

ALCOHOL BEVERAGE PERMIT
FOR YEAR 20____

INSTRUCTIONS: APPLICATIONS MUST BE COMPLETE WITH PROPER FEES ATTACHED.
PLEASE TYPE OR PRINT IN INK. ALCOHOL PERMITS CAN BE PICKED
UP THE MORNING AFTER COUNCIL MEETING IF APPLICATION IS
APPROVED.

Trade Name: _____

Location Address _____

Mailing Address _____

Business Phone Number _____

Type of Ownership (Check One) _____ Individual _____ Corporation _____ Partnership _____ LLC

List name, home address, home phone number, social security number, date of birth, sex, origin and driver's license number of each business owner. *See Attached*

1.

_____	_____		
Name	Home Address		
_____	_____	_____	_____
Social Security Number	Date of Birth	Area Code	Home Phone Number
_____	_____	_____	_____
Driver's License Number	State License Was Issued	Sex	Origin

2.

_____	_____		
Name	Home Address		
_____	_____	_____	_____
Social Security Number	Date of Birth	Area Code	Home Phone Number
_____	_____	_____	_____
Driver's License Number	State License Was Issued	Sex	Origin

Please check type of license applying for:

_____ Class A Retail Liquor Permit - \$ 500.00 - for each place of business in the City with consumption of Alcohol on premises

_____ Class B Retail Liquor Permit - \$500.00 - Those operating package houses, for each place of business in the City with no consumption allowed on premises. Grocery and Convenience Stores

_____ Class C Retail Liquor Permit - \$250.00 - Beer and Wine only, for each place of business in the City which sells beer and wine for on premises only.

_____ Class D Retail Liquor Permit - \$250.00 - Package houses, beer and wine only, unbroken packages, on premises consumption prohibited.

_____ Class T Temporary Liquor Permit - \$25.00- for a temporary permit, valid for only three (3) days.

_____ Class W Wholesales - \$500.00 - for each place of business in the City.

Is applicant owner of premises to be occupied? ___ yes ___ no. If no, does applicant hold bona fide written lease? If premises leased, give name and address of lessor with copy of the lease.

Name Address

Describe part of building to be occupied by business: _____

If partnership or corporation, list names, corporation titles and percentage of business owned by each partner or stock holder below.

Name of Person	Corporate Officer Title	Kind of Interest	%Owner
_____	_____	_____	_____
_____	_____	_____	_____

Is business to be conducted wholly or partly by one or more managers, agents or other representatives? ___ yes ___ no. If yes, list manager, business owners, agents, representatives names here. *See Attached*

1.

Manager's Name	Home Address	State	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2.

Business Owner's Name Home Address State Zip

Social Security Number Date of Birth Area Code Home Phone Number

Driver's License Number State License Was Issued Sex Origin

If applicant is a corporation, is the applicant in good standing with the Secretary of State for the State of Louisiana?

___ yes ___ no If not, give reasons. _____

Have you ever been refused an alcoholic beverage permit? ___yes ___ no If yes, explain _____

Did you apply for an alcoholic beverage permit for the year 20__? ___yes ___no If so, what was the number of the State permit for the year 20____ State License Number _____. If you do not hold a permit, state whether this is a new business. ___ yes ___ no

Is the location of the business covered by this application in the area where the sale of alcoholic beverages is prohibited by law? ___ yes ___no

Have you been convicted of a felony under the laws of the United States, this state or any other state? ___yes ___ no If yes, please explain _____

Have you ever had your license revoked or been convicted or has a judgment against you involving alcoholic beverages by this state or any other state of the United States for one (1) year prior to this application? ___ yes ___ no If yes, please explain _____

Have you ever been convicted of violating any of the provisions of the state laws regulating the sale of alcoholic beverages? ___yes ___ no If yes, please explain and give date. _____

Have your spouse or partner ever been denied or had a permit revoked for the sale of alcoholic beverages? ___ yes ___no If yes, please explain and give date. _____

Has the applicant's premise as set forth in this application been inspected and approved by the state fire marshal and state board of health? ___yes ___ no (If yes, attach certificates) In no, explain:

Has the applicant ever been convicted in this 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, or illegally dealing in controlled dangerous substances? ___ yes ___ no

Are you a citizen of the United States and of the state and a resident of the state continuously for a period of not less than two (2) years next proceeding the date of the filing of the application? ___yes ___ no If not, list the name and address of agent with U.S. Citizenship. _____

The applicant cannot be convicted of a violation of this Chapter (Chapter 3, Section 3-32 of the City of Plaquemine Code of Ordinances); in the event of such conviction, the granting or denial of a permit is within the discretion of the city.

