

**City of Denham Springs
BUSINESS LICENSE OFFICE**

941 Government Drive
Denham Springs, LA 70726
Phone 225667-8310

POB 1629
Denham Springs LA 7072-1629
Email licenses@cityofdenhamsprings.com

ALCOHOL PERMIT CHECKLIST

- | <i>Applicant</i> | <i>Office</i> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed & Notarized Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Schedule A completed for each Partner |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Driver's License or ID – Partners/Share Holders
***Managers and employees will need Seller/Server License |
| <input type="checkbox"/> | <input type="checkbox"/> | Corporation: Officers-Name, Address, Ph #, DOB, POB,
DL # / State & SS # |
| <input type="checkbox"/> | <input type="checkbox"/> | Run Ad in Newspaper 2 Consecutive Times
Phone 225-665-5176 |
| <input type="checkbox"/> | <input type="checkbox"/> | Sales Tax ID# & Clearance Letter from Liv Ph School Board
Phone 225-686-3043 |
| <input type="checkbox"/> | <input type="checkbox"/> | Fee of either: \$60 Pkg Low \$75 Rest. Low \$500 High |
| <input type="checkbox"/> | <input type="checkbox"/> | Restaurant or Store License \$50 before July 1 & \$25 after July 1 |
| <input type="checkbox"/> | <input type="checkbox"/> | Chain Store License, if needed |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Lease, if needed |
| <input type="checkbox"/> | <input type="checkbox"/> | Measurements, if needed |
| <input type="checkbox"/> | <input type="checkbox"/> | Attend Council Meeting on _____ @ 6:00 pm
(Bs License Office will schedule meeting on 2 nd Tues or 4 th Mon) |
| <input type="checkbox"/> | <input type="checkbox"/> | Apply with State Office of ATC Phone 225-925-4041 |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Ensure that the owner's name, trade name, mailing address, and location address match EXACTLY on all paperwork submitted with this application.

LEGAL NAMES REQUIRED - NO NICKNAMES OR ALIASES

****RETURN WITH COMPLETED AND NOTARIZED APPLICATION.**

Please Initial: _____
Applicant

Please Initial: _____
Office

APPLICATION FOR RETAIL ALCOHOL PERMIT

TO: City of Denham Springs
 for the Attn: Business License Office
 Ending P O Box 1629

 Denham Springs, LA 70727-1629

Permit to be issued
 Calendar Year
 December 31,

Permit to be Issued to: _____
(Owner-Name of Individual, Name of Partners, or Corporation)

Trade Name (If Any) _____

Mailing Address _____

Location Address _____

1. Application is for an alcohol permit as a

Class "A-R" Retail Alcohol Restaurant Outlet (1/2% or more alcoholic beverages by volume) (High-500 or Low-75)

City Ordinance Sec. 10-94. Requirements for issuance of "A-R" permits.

A restaurant establishment shall be defined as an establishment:

- a. Which operates a place of business whose purpose and primary function is to take orders for and serve food items
- b. Which serves alcoholic beverages in conjunction with meals
- c. Which serves food on all days of operation
- d. Which grosses sixty percent of its average monthly revenue from the sale of food, food items, and non-alcoholic beverages
(For new restaurant establishments without prior business experience on which to determine the gross revenue from the

sale of food, food items, and non-alcoholic beverages, the Business License Office will issue a Temporary License, which shall be valid for sixty days to allow the establishment to make such determination.)

- e. Which maintains separate sales figures for alcoholic beverages and
 - f. Which operates a fully equipped kitchen, which includes but is not limited to a range, an oven and refrigerated storage appliances used for the preparation of uncooked foods for service and consumption of such foods on the

Class "A-G" General Bar (6% or less alcoholic beverages by volume) (Low-75)

Class "B" Retail Package Outlet (1/2% or more alcoholic beverages by volume) (High-500 or Low-60)

2. Kind of ownership, i.e. Individual, Partnership, or a Corporation? _____

3. Does Applicant hold Local Alcohol Permit for current year at **other** location? _____ Kind _____

4. Has the applicant ever been denied a **State** or **Local** Alcohol Permit? _____

5. Has applicant applied for, or, holds any other Alcohol Permit? _____ Kind _____

6. a. Is applicant the owner of the premises to be occupied? Yes or No _____

b. If no, does applicant hold a bona fide written lease? Yes or No _____

c. If premises leased, give name and address of lessor: _____

d. Describe part of building to be occupied by business: _____

7. Date started, or to start, at this address _____

8. a. Is the business to be wholly or partly conducted by one or more managers, agents or other representative _____

b. If answer "yes", list names below and furnish Schedule "A" on each. _____

9. If partnership or corporation, list below names, address, and percentage of business owned by each partner or stockholder. Schedule "A" must be attached for each partner or for each stockholder owning more than 5% of the stock. Also, any financial backers of the business must be listed and Schedule "A" submitted.

