



CITY OF LAKE CHARLES

Application for:

- Restaurant Endorsement Permit
- Temporary Restaurant Endorsement Permit

Applicant's Full Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

BUSINESS NAME: _____

LOCATION: _____

Current Beer/Liquor Permit Nos. Beer _____ Liquor _____

1. Are you operating a bona fide restaurant having full and properly equipped kitchen facilities and dining room(s)? Yes _____ No _____
- BRIEFLY DESCRIBE NATURE OF BUSINESS AND INDICATE NUMBER OF EMPLOYEES:

2. Has the establishment met all Health and Safety Codes and Regulations in force and in effect with the City of Lake Charles?

Yes _____ No _____

ATTACH A COPY OF THE CURRENT CERTIFICATE ISSUED BY THE CALCASIEU PARISH HEALTH UNIT.

3. Are fifty per cent (50%) of applicant's sales attributed to the sale of food?

Yes _____ No _____

ATTACH AFFADAVIT FROM ONE QUALIFIED IN CONDUCTING AN AUDIT OF BUSINESS ESTABLISHMENT SHOWING THAT FIFTY PER CENT (50%) OF SALES FOR THE PRECEDING PERIOD, NOT TO EXCEED SIX MONTHS, WERE FROM THE SALES OF FOOD.

If applying for TEMPORARY Permit, the above cited affadavit shall be transmitted to the City of Lake Charles License and Permit Office within 45 days of commencing operations and shall be based on the first month of sales.

4. Do you agree to abide by all rules and regulations pursuant to the issuance of said permit and to furnish any information so requested by the Mayor of his designee relative to the Restaurant Endorsement Permit? Yes _____ No _____

Signature of Applicant

STATE OF LOUISIANA

Parish of Calcasieu

On this _____ day of _____, 19____,
before me personally appeared _____,
who deposes that he/she is the applicant who signed the
foregoing application, and all of the information given in the
application is true and correct.

Notary Public