



Application to Sell/Serve Alcoholic Beverages

Department of Inspection and Code Enforcement
1926 18th Street
Kenner, LA 70062
Phone: 504-468-4064

A copy of your driver’s license is required. Business A/C: _____

OFFICE USE ONLY			
1. Full Legal Name of Applicant: _____			
2. Residence Address (Street/City/Zip code) _____		3. Telephone Number (____)____-____	
4. Date of Birth _____ (MM/DD/YYYY)	5. Present Age _____	6. Race _____	7. Sex M or F
8. Social Security #		9. Driver’s License Number & State	10. Place of Birth
11. Do you have a Louisiana Responsible Vendor’s Card? YES or NO			
12. Have you ever been convicted of a felony? YES or NO			
13. Have you ever been convicted of violating any liquor or beer regulatory statute or rule? YES or NO			
14. Have you 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 narcotics? YES or NO			
15. Have you ever had a license or permit to sell alcoholic beverages revoked within the last two years prior to the filing of this schedule? YES or NO			
16. Have you ever been convicted of any obscene, lewd, or immoral act on any premises licensed as an alcoholic beverage outlet? YES or NO			
17. Have you ever been denied an alcoholic beverage permit? YES or NO			
18. If the response to questions 12, 13, 14, 15, 16, or 17 is “YES”, state the offense, date, location, and disposition.			
19. Have you ever had any name(s) other than the one stated above? YES or NO If YES, please list.			
20. 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 or NO			

Office Use Only

APPROVED	DATE	DISAPPROVED	DATE
Date Received _____			
Employer Name & Address _____			



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STATE OF LOUISIANA
PARISH/COUNTY OF _____

By placing your initials by each item you acknowledge understanding and compliance with that item.

- _____ 1. I understand that all criminal convictions, including DWIs, must be listed on the application.
- _____ 2. I understand that I must be a person of good character and reputation and 18 years of age or older.
- _____ 3. I understand that I must not have been convicted of a felony under the laws of the United States, the state or any other state or country.
- _____ 4. I understand that I must not have been convicted of prostitution, soliciting for prostitution, pandering, letting premises for prostitution, employing or permitting the presence of B drinkers, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, illegally dealing in controlled dangerous substances or any violation of the Uniform Controlled Dangerous Substances Law (R.S. 40:961 et seq.), or as such offenses may now or hereafter be otherwise named.
- _____ 5. I understand that I must not have been convicted of violating the provisions of the Alcoholic Beverages chapter of the City of Kenner municipal ordinances.
- _____ 6. I understand that I must not have had my ABO employee card revoked within two years preceding the application.
- _____ 7. I understand that I must not have been convicted of violating any municipal or parish ordinance relating to alcoholic beverages.
- _____ 8. I understand that I must not have been convicted of any obscene, lewd or immoral act on any premises licensed under the Alcoholic Beverages chapter of the City of Kenner municipal ordinances.
- _____ 9. I understand that **falsification** of this document is a **criminal offense** and may be the **basis for my arrest**.
- _____ 10. I understand that **falsification** of this document will result in the **denial or revocation** of my **ABO card**.
- _____ 11. I understand that if the application is denied that the application fee **will not be refunded**.

CERTIFICATION BY APPLICANT

This is to certify that I understand that any misstatement or suppression of fact in this application or violation of any requirement set forth in the Alcoholic Beverage Ordinance is grounds for the denial of this request for a permit. I also understand and give permission to be checked for possible criminal history and outstanding warrants. With this knowledge, I certify I have read each question contained on the application and this affidavit and that the answers which I have given are true and correct to the best of my knowledge. I also certify I have read and understand all the applicable laws and ordinances of the City of Kenner.

NAME

DATE

Sworn to and subscribed before me, Notary Public, this _____ day of _____, 20 ____.

Notary Public Signature

Notary Public Printed Name

Notary #

Commission Expiration



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Have you been convicted or plead guilty or nolo contendere (no contest) to a specified criminal activity as defined in Chapter 3 of the Kenner Code of Ordinances? If so, fill out the appropriate sections below. ALL APPLICABLE CONVICTIONS MUST BE LISTED. Check all blocks that apply to your conviction(s).

Convicted by: (Agency)	Charge(s)		
Date:	Results: Prison/Jail (release date)	Parole/Probation (release date)	
Is the conviction a:	Felony ☐	Misdemeanor ☐	Municipal Ordinance ☐
Other: Explain			

Convicted by: (Agency)	Charge(s)		
Date:	Results: Prison/Jail (release date)	Parole/Probation (release date)	
Is the conviction a:	Felony ☐	Misdemeanor ☐	Municipal Ordinance ☐
Other: Explain			

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Is the conviction a:	Felony ☐	Misdemeanor ☐	Municipal Ordinance ☐
Other: Explain			

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Other: Explain			

Convicted by: (Agency)	Charge(s)		
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Other: Explain			

Convicted by: (Agency)	Charge(s)		
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Other: Explain			

Additional information:

Applicant’s name (printed):

First MI Last

Applicant’s signature: Date: