

APPLICATION FOR RETAIL LIQUOR PERMIT

TO: CITY OF ST. GABRIEL
P.O. BOX 597
ST. GABRIEL, LOUISIANA 70776

DO NOT WRITE IN THIS SPACE	
DATE	
FEE	
INTEREST	
PENALTY	
DATE ISSUED	

Permit to be issued for calendar year ending December 31, 20____.

The undersigned applies for a _____ permit.
(Retail Saloon, Package House, Wholesale or Manufacturer)

Permit to be issued to _____
(OWNER- Name of Individual, Name of Partners, or Corporation)

Trade Name (dba, or any know
Name): _____

Mailing Address: _____
(Building, House Number) (Street) (City) (State) (Zip Code)

POST OFFICE BOX NUMBER: _____, CITY _____, STATE _____, ZIP CODE _____

BUSINESS LOCATION ADDRESS: _____
(NO.) (STREET) (CITY) (ZIP CODE)

1. DID YOU APPLY FOR ALCOHOLIC BEVERAGE PERMIT FOR A PREVIOUS YEAR AT THIS LOCATION? ____ YES ____ NO
Do you hold a liquor permit for a Class "A" Retail Saloon or Class "B" Retail Package: _____
(State Which)

2. Is applicant the owner of the premises to be occupied? ____ YES ____ NO. If no, give name and address of lessor: _____

3. Is the business being conducted wholly and partly by one or more partners, managers, agents? ____ YES ____ NO.
If yes, list the names below an attach forms Schedule "A" on each.

4. 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. Are there any financial backers of the business? ____ YES ____ NO. If yes, submit Schedule "A" on each.
6. Is this application being made by you as a subterfuge to permit any person other than yourself to secure a license from the Parish of Iberville or the City of St. Gabriel, in your name, for his/her benefit? _____.
7. Is there now employed, or will you employ, in the business sought to be licensed hereunder any person who has been convicted of any crime? _____ If so, state details. _____.

AFFIDAVIT

I, the undersigned do hereby submit application for a new or renewal of my City of St. Gabriel Liquor Permit for the period as indicated on the application on the reverse page and do swear and affirm that I have read the questions in this application and that the answers which I have given are true and correct to the best of my knowledge. It is understood that any misstatement or suppression of fact in application of Schedule "A" affidavit is a ground for denial or revocation of permit/license.

I, also swear and affirm that I have not been convicted of a felony nor had a conviction or judgment against me involving alcoholic beverages within five years prior to the date of this application, that I meet all other qualifications and conditions as set forth in LA.R.S. 26:279 and that I have no interest in any establishment holding a beer permit/license other than the type applied for herein.

(Print Full Name of Applicant)

(Signature of Applicant)

Subscribed and sworn to before me this _____ day
Of _____, 20____

(Notary Public)

INSTRUCTIONS FOR FEE ASSESSMENT:

CLASS "A" – RETAIL OUTLET	\$200.00
CLASS "B" – RETAIL PACKAGE HOUSE	\$200.00

FAILURE TO FILE FOR RENEWAL PERMIT NOT LATER THAN
DECEMBER 31ST OF EACH YEAR WILL INCUR PENALTIES, TO
INCLUDE 25% OF PERMIT FEE; 15% PER ANNUM INTEREST.