

**CITY OF DONALDSONVILLE  
APPLICATION FOR LIQUOR PERMIT**

**GENERAL INSTRUCTIONS**

THE FOLLOWING ITEMS MUST ACCOMPANY YOUR APPLICATION FOR A LIQUOR PERMIT:

1. A COPY OF THE CURRENT LEASE FOR THE PROPERTY TO BE USED FOR THE PURPOSE OF LIQUOR SALES, IF NOT OWNED BY APPLICANT.

2. OBTAIN CLEARANCE LETTER FROM THE FOLLOWING TWO OFFICES:

ASCENSION PARISH SALES & USE TAX AUTHORITY  
DEPARTMENT OF REVENUE AND TAXATION  
OFFICE OF ALCOHOL AND TOBACCO CONTROL  
915 S. NICKENS BLVD.  
GONZALES, LA 70737  
225-621-2635

LOUISIANA DEPARTMENT OF REVENUE  
OFFICE OF ALCOHOL AND TOBACCO CONTROL  
8549 UNITED PLAZA SUITE 200  
BATON ROUGE, LA 70898-0519  
225-922-2300

3. APPLICATION MUST BE NOTARIZED.
4. **A SEPARATE APPLICATION MUST BE COMPLETED FOR MANAGERS, EMPLOYEES, AGENTS AND PARTNERS, REGARDLESS TO INTEREST OWNED TO INCLUDE OFFICERS, DIRECTORS AND STOCKHOLDERS OF A CORPORATION WHO OWNS IN EXCESS OF 5% OF THE STOCK.**
5. PLEASE DO NOT MAKE PAYMENT WITH APPLICATION. A LETTER WILL BE SENT TO NOTIFY YOU IF APPROVED.

## **Notice**

Please have each employee fill out page 2 and have page 3 notarized.  
Please send all information back with application.  
If you have any questions please call 225-473-4247 ext. 20

Thank you  
City of Donaldsonville  
Liquor Lic. Dept.

**THIS APPLICATION CANNOT BE ACCEPTED UNLESS ALL  
QUESTIONS ARE ANSWERED COMPLETELY**

**APPLICATION FOR  
BEER AND LIQUOR PERMIT**

DATE RECEIVED \_\_\_\_\_

ISSUED BY: City of Donaldsonville  
609 RAILROAD AVE.  
P.O. BOX 470  
DONALDSONVILLE, LA 70346

APPROVED \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_  
DATE \_\_\_\_\_

The undersigned applies for a \_\_\_\_\_ permit for the calendar year ending December 31, 20\_\_ to sell alcoholic beverages containing more than six per centum (6%) of alcohol by volume, on the premises hereinafter described and agreed to comply with all laws, ordinances and regulations of the State, Federal or Local government affecting the sale of alcohol beverages.

OWNER'S NAME \_\_\_\_\_ TRADE NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PARISH \_\_\_\_\_ WARD \_\_\_\_\_

CITY LIMITS: (INSIDE) \_\_\_\_\_ OR (OUTSIDE) \_\_\_\_\_

**ANSWER ALL QUESTIONS AS FULLY AND THOROUGHLY AS POSSIBLE**

1. Did you apply for an alcohol beverage permit for the previous year at this location? \_\_\_\_\_
  - a) If so, what was your permit number? \_\_\_\_\_
  - b) Do you hold or have applied to the department of Revenue for a Class "A" Retail Saloon Beer Permit of a Class "B" Retail Package Beer permit? \_\_\_\_\_
2. Is the location of the business covered by this application in an area where the sale of alcoholic Beverage is prohibited by local laws (Municipal, Parish or Ward)? \_\_\_\_\_

If so, will such alcoholic beverages be sold and dispensed only by druggist as a medicine on a licensed physician's prescription? \_\_\_\_\_
3. Personnel of Business:
  - a) Is your business to be conducted by a manager or agent? \_\_\_\_\_ if answer is "yes" give his or her name and address \_\_\_\_\_
  - b) Is your business individually owned, a partnership or cooperation (state which)? \_\_\_\_\_

If a partnership or cooperation give names, addresses and percentage for business owned by each partner or stockholder:

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ % EQUITY \_\_\_\_\_

As required by Law each of the following persons must execute and submit a separate Schedule: manager, employees, agents and partners regardless of interest owned to include officers, directors and stockholders of a cooperation who own in excess of 5% of the stock. \_\_\_\_\_,

20 \_\_\_\_\_.

- 1) What is your name? \_\_\_\_\_ SSN. \_\_\_\_\_
- 2) Address? \_\_\_\_\_ Phone Number \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
- 4) Gender \_\_\_\_\_ Race \_\_\_\_\_
- 5) Are you a citizen of the United States of Louisiana and over 21 years of age? \_\_\_\_\_  
How did you become a citizen? \_\_\_\_\_
- 6) Have you resided in the State of Louisiana continuously for a period of not less than two years next preceding the date of filing of this application? \_\_\_\_\_
- 7) 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? \_\_\_\_\_
- 8) Have you ever been convicted in this State, or in 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 in narcotics? \_\_\_\_\_
- 9) Have you ever been refused an alcoholic beverage permit? \_\_\_\_\_
- 11) Have you had a revoked license or permit to sell or deal in alcoholic beverages issued by the United States, any state, or by political subdivision of a state authorized to issue permits or licenses within one (1) year prior this application? \_\_\_\_\_
- 12) Have you 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 (1) year prior to this application? \_\_\_\_\_
- 13) Have your spouse ever been denied or had revoked an alcohol beverage permit? \_\_\_\_\_
- 14) 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? \_\_\_\_\_
- 15) Have you been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of Chapter 1, Title 26 pertaining to liquor? \_\_\_\_\_
- 16) Have you ever had a license or permit to sell beer suspend 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, of Title 26? \_\_\_\_\_

Please make copies if needed

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS AFFIDAVIT MUST BE EXECUTED BY THE APPLICANT  
BEFORE A NOTARY PUBLIC**

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

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Any misstatement or suppression of the facts in an application or accompanying Affidavit shall be grounds for denial, suspension or revocation.