



Greg Champagne

**ST. CHARLES SHERIFF'S OFFICE
TAX DIVISION**

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THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED COMPLETELY
BEER AND/OR LIQUOR APPLICATION

Greg Champagne
Sheriff & Ex-Officio Tax Collector
Parish of St. Charles
P.O. Box 440

_____, LA
_____, 20__

The undersign applies for a _____ (Retail Saloon, Package House, Wholesale, Manufacturer, or Restaurant) permit for the calendar year ending December 31, 20 __, to sell alcoholic beverages containing less/more than six per centum (6%) of alcohol by volume, as provided by Chapter 1 of Title 26, of the Louisiana Revised Statutes of 1950, as amended, on the premises hereinafter described; 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 OR RURAL ADDRESS _____

CITY OR TOWN _____
(Where Business is Located) (City or Town) (State) (Zip) (Phone Number)

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

1. DID YOU APPLY FOR AN ALCOHOLIC BEVERAGE PERMIT FOR THE YEAR 20__, AT THIS LOCATION? ____ If so, what was the number of the permit issued to you for the year 20__? Do you hold or have you applied to the Department of Revenue for a Class "A" Retail Saloon Beer permit, Class "B" Retail Package Beer permit or a Class "AR" Restaurant permit?

(State Which Class)

2. PERSONNEL OR BUSINESS:

(a) Is your business to be conducted by a manager or an agent? ____ If answer to the question is "yes" give name and address:

(b) Is your business individually owned, a partnership or corporation? ____ If a partnership or corporation, give names, addresses, and percentage or business owned by each partner or stockholder:

(Schedule A duly executed must be submitted for said manager or agent)

NAME ADDRESS % EQUITY

3. Give **THREE (3)** personal references who can attest to your general good character and personal reputation in the community. Give names addresses and phone numbers:

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 of Birth _____ Place of Birth _____
- D) Sex _____ Race _____
- E) Are you a citizen of the United States and the State of Louisiana and are you over 21 years of age? _____
How did you become a citizen? _____
- F) 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? _____
- G) Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana or any other state or country? _____
- H) Have you ever been convicted in this State, or any other state, or by the United States, or any other country, of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or illegally dealing in narcotics?

- I) Have you ever been refused an alcoholic beverage permit? _____
- J) Have you ever had a license or permit revoked 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 this application? _____
- K) Have you ever been convicted or had judgment of court rendered against you involving alcoholic beverages by this State, or any other state, or the United States, for one (1) year prior to this application?

- L) Has your spouse ever been denied or revoked an alcoholic beverage permit? _____
- M) Have you been adjudged by the Louisiana Board of Alcoholic Beverage Control or convicted by a court of violating any of the provisions of Chapter 1, Title 26, pertaining to liquor? _____
- N) Have you ever been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of Chapter 1, Title 26, pertaining to liquor? _____
- O) Have you ever had a license or permit to sell beer/liquor suspended or revoked by the Louisiana Board Of Tax Appeals or had judgment or ever been convicted by any court for violating the provisions of the Beer Law, Chapter 2, Title 26? _____

If your answer to Question 1 on page 1 is "No" please paste in provided space on the next page notice of two advertisements which appeared twice in The St. Charles-Herald Guide which reads as follows: "I am applying to the La. A.B.C. Board for a permit to sell Alcoholic Beverages at retail at the following address

PARISH OF ST. CHARLES

(Name of Applicant or Applicants)

PLEASE CHECK ONE OF THE FOLLOWING: I am applying for these permits:

_____ BEER _____ LIQUOR _____ LIGHT WINE

_____ CLASS A - Consumption on premises _____ CLASS B - Packaged Only _____ CLASS AR - Restaurant

PASTE ADVERTISEMENT HERE

5. DESCRIPTION OF PREMISES FOR WHICH APPLICATION FOR PERMIT IS MADE.

a. Does the place where your business is transacted occupy all of the building? _____ If only part of the building, describe in detail space to be occupied by building _____

b. Do you own premises or do you hold a bona fide written lease? _____ If you lease, give name and address of lessor. _____

6. IF APPLICATION IS FOR MANUFACTURER'S PERMIT, list below name of all articles now being manufactured or blended, listing each trade name of brand of each article marketed. _____

THE LAW PROVIDED THAT AN APPLICATION BE FILED WITH YOUR LOCAL ATHORITIES WITHIN 24 HOURS OF THE TIME OF FILING OF YOUR STATE APPLICATION.

7. THIS AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC

I swear (or affirm) that I have read each of the questions in the foregoing instrument and that the answers which I have given are true and correct to the best of my knowledge.

Sworn to and subscribed before me this _____ day of _____, 20 _____

Signature and title of person, administering oath

Affiant

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

Any misstatement or suppression of fact in an application or accompanying affidavit shall be ground for denial, suspension or revocation of permit.

8. PLEASE STATE NAME OF BUSINESS IF IN OPERATION PREVIOUS TO YOUR APPLICATON.
