



City of Denham Springs

STORE/RESTAURANT - ALCOHOL PERMIT CHECKLIST

Attn: Business License Office
P O Box 1629 ~ Denham Springs, LA 70727
Phone: 225-667-8310

- | <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 /Stockholder(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Driver's License or ID – Partners/ShareHolders
***Managers and employees will need D.S. 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 #665-5176 |
| <input type="checkbox"/> | <input type="checkbox"/> | Sales Tax ID# & Clearance Letter from L P School Board
Phone # 686-3043 |
| <input type="checkbox"/> | <input type="checkbox"/> | Fee of either \$60.00 Pkg Low \$75.00 Rest. Low \$500.00 High |
| <input type="checkbox"/> | <input type="checkbox"/> | Restaurant or Store Occupational License \$50.00 before July 1 st & \$25.00 after July 1 st |
| <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"/> | Measurement's, if needed |
| <input type="checkbox"/> | <input type="checkbox"/> | Attend Council Meeting on _____ 6:00pm
(Business License Dept will schedule meeting) 2 nd Tues / 4 th Mon |
| <input type="checkbox"/> | <input type="checkbox"/> | Apply with State Office of ATC Phone # 925-4041 |

Please 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.

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

Please Intitial: _____ Please Intitial: _____
Applicant Office

APPLICATION FOR RETAIL ALCOHOL PERMIT

Page 1

City of Denham Springs
 Attn: Business License Office
 P O Box 1629
 Denham Springs, LA 70727-1629

Permit to be issued for the
 Calendar Year Ending
 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 premises.

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 Partner, Stockholder or Financial Backer	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 a ground for denial or 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

- o. Have you ever used any other name than the one given herein? _____ If yes, give details below:

Name Used	Place Used	Date

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 a ground for denial or 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: _____

Phone #: _____

Notary Public or Revenue Deputy

I, _____, am applying to the Office of Alcohol and Tobacco Control of the State of Louisiana for a permit to sell beverages of High & Low alcoholic content at retail in the Parish of Livingston at the following address;

Denham Springs, LA 70726
Owners:

Before me, the undersigned authority, personally came and appeared _____, who, being duly sworn, deposes and says: That she is an agent of the Livingston Parish News, a newspaper published Sunday and Thursday in Denham Springs, LA

That the hereto attached advertisement for liquor license, was published in said newspaper in its issues dated _____.

Sworn and subscribed before me in Denham Springs, LA on this _____ day of _____.

Notary Public

The

Livingston

Parish **News**

Livingston Parish School Board

Sales Tax Division

PO Box 1030

Livingston, LA 70754-1030

Phone (225) 686-3043 Fax (225) 686-0438

SALES AND USE TAX CLEARANCE CERTIFICATE

For Louisiana Office of Alcohol and Tobacco Control

Name of Business:

DBA:

Address:

City:

Louisiana Revised Statutes 26:78, 26:80, and 26:280 provided that the local sales tax collection agency or agencies issue a clearance for sales tax purposes before a state Alcoholic Beverage permit(s) is issued.

This document certifies that you are current in filing and paying your local sales taxes. This sales tax clearance must be attached to your Alcoholic Beverage Application and submitted to the Louisiana Office of Alcohol and Tobacco Control.



Date _____ Released By: Livingston Parish School Board
Sales/Use Tax Division

TRADE NAME:
LEGAL NAME:
ACCOUNT NUMBER:
LOCATION ADDRESS:

DENHAM SPRINGS, LA 70726

This is to advise that the above taxpayer is current/delinquent (circle one) in the remittance of sales/use tax, penalty and/or interest or Occupational License tax due to this office.

If you have any questions, please contact the Revenue Division at (225) 686-3043.



I hereby certify that the above listed taxpayer is current in filing and paying all required sales tax returns and taxes.

Local: _____
Signature Title Date

**RESTAURANT_(Only) CLASS A-R ALCOHOL PERMIT
BREAKDOWN OF FIRST SIXTY DAYS GROSS SALES**

City of Denham Springs
Attn: Business License Dept
P O Box 1629
Denham Springs, LA 70727-1629

Vendor # .
Temporary License #
Date Temp License Issued
Date Temp License to Expire

Permit to be issued to: _____
(Owner – Name of Individual, Name of Partners, or Corporation)

Trade Name (If Any) _____

Mailing Address _____

Location Address _____

Class “A-R” Retail Alcohol (High-Low) Restaurant

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 Tax 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 premises.

- (g) Gross Sales _____ Sales from food & non-alcoholic beverages _____ Sales from alcoholic beverages only _____

I affirm that the information given on this report in Section (g) is true and correct.

Signature of Applicant

Title

Date