Office of Alcoholic Beverage Control
City of Baton Rouge/Parish of East Baton Rouge
10500 Coursey Blvd., Suite 202
Baton Rouge, LA 70816
Telephone (225) 389-3364; Fax (225) 389-7869

Business License Application

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: $_____

Class of Permit - (Office Use Only)	**Type of Alcoholic Beverage to be Sold (Office Use Only)**	**(Office Use Only)**
_____Class A - Consumption on premises _____Class B - Package Only _____ On-Site Sampling _____Class C - Wholesaler _____Caterer _____Class M - Manufacturer _____Class MB - Microbrewery _____ Low ; _____ High Content _____Class MD - Microdistillery _____ Low ; _____ High Content _____Class P - Public Recreational Facility	_____Beer Only _____Liquor Only _____Beer & Liquor	**_____ Date of NOI Application** **_____ Business Application** **_____ Zoning Conforming Letter** **_____ Class A/B Information** **_____ Licensing Acknowledgment** **_____ Health Department** **_____ Inspection Reports** **_____ Inside; _____ Outside Baton Rouge City Limits** **Account No.:_____**

1. Trade Name of Business & Business Phone Number: ( )	2.Business Owner (Name of Individual, Partnership, Corporation, LLC
3. Business Address (Street/Zip Code) ( )Inside; ( )Outside City	4. Mailing Address (P.O. Box/Street/City/State/Zip Code):

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

6. 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:

7. 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_____