Name of Person <small>Partner, Stockholder or Financial Backer</small>	Kind of Interest	% Owned	FEE
			PENALTY
			TOTAL

RENEWAL APPLICATION MUST BE ENTIRELY COMPLETE & WITH PROPER FEE ATTACHED

10. Does applicant owe any excise tax (sales, occupational license, income, franchise, etc) to the state or any parish or municipality? _____
11. Is this application by a new owner to take over a going business that has been selling beer regularly and continuously to the present time? _____

 Show (1) name of immediate prior owner, (2) trade name, and (3) permit number.

To Be Answered by Owner, Partner, Manager, Agent, or Official Signing This Application.

Schedule A

- a. Name: _____ Drivers License #: _____
- b. Sex _____ Race _____ Social Security #: _____
- c. Residence Address: _____
- d. Date of Birth: _____ Place of Birth: _____
- e. Are you a citizen of the United States? _____ The State of Louisiana? _____ Over 18 years of Age? _____
- f. How did you become a citizen? _____
- g. Have you resided in the State of Louisiana continuously for a period of not less than two (2) years next preceding the date of filing this application? _____
- h. Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana or any other state? _____ If "yes", a proof of pardon and restoration of citizenship must be submitted with this application.
- i. Have you ever been convicted in this state or in any other state or by the United States of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, or dealing in narcotics? _____
- j. Have you had a license or permit to sell or deal in alcoholic beverages issued by the United States or any other state revoked within five (5) years prior to this application? _____
- k. Have you been convicted or had judgment against you involving alcoholic beverages by the state or any other state or the United States within (5) years prior to the date of this application? _____
- l. Have you ever been convicted for violating any of the provisions of the Beer or Liquor Laws of this State? _____
- m. Are you married? _____ If "yes", is spouse eligible for permit? _____
- n. Do you or your spouse hold interest in any establishment holding an alcohol permit other than the type applied for herein? _____ If "yes", list the following:

Permit #	Trade Name	Address	Kind of Interest	% Equity
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- o. Have you ever used any other name than the one given herein? _____ If yes, give details below:

Name Used	Place Used	Date
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AFFIDAVIT

This affidavit must be signed by owner if individual ownership, authorized partner if a partnership, or authorized official if corporate ownership. It is understood that any misstatement or suppression of fact in an application or Schedule "A" affidavit is grounds for denial of a permit.

I swear (or affirm) that I have read each of the questions in this application and that the answers, which I have given, are true and correct to the best of my knowledge, that I meet the qualifications and conditions set out in La. R. S. 26:279.

Subscribed and sworn to before this _____
 Day of _____,

Signed: _____

Title: _____

 Notary Public or Revenue Deputy

Phone #: _____

Schedule A

To Be Answered by Owner, Partner, Manager, Agent, or Official Signing This Application.

- a. Name: _____ Driver's License or I D #: _____
- b. Sex _____ Race _____ Social Security #: _____
- o. Residence Address: _____
- p. Date of Birth: _____ Place of Birth: _____
- q. Are you a citizen of the United States? _____ The State of Louisiana? _____ Over 18 years of Age? _____
- r. How did you become a citizen? _____
- s. Have you resided in the State of Louisiana continuously for a period of not less than two (2) years next preceding the date of filing this application? _____
- t. Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana or any other state? _____ If "yes", a proof of pardon and restoration of citizenship must be submitted with this application.
- u. Have you ever been convicted in this state or in any other state or by the United States of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, or dealing in narcotics? _____
- v. Have you had a license or permit to sell or deal in alcoholic beverages issued by the United States or any other state revoked within five (5) years prior to this application? _____
- w. Have you been convicted or had judgment against you involving alcoholic beverages by the state or any other state or the United States within (5) years prior to the date of this application? _____
- x. Have you ever been convicted for violating any of the provisions of the Beer or Liquor Laws of this State? _____
- y. Are you married? _____ If "yes", is spouse eligible for permit? _____
- z. Do you or your spouse hold interest in any establishment holding an alcohol permit other than the type applied for herein? _____ If "yes", list the following:

Permit #	Trade Name	Address	Kind of Interest	% Equity
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- o. Have you ever used any other name than the one given herein? _____ If yes, give details below:

Name Used	Place Used	Date
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AFFIDAVIT

This affidavit must be signed by owner if individual ownership, authorized partner if a partnership, or authorized official if corporate ownership. It is understood that any misstatement or suppression of fact in an application or Schedule "A" affidavit is grounds for denial of a permit.

I swear (or affirm) that I have read each of the questions in this application and that the answers, which I have given, are true and correct to the best of my knowledge, that I meet the qualifications and conditions set out in La. R. S. 26:279.

Subscribed and sworn to before this _____
Day of _____, _____

Signed: _____

Notary Public or Revenue Deputy

Title: _____

Phone #: _____