



Louisiana Office of Alcohol and Tobacco Control  
Ernest Legier Jr., Commissioner

## APPLICATION FOR RESTAURANT CONDITIONAL PERMIT

Louisiana Office of Alcohol & Tobacco Control  
- O K , Commissioner

### APPLICATION INFORMATION

For questions about or assistance with this application contact: (225) 925-4041

#### **Message of Importance to All Applicants:**

Although the state has 35 days to investigate and review all applications, we would like to assure you that it is our goal to issue your permit as quickly as possible. Typically, licensing delays are a result of applicants not carefully reading and completing the application packet or not submitting all required documentation. There are no exceptions to the statutory requirements to obtain an alcoholic beverage permit. As such, please help us in permitting your business quickly by ensuring that you have carefully reviewed the application packet and supplied all necessary documentation. **Please use the enclosed checklist and instructions** to guide you through the application process and feel free to contact us at the number above for additional guidance.

**Who Must Complete This Application:** If you currently hold a Retailers Class A-General permit and you wish to function as a restaurant between the hours of 7:00 a.m. and 11:00 p.m., in accordance with provisions of R.S. 26:71.1(4) and R.S. 26:271.2(4).

#### **SUBMISSION INFORMATION – ATC LOCATIONS**

Applications may be mailed to P.O. Box 66404, Baton Rouge, LA 70896 or submitted in person at our Baton Rouge, New Orleans or O customer service windows. h

##### **Baton Rouge Customer Service Window:**

Location: @ " o " k O  
Hours of Operation: 8: 0 a.m. – : 0 p.m. | Monday – Friday  
.....# ..... V  
Phone: (225) 925-4041

##### **New Orleans Customer Service Window:**

Location: 1450 Poydras Street 8<sup>th</sup> floor, New Orleans, LA 70112  
Hours of Operation: : 0 a.m. – 4: 0 p.m. | Monday - Thursday  
.....# ..... V  
Phone: (504) 568-7028

##### **O Customer Service Window:**

Location: ) ) O O  
Hours of Operation: :00 a.m. – 4:00pm | Monday – 7  
.....# ..... V  
Phone: (337) 948-0346



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## RESTAURANT CONDITIONAL INFORMATION

### **Restaurant Conditional Permit:**

(a) Any retail establishment holding a Class A-General permit issued pursuant to this Section may be issued a Class-A-Restaurant-Conditional permit, provided it meets the requirements of R.S. 26:73(C)(1)(a), (b), (c) and (d) during the hours from 7:00 a.m. until 11:00 p.m. each day of operation.

(b) Notwithstanding the provisions of R.S. 26:90(A)(3)(a) or any other law to the contrary, any establishment which qualifies and receives a Class-A-Restaurant-Conditional permit may permit any person under the age of eighteen on the premises between the hours of 7:00 a.m. and 11:00 p.m.

(c) No additional fee shall be charged for the application or issuance of a Class-A Restaurant-Conditional permit.

(d) Notwithstanding any other provision of law to the contrary, a retail establishment located at a public or private golf course licensed to operate video draw poker devices pursuant to the provisions of Chapter 6 of Title 27 of the Louisiana Revised Statutes of 1950 prior to January 1, 2004, may be issued a Class A-Restaurant-Conditional permit regardless of the amount or the percentage of food or food items sold at that establishment provided that the establishment meets all other criteria required by the provisions of this Chapter.

## OVERVIEW OF ITEMS TO SUBMIT WITH APPLICATION

- ✓ Application must be signed and sworn to before a Notary Public
- ✓ Provide a detailed business plan
- ✓ Provide proof of permit with local authority
- ✓ Provide a detailed diagram of the premise
- ✓ Copy of menu

A current version of the Louisiana Alcoholic Beverage Control Law can be viewed on our Website at [www.atc.la.gov](http://www.atc.la.gov) by clicking on the link labeled "law book" on the legal and prosecution division page.



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## Application for Restaurant Conditional Permit

### Notice to Applicants

Misstatement or suppression of material facts in this application is GROUNDS FOR DENIAL of this permit. Additionally, filing false public records is a violation of LSA R.S. 14:133 & may result in imprisonment for not more than (5) years with or without hard labor and/or fines. Application must be completed in ink and signed by an authorized person before a Notary Public.

Business and Contact Information

1) Owner Name of Business (must be same as shown on Class A Retailers permit): \_\_\_\_\_

2) Trade Name of Business (must be same as shown on Class A Retailers permit): \_\_\_\_\_

3) Location/Physical Address

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

4) Official Mailing Address

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

5) Parish in which business is located: \_\_\_\_\_

14) Contact Name: \_\_\_\_\_

15) Contact Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

16) Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

17) Contact Email Address: \_\_\_\_\_

6) Does the applicant hold a Retailers Class A permit with the State of Louisiana, Office of Alcohol and Tobacco Control?

YES  NO  If you answered "yes," provide permit number. \_\_\_\_\_

7) During the hours of 7:00 a.m. and 11:00 p.m.:

A. Is the primary purpose and function of this business to take orders for and serve food and food items? YES  NO

B. Are alcoholic beverages served in conjunction with meals? YES  NO

C. Is food served all days of operation? YES  NO

In accordance with provisions of R.S. 26:71.1(4) and R.S. 26:271.2(4), between the hours of 7:00 a.m. and 11:00 p.m.:

(A) You are required to maintain separate sales figures for food and alcohol;

(B) You are required to operate a fully equipped kitchen used for the preparation of uncooked foods for service and consumption of such food on the premises.

**NOTE:** Your permit expires at the same time as your Class A permit.



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## Affidavit

This affidavit must be signed by the same person authorized to sign the Class A Retailers application and must be notarized by a notary public.

I swear that I have read each of the above questions and 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 R.S. 26: 2 (13)(14), 26:71(d) 26:71.3, and 26:80.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print/Type Applicant's Name

### For NOTARY Use Only

Sworn to and subscribed to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
In the parish/county of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Print Name of Notary Public