



Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

APPLICATION FOR RESTAURANT CONDITIONAL PERMIT

Louisiana Office of Alcohol & Tobacco Control
Juana Lombard, 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 Opelousas customer service windows.

Baton Rouge Customer Service Window:

Location: 7979 Independence Blvd., Suite 101, Baton Rouge, LA, 70806
Hours of Operation: 8:30 a.m. – 5:00 p.m. | Monday – Friday

Phone: (225) 925-4041

New Orleans Customer Service Window:

Location: 1450 Poydras Street 8th floor, New Orleans, LA 70112
Hours of Operation: 9:00 a.m. – 4:00 p.m. | Monday - Thursday
9:00 a.m. – Noon on Friday

Phone: (504) 568-7028

Opelousas Customer Service Window:

Location: 1638 Creswell Extension #3, Opelousas, LA 70570
Hours of Operation: 9:00 a.m. – 4:00pm | Monday – Thursday
9:00 a.m. – Noon on Friday

Phone: (337) 948-0346



Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

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 by clicking on the link labeled "law book" on the legal and prosecution division page.



Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

Application for Restaurant Conditional Permit

Notice to Applicants

Application must be complete with proper fees (\$1000) in the form of a money order, business check, cashier's check or certified check made payable to the Office of Alcohol and Tobacco Control. Application must be typed or printed in ink and must be signed and sworn 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: _____

14) Contact Name: _____

15) Contact Business Phone: (____) _____ - _____

4) Official Mailing Address

Street: _____

City/State/Zip: _____

16) Contact Cell Phone: (____) _____ - _____

17) Contact Email Address: _____

5) Parish in which business is located: _____

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.



Louisiana Office of Alcohol and Tobacco Control
Juana Marine-Lombard, Commissioner

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