



**Office of Alcoholic Beverage Control  
City of Baton Rouge/Parish of East Baton Rouge**

**CRITERIA  
CLASS R (Restaurant) PERMIT**

Each applicant for a Class R (restaurant) permit shall meet the following criteria:

1. Must operate a place of business whose purpose is primarily to prepare for consumption and to serve meals and meal items to the general public.
2. Must serve food on all days of operation.
3. Must file a copy of the applicant's menu with the application for said permit, both new and renewal.
4. Must furnish an affidavit from the local health department showing compliance with all applicable health and sanitary requirements with new applications.
5. Must gross 51% of their monthly revenue from the sale of food, food items and non-alcoholic beverages. Food sales on premises and pickup/delivery/catered sales are to be maintained separately.
6. Must maintain separate sales figures for alcoholic beverages.
7. All applications for Class R permits, whether new or renewal, shall be in writing, sworn to in front of a Notary Public, and shall contain the full name of the applicant along with a complete description and correct address of the premises where the restaurant is located.
8. All permit holders must operate a bona fide restaurant by having a fully equipped kitchen facility and dining room manned and operated at all times that alcoholic beverages are sold on Sunday.
9. The Class R permit shall be subject to revocation by the ABC Board at any time following a hearing (as provided for all other licenses and/or permits issued under the Wine, Beer and Liquor Ordinance) and a determination that the permit holder fails to meet the criteria set forth in the ordinance.
10. New businesses without prior business experience on which to base a determination of percentage of food sales vs. alcoholic beverage sales, a temporary permit may be issued by the Board for 60 days, after which time evidence of all sales, as may be deemed necessary by the Board, will be required to make the permit permanent.

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reviewed By: \_\_\_\_\_

ABC Representative