The applicant agrees and understands that if a change in ownership of the Applicant's Corporation and/or Business occurs, the Applicant shall immediately notify the City, in writing, of the act of sale or lease. The new owner shall be allowed to continue to operate under the old permit if:

- i. The new owner applies for a new City Alcohol permit within ten (10) days of the act of sale or lease; and
- ii. The new owner applies for a State Alcohol permit within five (5) days of the act of sale or lease.
- iii. The new owner shall be allowed to continue in operation under the old Alcohol permit, until denial of the new Alcohol permit application or acceptance of the new Alcohol permit application.
- iv. The new owner shall be charged an administration fee of one hundred dollars (\$100.00), to cover the cost of investigation, clerical, and administration of new alcohol permit application.
- v. The new owner or lessee shall provide, at the time of application to the City, a certified copy of the act of sale or lease, a copy of all appropriate documentation which indicated the date the new owner or lessee applied to the Alcoholic Beverage Control Commission.

This affidavit must be executed by applicant before a notary public. 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.

Signature of Applicant

Sworn to before me this _____

day of _____, 20_____.

Signature and title of person administering oath

Parish/County of _____

ALCOHOL BEVERAGE PERMIT

Type of Ownership: ____ Individual ___ Corporation ____ Partnership ____ LLC

List name, home address, home phone number, social security number, date of birth, sex, origin and driver's license number of *each* manager, business owner, agent, or other representatives if more space is needed.

1.

_____ Day Manager's Name	_____ Home Address	_____ State	_____ Zip
_____ Social Security Number	_____ Date of Birth	_____ Area Code	_____ Home Phone Number
_____ Driver's License Number	_____ State License Was Issued	_____ Sex	_____ Origin

2.

_____ Night Manager's Name (if applicable)	_____ Home Address	_____ State	_____ Zip
_____ Social Security Number	_____ Date of Birth	_____ Area Code	_____ Home Phone Number
_____ Driver's License Number	_____ State License Was Issued	_____ Sex	_____ Origin

3.

_____ Owner's Name	_____ Home Address	_____ State	_____ Zip
_____ Social Security Number	_____ Date of Birth	_____ Area Code	_____ Home Phone Number
_____ Driver's License Number	_____ State License Was Issued	_____ Sex	_____ Origin

4.

_____ Owner's Name	_____ Home Address	_____ State	_____ Zip
_____ Social Security Number	_____ Date of Birth	_____ Area Code	_____ Home Phone Number
_____ Driver's License Number	_____ State License Was Issued	_____ Sex	_____ Origin

5.

_____ Owner's Name	_____ Home Address	_____ State	_____ Zip
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Social Security Number

Date of Birth

Area Code Home Phone Number

Driver's License Number

State License Was Issued

Sex

Origin

6.

Agent's Name

Home Address

State

Zip

Social Security Number

Date of Birth

Area Code Home Phone Number

Driver's License Number

State License Was Issued

Sex

Origin

7.

Representative's Name

Home Address

State

Zip

Social Security Number

Date of Birth

Area Code Home Phone Number

Driver's License Number

State License Was Issued

Sex

Origin

City of Plaquemine
Post Office Box 675
Plaquemine, LA 70765-0675
Phone: 225-687-3661 Fax: 225-685-9658

GAMING DEVICES APPLICATION

Please indicate the gaming devices in your possession:

<u>Gaming Device</u>	<u>Number and Amount Per Machine</u>	<u>Total Amount</u>
Mechanical Amusement Devices	_____ at \$20.00 each	_____
Juke Boxes	_____ at \$20.00 each	_____
Pool Tables	_____ at \$20.00 each	_____
Kiddie Rides	_____ at \$20.00 each	_____
Video Poker Machines	_____ at \$50.00 each	_____
Video Games	_____ at \$50.00 each	_____
Pinball Games	_____ at \$50.00 each	_____
Flipper Machines	_____ at \$50.00 each	_____
TOTAL AMOUNT DUE		\$ _____

Please return to:
City of Plaquemine - City Clerk's Office
Physical:
Plaquemine City Hall, 1st Floor
23640 Railroad Avenue
Mailing:
P.O. Box 675
Plaquemine, LA 70765-0675

Please make your cashier's check or money order payable to *City of Plaquemine*.

