

Beer/Liquor Permit Application

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| **Section 1: Business Information** |
| 1. Applicant’s Name (individual, partnership, corporation, LLC):
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| 1. Trade Name (DBA):
 |  |
| 1. Contact Person Name:
 |  |
| 1. Phone Number:
 |  | 1. Fax Number:
 |  |
| 1. Business Location Address:
 |
|  City: |  | State: |  | Zip code: |  | Parish: |  |
| 1. Business Mailing Address:
 |
|  City: |  | State: |  | Zip code: |  | Parish: |  |
| 1. Is business located inside city limits?
 | Yes [ ]  | No [ ]  |
| 1. Type of ownership:
 | Individual [ ]  | Partnership [ ]  | Corporation [ ]  | LLC [ ]  |
| 1. If a partnership or corporation, please complete the following information for **each** partner, stockholder, officer or member. A Schedule A must be completed and attached to this application for all managers, owners, partners, officers, directors and financial backers. Members and stockholders who own more than five percent (5%) of stock must also submit a Schedule A. If any percentage of ownership is held by a Corporation, LLC, or Limited Partnership, those entities should appear here (Use additional sheet, if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Address: | Interest (Stockholder, Director, Officer, etc.): | Percent Owned: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 |
| 1. Are there managers or authorized representatives for this business (Power of Attorney, General Manager, etc.)? (If, Yes, please list below)

|  |  |
| --- | --- |
| Name: | Title: |
|  |  |
|  |  |
|  |  |

 | Yes [ ]  | No [ ]  |

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| **Section 2: Permit Information** |
| 1. Type of Permit Desired (Check all Desired):
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|  Beer Permit [ ]  | Liquor Permit [ ]  |
| 1. Is permit for (Check one)
 | Retail [ ]  | Restaurant [ ]  |
| 1. If Retail Beer, is Permit for (check one):
 | Class **A** Retail Outlet [ ]  | Class **B** Retail Package House [ ]  |
| 1. If Retail Liquor, is Permit for (check one):
 | Class **A** Retail Outlet [ ]  | Class **B** Retail Package House [ ]  |
| 1. If Restaurant, is permit for (check all desired)
 | Class **R** Liquor [ ]  | Class **R** Beer [ ]  |
| 1. Has the applicant ever been denied a State or Local permit?
 | Yes [ ]  | No [ ]  |
| 1. Has a State permit for this location been applied for?

If Yes, please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of application: |  | Permit Type: |  |
| Permit number (if received): |  |

 | Yes [ ]  | No [ ]  |
| 1. Is this application by a new owner to take over a going business that has a current permit? (if Yes, please complete information below)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Permit Number: |  |

 | Yes [ ]  | No [ ]  |

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| **Section 3: Location Information** |
| 1. Has a state health permit been secured for this location (if yes, please attach):
 | Yes [ ]  | No [ ]  |
| 1. Has premises been approved by the State Fire Marshall (if yes, please attach):
 | Yes [ ]  | No [ ]  |
| 1. Is the applicant the owner of the premises to be occupied?
 | Yes [ ]  | No [ ]  |
| 1. If not the owner, does the applicant have a written lease agreement for the premises (if yes, please attach)?
 | Yes [ ]  | No [ ]  |
| 1. If premises are leased please provide information on owner of premises:

|  |  |  |
| --- | --- | --- |
| Name: | Mailing Address (Street, City, State, Zip Code): | Phone: |
|  |  |  |
|  |  |  |
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| 1. Is the location at least 300 feet from any public playground, public library, correctional facility, church, school, synagogue, or day care center?
 | Yes [ ]  | No [ ]  |
| 1. Is business already in operation at this location?
 | Yes [ ]  | No [ ]  |
| 1. If not in operation, when is anticipated opening date?
 |  |
| 1. Please include a diagram of the premises including all entrances, exits, etc. on letter or legal size paper. If a Class R Restaurant permit is being applied for, please include on the diagram all bar, kitchen, and dining areas.
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| **Section 4: Complete for Class R Restaurant Permit Only** |
| 1. Have you operated this business as a restaurant for the past 60 days?
 | Yes [ ]  | No [ ]  |
| 1. Is the primary purpose and function of this business to take orders for and serve food and food items?
 | Yes [ ]  | No [ ]  |
| 1. Is food served on all days of operation?
 | Yes [ ]  | No [ ]  |
| 1. Does this place of business operate a fully equipped kitchen for use in the preparation of uncooked foods for service and consumption of such foods on the premises?
 | Yes [ ]  | No [ ]  |
| 1. Will alcoholic beverages be served in conjunction with meals?
 | Yes [ ]  | No [ ]  |

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| **Sworn Statement**Hereby I attest that I am authorized to sign on behalf of the above named business and that the information reported on this document is true and correct to the best of my knowledge. I understand that any misstatement or suppression of fact in this document shall be grounds for denial, suspension or revocation of permit. |
| Signature: Title: |
| Printed Name: |
| Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_ in the Parish/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Signature of Notary Public: Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Office Use Only**

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| --- | --- | --- |
| Approved  | Yes [ ]  | No [ ]  |
| Date of Action: |  |
| Type of Permit Granted: |  |
| Fee Assessed: |  |
| Permit Number Issued: |  |
| Date Issued: |  |
| Expires: | December 20\_\_\_ |

Issuer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



Beer/Liquor Permit Application Renewal Checklist

The following items are required to be submitted with a completed Alcohol Permit Application:

[x]  Copy of Driver’s License of person executing the application.

[x]  Copy of lease agreement if business does not own the premises. (If location changed for since initial application)

[x]  Copy of proof of ownership of premises if premises are not leased. (If location changed for since initial application)

[x]  Copy of State Fire Marshall Inspection.

[x]  Copy of Health Inspection.

[ ]  Original affidavit of publication of intent to sell from the Winn Parish Enterprise.

[x]  Application must be notarized.

In order for a local permit to be issued, a copy of your State Permit must be submitted. You may apply for a permit with our office, prior to obtaining you State Permit, however the application will not receive final approval until a copy of your State Permit is received.