

**CITY OF LAKE CHARLES
REQUIREMENTS FOR ALCOHOLIC BEVERAGE PERMITS**

1. Completed Certificate of Occupancy.
2. Completed Occupational License.
3. Completed Sales Tax Application to be returned to Occupational License Office.
4. Completed and notarized Beer/Liquor Application.
5. Schedule A completed and notarized on each owner, corporated member and/or manager. Also include photos of each applicant with Schedule A.
6. Letter of Approval from the Calcasieu Parish Health Department.
Phone: 480-2550 Location: 721 E. Prien Lake Road
7. Proof of Newspaper advertisements ran for two consecutive days. Report to Classified Section Lake Charles American Press located at 4900 Highway 90 East. Affidavit with four copies will be provided, two copies for State Alcohol Beverage Control and two copies for the City.
8. Fingerprint notice from City Police Department, located at 830 Enterprise Blvd., stating has been fingerprinted. You can call 491-1456 Ext. 1233 or 1278 or 1230 for more information. The Police Department should give you a notice showing proof of fingerprinting, if they don't ask for one it is requirement for your file. The State also requires fingerprinting, get with them for the details.
9. Copy of Lease (if applicable) or deed.
10. Articles of Incorporation (if applicable) with proof corporation is registered with Louisiana Secretary of State.
11. To register for a state Beer and/or Liquor Permit contact the State Alcoholic Beverage Commission agent, Nori Edgar, on Tuesdays only at 337-491-2028. Baton Rouge numbers are 225-925-4041 or 925-4049.
12. List of phone numbers where owner/manager can be contacted 24 hours 7 days a week. Alcoholic Beverages Permits are GRANTED OR DENIED pursuant to Chapter 3 of the Code of Ordinance will be furnished to you along with the applications needed.

If you have any questions you may call 491-1442

Fees: Class A Beer - \$75.00	Class A Liquor - \$500.00 (rest. & lounges)
Class B Beer - \$60.00	Class B Liquor - \$500.00 (package sales)

Alcoholic Review Board Fee \$50.00

Waiver of Distance Fee - \$100.00

SHOULD YOUR FIRM CLASSIFY AS A RESTAURANT INTENDING TO HAVE REGULAR SUNDAY SALES, PLEASE ASK FOR A RESTAURANT ENDORSEMENT APPLICATION.

THIS RESTAURANT ENDORSEMENT PERMIT IS VALID FOR 45 DAYS, AFTER WHICH TIME YOU MUST SUBMIT AN AFFIDAVIT BY SOMEONE QUALIFIED TO CONDUCT AN AUDIT OF YOUR SALES RECORDS WHICH CLEARLY INDICATES AT LEAST 50% OF YOUR TOTAL SALES ARE STRICTLY FROM SALE OF FOOD ITEMS. THE AUDIT PERIOD FOR THIS IS THE FIRST THIRTY CALENDAR DAYS OF OPERATION.

DO NOT WRITE
IN THIS SPACE

LIQUOR PERMIT	
BEER PERMIT	

Failure to file application for renewal of permit on or before January 1st or before beginning business if a new business, will incur in addition to other penalties, a penalty of 25% of the permit fee

APPLICATION FOR

LIQUOR AND/OR BEER PERMIT

DATE ISSUED

CITY OF LAKE CHARLES
P.O. BOX 3706
LAKE CHARLES, LA. 70602

LAKE CHARLES, LA. _____ 19 ____

The undersigned applies for _____ Liquor Permit
 _____ (Wholesale) (Saloon) (Package House) Beer Permit for the calendar year
 ending December 31, 19 _____, to sell alcoholic beverages containing MORE than six per centum (6%)
 NOT MORE than six per centum (6%)

of alcohol by volume, on the premises hereinafter described, at which location of said premises the sale of such beverages is not prohibited by Federal, State or local laws, and hereby agrees to comply with all laws, ordinances and regulations of the State, Federal or local governments affecting the sale of alcoholic beverages.

NAME _____
Owner's Name Followed by Trade Name

STREET ADDRESS _____
Address of premises which business is located

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY: (All questions must be answered).

- HAVE YOU EVER BEEN REFUSED A BEER OR LIQUOR PERMIT? _____
- DID YOU APPLY FOR A BEER OR LIQUOR PERMIT FOR THE YEAR 19 _____ AT THIS LOCATION?
 If so, what was the number of the permit issued for the year 19 _____ Beer _____ Liquor _____
 Do you hold or have you applied for a Liquor Permit? _____
 (Yes or No)
 If so, check type of permit held or applied for: Class A _____ Class B _____
 Saloon Package House

- IS THE LOCATION OF THE BUSINESS COVERED BY THIS APPLICATION IN AN AREA WHERE THE SALE OF BEER IS PROHIBITED BY LOCAL LAWS, (MUNICIPAL, PARISH, WARD)? _____
 If so, will such beer and or liquor be sold and dispensed only by a druggist as a medicine on a licensed physician's prescription? _____ Give approximate distance of location from church _____ public library _____ public playground _____ or school _____

PERSONNEL OF BUSINESS

(a.) Is your business to be conducted by a manager or agent? _____ If answer is "yes", give name and address _____
 _____ (Schedule A duly executed must be submitted for said manager or agent)

(b) Is your business individually owned, a partnership or corporation (state which)? _____ If a partnership or corporation give names, addresses, and percentage of business owned by each partner or stockholder.

