

PARISH OF LIVINGSTON

LIQUOR and/or CLASS A/B BEER PERMIT APPLICATION LIVINGSTON PARISH COUNCIL

P.O. Box 335

Livingston, La. 70754

Phone: 225-686-3027

Fax: 225-686-1972

- 1. Complete the Liquor and/or Class A/B Beer Permit Application.
- 2. Have application notarized.
- 3. As a courtesy, contact the Councilman in the area where the business will be located.
- 4. If you are leasing the premises, you must attach a copy of the lease agreement to your application.
- 5. If the business is owned by a corporation or a limited liability company, you must complete the attached resolution of the board members authorizing a specific individual to sign and execute all necessary documentation for beer/liquor application and license.
- 6. Advertise intention to sell Liquor/Class A/B Beer in the Livingston Parish News, the parish's official journal. Attach an affidavit of publication to the application.
- 7. To obtain your permit, furnish the Parish Council office with the completed and notarized application form; affidavit of publication of ad from the Livingston Parish Newspaper; a copy of lease agreement (if applicable); and a copy of corporate or limited liability company resolution (if applicable).
- 8. Go to the Livingston Parish School Board (Tax Office) and get your tax clearance letter. One copy for our office and one copy for the Sheriff's office.
- 9. Once obtained from our office, the permit should be taken to the Sheriff's office for the purchase of your license (pink copy). Post the white copy in your establishment.

Note: additional copies of this packet may be downloaded at http://livingstonparishcouncil.com. On the Homepage click on the tab ONLINE FORMS for the complete permit application.

APPLICATION FOR LIVINGSTON PARISH:

LIQUOR	AND/OR	CLASS A BEER	CLASS B BEER
Date:			
The undersigned appear ending December said premises the said herby agrees to	oplies for the, on ale of such alcoholic be	permit checke the premises hereinafter describ everages is not prohibited by Fed ordinances, and regulations of the	bed; at which location of leral, State, or local laws,
OWNER'S NAME	E		
OWNER'S CONT	ACT NUMBER		
(IF MARRIED, SP	OUSE'S NAME)		
(SPOUSE'S DATE	E OF BIRTH)	(SPOUSE'S PLACE OF BI	RTH)
TRADE NAME			
ADDRESS OF BU	JSINESS	ZIP C	ODE
MAILING ADDR	ESS	ZIP COD	DE
Answer the Follow	ring Questions Fully an	nd Completely: (All Questions M	fust Be Answered)
		listed above?; or is	
		tion or association financially in If "yes,	
3. Have you ever b	een refused an alcohol	ic beverage or beer permit?	
4. What is the last	year that you held an a	lcoholic beverage or beer permi	t?
5. Is the business li	sted above a new busin	ness?	
If not a new busine	ess, give name of forme	er owner.	
6. Is the location of	f this business covered	by this application in an area wy local laws (Municipal, Parish,	here the sale of
What is the zoning	at this location?		
7. Is the business to	be conducted by a ma	anger or agent?	
If "yes," give name	e and address		
8. Do you own the	premises, rent or hold	a bona fide written lease?	
		ss of owner or lessor and attach a	a copy of lease or rental

a)	What is your name?		
b)	Residence address?		
c)	Date of Birth? Place of birth?		
d)	Sex?		
e)	Are you a citizen of the United States and the State of Louisiana?		
f)	Have you resided in the State of Louisiana continuously for a period of not less than 2 years next preceding the date of the filing of this application?		
g)	Have you or anyone connected with this business ever been convicted of a felony under		
h)	the laws of the United States, the State of Louisiana, or any other state? Have you or anyone connected with this business ever been convicted in this state or in		
h)	any other state or by the United States for soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a		
	disorderly place, or dealing in narcotics?		
i)	Have you or anyone connected with the business has a license 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?		
j)	Have you or anyone connected with this business been convicted or had judgment agains 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?		
k)	Have you or anyone connected with this business ever been convicted for violating the provisions of the Beer Act?		
1)	Are you the spouse of a person who cannot qualify or whose application has been denied or whose permit has been revoked, unless judicially separated or divorced?		
THIS	S AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC.		
ınswer	I swear (or affirm) that I have read each of the questions in this application and that the swhich I have given are true and correct to the best of my knowledge.		
~	to before me this day of		

RESOLUTION OF THE MEMBERS

OF

(Name of LLC or Corp	poration)
BE IT RESOLVED that	, member of
, be and is hereby autho	rized to sign and execute all necessary
documentation for application of liquor/beer per	mit on such terms and conditions as
she/he shall deem to be in the best interest of	·
<u>CERTIFICAT</u>	<u>re</u>
The undersigned, being all the members of	
hereby certify that the above and foregoing is a	true and correct copy of a resolution
adopted by the members of the above named limited	l liability company/corporations on the
day of,	at which meeting all members were
present and voting.	
	(member)
	(member)