Failure to file application for renewal of permits on or before July 1, 20___, or before beginning business if a new business, will incur in addition to other penalties, a penalty of 25% of the permit fee.

Washington Parish Government

909 Pearl Street
Franklinton, LA 70438
Telephone 985-839-7825 Fax 985-839-7828

APPLICATION FOR

HIGH CONTENT ALCOHOL PERMIT

For office use only:

PERMIT #:

Date Issued:

Date of Application: _____20_____

The undersigned applies for a (Wholesale) (Retail Class A) (Retail Class B) (Restaurant) (Manufacturer) (CIRCLE ONE) permit for the fiscal year ending June 30 to sell alcoholic beverages containing MORE than six per centum (6%) of alcohol by volume, as prescribed by Title 26 of the 1950 Louisiana Revised Statutes, as amended, on the premises hereinafter described, at which location of said premises the sale of such alcoholic 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.

Type of Ownership: **(Individual)** **(Partnership)** (Requires written agreement) **(Corporation)** (Requires Certificate) **(LLC)** (Requires Certificate)	
Owner name of business (individual, partnership, corporation, LLC)	Trade Name of Business:
Location Address (street/city/state/ZIP)	Telephone Work: ( ) Home: ( )
Official Mailing Address (P.O. Box/street/city/state/ZIP)	Location Parish Ward
State if location is inside or outside of city limits:	
Is this applicant the owner of the premises to be occupied? Yes No If no, applicant must provide a copy of the written lease. Lessor's Name and Address:	

Answer the following questions fully and completely: (All Questions Must Be Answered)

1) Have you ever been refused an alcohol permit?

2) Did you apply for an alcohol permit for the year 20_____? At this location? _____

   If so, what was the number of the permit issued you for the year 20_____? _____

3) If you answered "NO" to Question No. 2 above, did you apply for 20_____ Alcohol Permit at any other location in Louisiana? _____

   If so, show the number of the permit here. _____ (If more than one permit, report any one number.)

4) Personnel of Business:
   a) Is your business to be conducted by a manager or agent?
      If 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

(Separate Schedule A must be executed and attached covering each partner. If a corporation, submit completed Schedule A for each stockholder owning more than 5% of the stock.)

SCHEDULE A

ALL QUESTIONS MUST BE ANSWERED

(To be answered by owner, partner, manager, agent, or official signing this application)

a) What is your name:	
b) Residence Address:	
c) Date of Birth:	Place of Birth:
d) Sex:	Race:
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 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 state or in any other state of 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 with 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 prior to this application?_____	
i) Have you ever been convicted for violating any of the provisions of the Beer or Liquor Laws of this State? _____	
j) If married is husband or wife eligible for permit? _____	
k) Do you owe any excise tax (sales, Occupational license, income, franchise, etc.) to the State or any Parish of municipality?_____	
l) 1.) Are you the owner of the premises? _____ 2.) If not, do you hold a bona fide written lease? _____ 3.) Describe part of building to be occupied by business._____	
m) If your answer to Question 2 page 1 is "no", attach proof of publication that the following advertisement appeared in your local newspaper on two separate days: I am (we are) applying to the Collector of Revenue of Louisiana for a permit to sell Beer at Retail at the following address_____ In the Parish of_____ _____ (Name of Applicant or Applicants)	

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

NAME USED	PLACE USED	DATE

THIS AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC OR REVENUE DEPUTY

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 me this _____day of _____20_____

_____
(Signature of applicant)

_____
(Signature and title of person administering oath)

(State whether individual owner, member of firm, or if officer of corporation, give title)

NOTE: The law requires that an application be filed with your state authorities within 24 hours of the time of filing this application.

Any mis-statement or concealment of fact in this application is grounds for suspension or revocation of the permit issued hereunder.