

Office of Alcoholic Beverage Control
City of Baton Rouge/Parish of East Baton Rouge

APPLICATION
Class RAH (Restaurant After Hours) Permit

___ New ___ Renewal ___ Inside City limits ___ Outside City limits

Date prepared: ___/___/___ Annual Permit Fee: \$50.00

Applicant's Name: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Furnish a complete description of the restaurant premises:

1. Does this business currently hold a Class A Beer and/or Liquor license for the current year at this location? _____
2. Does this business currently hold a Class R (restaurant) permit for the current year at this location? _____
2. Is this a new application? _____ If yes, is an affidavit from the local Health Department showing compliance with all applicable health and sanitary requirements being furnished with this application? _____ Health permit #_____
3. Is the primary purpose of this business operation to prepare and serve meals and meal items for consumption to the general public? _____
4. Is food served on all days of operation? _____
5. Is a current copy of the restaurant menu being filed with this application? _____
6. Does the applicant operate a bona fide restaurant by having a fully equipped kitchen facility and dining room manned and operated at all times? _____
7. Does this business have at least 60 days of prior business experience? _____ If yes, does this business gross at least 60% of its monthly revenue from the sale of food, food items and non-alcoholic beverages? _____

State of Louisiana
Parish of East Baton Rouge

_____, being first duly sworn on oath, deposes and says that he/she has read each of the questions to which he/she has made answer, and that said answers in each instance are true and correct.

Signature of Applicant

Sworn to and subscribed before me, this ___ day of _____19___.

Notary Public