

TOWN OF DELCAMBRE

Shrimp Capital of the World



107 N. RAILROAD

DELCAMBRE, LA 70528

PHONE: 337-685-4462 FAX: 337-685-4466

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Instructions: Please answer each question on this Application, sign the Affidavit before a Notary Public and attach a copy of your Drivers' License or state-issued ID. Applicant must submit the required Alcoholic Beverage License Fee with Application. Applicant must also provide current **Sales Tax Clearance Certificate** (State and Parish) before license will be issued. In the event the Application is denied, the License Fee will be returned to the Applicant. **Certified Funds/Check or Money Order Only.** *LICENSE FEES DUE UPON RECEIPT and EXPIRE DECEMBER 31ST *

1	Legal Status of Applicant?	Individual _____ Partnership _____ Corporation _____ Please note : If applicant is doing business as a PARTNERSHIP (or receiving financial assistance from any other individual), then each partner or individual providing financial assistance must submit an application with the required application fee. If applicant is doing business as a CORPORATION, all persons owning 5% or more of the stock of the corporation AND the individual who shall manage the licensed premises must submit an application with the required application fee.
2	Applicant's Full Name	
3	Applicant's Mailing Address	
4	Applicant's Telephone Number	
5	Applicant's Date of Birth	
6	Applicant's Place of Birth	
7	Is Applicant a Citizen of United States?	Yes _____ No _____
8	Is Applicant a Resident of Louisiana for at least two(2) years?	Yes _____ No _____
9	Is Applicant the Owner of the Premises or hold a <i>bona fide</i> lease to premises? If leasing, provide the name and mailing address of the Owner of the premises	Yes _____ No _____ Owner Name: _____ Owner Address: _____
10	Has Applicant ever been convicted of a Felony in ANY State or ANY Country?	Yes _____ No _____

11	Has Applicant ever been convicted of any of the following crimes in ANY State or ANY Country?	<ul style="list-style-type: none"> •Soliciting for Prostitution? Yes _____ No _____ •Pandering? Yes _____ No _____ •Letting premises for Prostitution? Yes _____ No _____ •Contributing to the delinquency of a minor? Yes _____ No _____ •Keeping a disorderly place? Yes _____ No _____ •Letting a disorderly place? Yes _____ No _____ •Illegal possession or dealing in narcotics? Yes _____ No _____
12	Has Applicant Or Applicant's Spouse had an Alcoholic Beverage License revoked in ANY State or ANY Country within the last 5 years?	Yes _____ No _____
13	Municipal/Physical Address of Premises for which License is Requested?	
14	Name of Business to be conducted on licensed Premises?	
15	Mailing Address for Premises for which License is Requested?	
16	Type of Permit Requested	<ul style="list-style-type: none"> •Low Alcoholic Content-Wholesaler (\$100.00) _____ •Low Alcoholic Content-Class A Retail (\$75.00) _____ (Sale of Low Alcoholic Content/Beer for Consumption On/Off Premises) •Low Alcoholic Content-Class B Retail (\$60.00) _____ (Sale of Low Alcoholic Content/Beer in Sealed Container for Consumption Off Premises) •High Alcoholic Content-Wholesaler (\$500.00) _____ •High Alcoholic Content-Class A Retail(\$300.00) _____ (Sale of High Alcoholic Content for Consumption On or Off Premises) •High Alcoholic Content-Class B Retail(\$200.00) _____ (Sale of High Alcoholic Content in Sealed Container for Consumption Off Premises)

A F F I D A V I T

BEFORE ME, the undersigned authority, did come and appear:

Printed Name of Applicant

who, after being duly sworn, did depose and say:

Affiant is the individual whose name is listed as the Applicant in Section 2 of this Application;

Affiant affirms under oath that all of the information contained in this Application is true and correct to the best of his/her knowledge, information and belief.

Signature of Applicant

**SO SWORN AND EXECUTED BEFORE ME, NOTARY PUBLIC THIS _____ Day of _____,
20__ in the City/Town of _____, Parish/County of _____, State of _____.**

Notary Public

Printed Name: _____

Notary/Commission Number: _____

My commission expires: _____

FOR INTERNAL USE		
Date Application Rec'd: _____	Date Application Approved: _____	Date License Issued: _____
License Fee Paid: \$ _____	Method of Payment: _____	