p>	<p>5. Mailing Address (P.O. Box/Street/City/State/Zip Code):</p>

6. Type of Ownership: _____ Sole Owner; _____ Partnership (Requires Written Agreement); _____ Corporation (Requires Certification); _____ LLC (Requires Certification) _____ Governmental Agency

7. Is applicant the owner of the premises to be occupied? _____ Yes; _____ No; **If "Yes", you must provide a copy of the written bill or act of sale with this application. If "No", you must provide a copy of the written lease.**

Lessor's Name and Address:

8. List the legal name, title and percentage of ownership of each person for this business. (Note: A Schedule "A" form must be completed and attached to this application for EACH manager, owner, partner, officer, director, financial backer, and any stockholder owning more than 5 percent of the stock.) Attach additional sheet, if necessary.

Full Legal Name	Title (Stockholder/Director/Officer)	% of Ownership

This affidavit must be executed by the applicant before a Notary Public.

I swear (or affirm) that I have read each of the questions in this application and the answers which I have given are true and correct to the best of my knowledge. I understand that any false statement or misrepresentation of fact constitutes grounds for denial of this application. By signing this application, the holder of any license issued to the applicant agrees to waive all formalities regarding search and seizure during the duration of the license. Furthermore, the holder of the license agrees to waive the same formalities if the license is revoked or if the holder is ordered by a court of competent jurisdiction to remove all alcohol, for as long as the holder owns or rents the previously licensed premises.

Signature _____ Title _____

Printed Name _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public's Signature _____ Print name of Notary Public _____