



Office of Alcoholic Beverage Control
13600 Aydell Lane * P.O. Box 217
Walker, LA 70785
Telephone: 225-665-4356

BUSINESS OWNERS/MANAGERS
CLASS B INFORMATION SHEET

GENERAL INFORMATION:

- 1) Hours of operation are from 6:00 a.m. - 2:00 a.m., Monday through Saturday. All sales of alcoholic beverages must cease at 2:00 a.m.
2) SUNDAY SALES: Alcohol may be sold from 11:00 AM - 12:00 Midnight.
3) A person must be 18 years of age or older to sell alcoholic beverages and must maintain a current retail clerk's license issued by the A.B.C. office.
4) A person must be at least 21 years of age to purchase alcoholic beverages.
5) No open container of alcoholic beverages shall be allowed any-where on the licensed premises, including the parking areas.
6) All employees or managers and any owner who works in the business must attend a Vendor/Server Training Class before licenses will be issued.
7) The A.B.C. Board recommends that Class B licensed businesses employ a "police yourself" procedure by sending an underage person into establishment(s) to ensure that employees are checking for proper identification.

MOST COMMON GROUNDS FOR SUSPENSION OR REVOCATION OF LICENSES:

- 1) Any misstatement or suppression of fact required to be given in applying for a license.
2) Failure to pay any taxes, sales use taxes, or penalties levied by the Town.
3) Failure to cooperate fully with any law enforcement officer or A.B.C. agent conducting an investigation concerning the licensed premises.
4) Allowing un-licensed employees to sell or serve alcoholic beverages.
5) Allowing any person to consume alcoholic beverages on the licensed premises, including any and all parking areas.
6) Allowing open containers of alcoholic beverages anywhere on the licensed premises.
7) Failure to notify the A.B.C. Board of any change of ownership or allowing any person to operate on the license issued, other than the person or business listed on the license.

Acknowledged and received by: _____
Owner/Manager Print & Sign

Trade Name of Business: _____

Business Address: _____ Phone Number: _____

Reviewed by: _____ Date: _____