R-40010 (5/96)

State of Louisiana
Department of Revenue and Taxation
Office of Alcoholic Beverage Control
1885 Wooddale Boulevard
P. O. Box 66404, Baton Rouge, LA 70896-6404
Telephone (504) 925-4041 • Fax (504) 925-3975

For Office Use Only
Permit Number

Seq. Number

Telephone Numbers
Work ( )

Home ( )

Application for Special Event Permit

1. Name of business, individual, or organization	2. Name of event
3. Event location (street/city/state/ZIP)	4. Parish

5. Event organizer's mailing address (P. O. Box /street number/city/state/ZIP)

6. Type of alcoholic beverage to be served: ❑ Beer ❑ Liquor | 7. Dates permit needed:

8. Class of permit:
- ❑ Type A Nonprofit tax- exempt status under IRS Code Sections 501(c)(3) and 501 (c)(8) (Must provide written proof of tax exempt status.)
- ❑ Type B Nonprofit organization (Must provide written proof of nonprofit status.)
- $100.00 ☑ Type C All others

9. Is premises owned by applicant? ❑ Yes ❑ No. If no, attach copy of lease or permission from owner.

10. Is local permit or written permission from local government attached? ❑ Yes ❑ No

11. Your name and address (P. O. Box/street/city/state/ZIP)

12. Race	13. Sex	14. Date of birth	15. Driver's license number	16. Social Security Number
	❑ Male ❑ Female			

Applicants eligible for a type "A" or type "B" permit need not answer Questions 17 through 29. Proceed to affidavit. Type "C" applicants shall complete this application. Must be completed and signed by owner, partner, or officer.

17. Naturalization number, if applicable	18. Are you a citizen of the U.S.? ❑ Yes ❑ No	19. Are you a citizen of LA? ❑ Yes ❑ No

20. Have you continuously resided in Louisiana for the past two years? ❑ Yes ❑ No

21. 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 yes, enter permit number _____
21a. Trade name of business _____
21b. Location of business (street/city/state/ZIP) _____

22. Do you or your spouse own or hold interest in any business holding a **wholesaler** beer or liquor permit?
❑ Yes ❑ No. If yes, enter name of business.

23. Have you or your spouse ever been convicted of a felony? ❑ Yes ❑ No
If yes, a copy of the pardon or restoration of rights must be attached to this application.

24. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? ❑ Yes ❑ No

25. Have you or your spouse ever been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in narcotics? ❑ Yes ❑ No

26. If the response to Questions 22, 23, or 24 is "yes", list the offense, date, location, and disposition.

27. Have you or your spouse ever been denied an alcoholic beverage permit? ❑ Yes ❑ No

28. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked within the last two years prior to the filing of this application? ❑ Yes ❑ No

29. Have you or your spouse ever used any name(s) other than the one stated above? (Alias, nickname, maiden name)
❑ Yes ❑ No. If yes, give details as to when and where used.

30. Is this application being made by you to permit any person other than yourself to secure a beer/liquor permit in your name for his benefit? ❑ Yes ❑ No

Affidavit

I swear that I have read each of the above questions and that the answers that I have given are true and correct to the best of my knowledge; and that I meet the qualifications and conditions set out in LA R.S. 26:80 and 280.

Signature _____ Title _____

Print your name _____

Sworn to and subscribed before me this _____ day of _____, 19 _____

in the parish of _____, State of _____

Notary public's signature _____ Print name of Notary Public _____