Do Not Write In This Space

Date Issued
Permit No.

_____

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

20 ALCOHOLIC BEVERAGE PERMIT

CITY OF OPELOUSAS,
OPELOUSAS, LA.

Opelousas, LA_____, 20____

The undersigned applies for a _____ Permit for the calendar
(Wholesale) (Saloon) (Package House)

year **ending December 31, 20_____, to sell Alcoholic Beverages 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.

NAME_____
Followed by Trade Name — Own er's Name

STREET OR RURAL ADDRESS_____
Address of Premises in Which Business is Located

CITY OR TOWN_____ PARISH_____ WARD_____
In Which Business Actually Located

State if location is in or outside of corporate city limits_____

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY: (All Questions Must Be Answered)

1. HAVE YOU EVER BEEN REFUSED A LIQUOR PERMIT_____
2. DID YOU APPLY FOR A ALCOHOLIC BEVERAGE PERMIT FOR THE YEAR 20_____
   If so, what was the number of the permit issued to you for the year 20_____
   If you do not hold a permit, state whether this is a new business_____
   Do you operate a alcoholic beverage package house, grocery, or delicatessen store or drug store?_____
3. IS THIS THE LOCATION OF THE BUSINESS COVERED BY THIS APPLICATION IN AN AREA WHERE THE SALE OF ALCOHOLIC BEVERAGES IS PROHIBITED BY LOCAL LAWS (MUNICIPAL, PARISH OR WARD)?_____
   If so, will such alcoholic beverages be sold and dispensed only by a druggist as a medicine or a licensed physician's prescription?_____
   If new business, give approximate distance of location from church, public library, public playground or school_____
4. 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

(Separate Schedule A must be executed and attached covering each partner and stockholder of a corporation owning in excess of 5% of business).

(ALL QUESTIONS MUST BE ANSWERED)

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

(a) What is your name?_____

(b) Residence address?_____

(c) Date and place of birth_____

(d) Sex_____ Race_____

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

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 state or in any other state or by the United States, of soliciting for prostitution, pandering, letter 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 prior to the date of 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 (5) years prior to the date of this application?_____

(i) Have you ever been convicted of violating any of the provisions of the Liquor Act?_____

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

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

(1) Have you ever used any other name 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 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 before 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).

Any mis-statement or concealment of fact in an application shall be ground for suspension or revocation by the Board of Tax Appeals of the permit issued thereunder.