NAME	ADDRESS	% EQUITY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. SCHEDULE A _____ (To be answered by owner, partner, manager, agent, or official signing this application).

(a) What is your name? _____

(b) Residence address? _____

(c) Date and place of birth _____

(d) Sex _____ Race _____ Social Security No. _____

(e) Are you a citizen of the United States and the State of Louisiana and over 21 years of age? _____

How did you become a citizen? _____

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? _____

(f) Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana, or any other state? _____

(g) Have you ever been convicted in this or in any other state or by the United States of soliciting for prostitution, pandering, letting premises for prostitutes, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, or dealing in narcotics? _____

(h) 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 to this application? _____

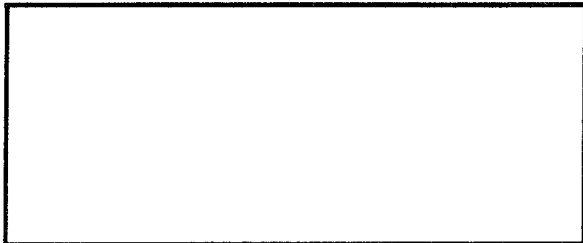
Have you been convicted or had judgment against you involving alcoholic beverages by this state or any other state or the United States within five years prior to the date of this application? _____

(i) Have you ever been convicted of violating any of the provision of the Beer Act? _____

(j) Are you the owner of the premises, or do you hold a bona fide written lease? _____

Describe what part of building is to be occupied by business

(k) If you answer to Question 2 on page 1 is "no", paste in this space two notices of advertisements which appeared in your local newspaper.



(l) Have you ever used any other name other than the one given herein? If so, give details below:

NAME USED	PLACE USED	DATE
_____	_____	_____

6. THIS AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC OR TAX COLLECTOR.

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.

Sworn to before me this _____ day of _____ 19 _____

 (Signature and title of person administering oath)

 Signature of Applicant
 State whether individual owner, member of firm, or if officer of corporation, give title.)

LIQUOR PERMIT	\$ 500.00
RETAIL BEER DEALER PERMIT, SALOON	\$ 75.00
RETAIL BEER DEALER, PACKAGE HOUSE	\$ 60.00
WHOLESALE BEER DEALER PERMIT	\$ 100.00

HALF-YEAR PERMITS ARE NOT ISSUED FOR BEER

Any mistreatment or concealment of fact in an application shall be grounds for suspension or revocation by the City Council of the permit issued thereunder.

SCHEDULE "A"

Where a manager or agent is employed this schedule must be executed by that person, and by each member of a partnership or stockholder corporation owning more than five per centum (5%) of capital stock of corporation, which makes application for permit as provided for Chapter 1 and 2, Title 26, of the Louisiana Revised Statutes of 1950 as amended.

To: CITY OF LAKE CHARLES
OCCUPATIONAL LICENSE DIVISION
P.O. BOX 3706
LAKE CHARLES, LA 70602

This Schedule "A" Submitted for Application of:	
OWNER—NAME OF INDIVIDUAL, NAME OF PARTNERS, OR CORPORATION	
TRADE NAME OF BUSINESS	
TOWN OR CITY	TYPE OF PERMIT APPLIED FOR OR HELD BY THIS ESTABLISHMENT

- (a) What is your name? _____ Your Social Security Number _____
- (b) Residence address? _____
- (c) Date of birth _____ Place of birth _____
- (d) Sex _____ Race _____
- (e) Are you a citizen of the United States? _____ The State of Louisiana? _____ Are you 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 revoked a license or permit to sell or deal in alcoholic beverages issued by the United States, any state, or by any political subdivision of a state authorized to issue permits or licenses within one (1) year prior to the date of this application? _____
- (k) Have you been convicted or had judgment against you involving alcoholic beverages by this state or any other state or the United States within one (1) year prior to the date of this application? _____
- (l) Have you ever been convicted for violating any of the provisions of the Liquor or Beer Laws of this State? _____
- (m) Are you married? _____ If yes, is spouse eligible for permit? _____
- (n) Has your spouse ever been denied or had revoked an alcoholic beverage permit? _____
- (o) Have you ever used any other name than the one given herein? _____ If so, give details below:

NAME	PLACED USED	DATE
- (p) Have you or your spouse any interest in an establishment holding a beer permit other than the type required for the operation of the above captioned business? _____ If yes, list the following: (Attach an additional sheet if necessary.)

PERMIT NO.	TRADE NAME	ADDRESS	KIND OF INTEREST	% EQUITY

AFFIDAVIT

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 Schedule A 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 as provided in La. R. S. 279 and 279; and I further swear (or affirm) that I have no interest in any establishment holding a beer permit other than the type required for the operation of the above captioned business.

It is understood that any misstatement or suppression of fact in an application or Schedule "A" affidavit is a ground for denial of a permit.

Sworn to before me this _____ day of _____ 19____ SIGNED: _____

(SIGNATURE AND TITLE OF PERSON ADMINISTERING OATH) TITLE: _____