

Beer/Liquor Permit Application

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| **Section 1: Business Information** | | | | | | | | | | | | |
| 1. Applicant’s Name (individual, partnership, corporation, LLC): | | | | | |  | | | | | | |
| 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): | | | | | | |
| 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: | |  |  |  | |  |  |  | |  |  |  | | | |
| 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**   |  |  |  | | --- | --- | --- | | 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:

Copy of Driver’s License of person executing the application.

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

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

Copy of State Fire Marshall Inspection.

Copy of Health Inspection.

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

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.