

## **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 Denham Springs 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 Denham Springs NEWS; a copy of lease agreement (if applicable); and a copy of corporate or limited liability company resolution (if applicable).
- 8. 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 <a href="http://livingstonparishcouncil.com">http://livingstonparishcouncil.com</a>. On the Homepage click on the tab ONLINE FORMS for the complete permit application.

## **APPLICATION FOR LIVINGSTON PARISH:**

LIQUOR	AND/OR	<b>CLASS A BEER</b>	<b>CLASS B BEER</b>
Date:			
said premises the s and herby agrees to	sale of such alcoholic b	permit checken the premises hereinafter describe everages is not prohibited by Fed, ordinances, and regulations of the blic beverages.	leral, State, or local laws,
OWNER'S NAMI	E		
OWNER'S CONT	TACT NUMBER		
(IF MARRIED, SI	POUSE'S NAME)		
(SPOUSE'S DAT	E OF BIRTH)	(SPOUSE'S PLACE OF B	IRTH)
TRADE NAME_			
ADDRESS OF BU	JSINESS	ZIP C	ODE
MAILING ADDR	ESS	ZIP COI	DE
Answer the Follov	ving Questions Fully a	nd Completely: (All Questions M	Must Be Answered)
		s listed above?; or is	
		ation or association financially in	
3. Have you ever b	peen refused an alcoho	lic beverage or beer permit?	
4. What is the last	year that you held an	alcoholic beverage or beer permi	t?
5. Is the business l	isted above a new bus	iness?	
If not a new busine	ess, give name of form	er owner.	
6. Is the location of	of this business covered	l by this application in an area w by local laws (Municipal, Parish	here the sale of
What is the zoning	g at this location?		
7. Is the business t	to be conducted by a m	nanger or agent?	
		l a bona fide written lease?	
If you rent or lease agreement.	e, give name and addre	ess of owner or lessor and attach	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		
	the laws of the United States, the State of Louisiana, or any other state?		
h)	Have you or anyone connected with this business ever been convicted in this state or in		
	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 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?		
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.		
nswer	I swear (or affirm) that I have read each of the questions in this application and that the rs which 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 Cor	poration)
BE IT RESOLVED that	, member of
, be and is hereby author	orized to sign and execute all necessary
documentation for application of liquor/beer per	rmit on such terms and conditions as
she/he shall deem to be in the best interest of	·
<u>CERTIFICAT</u>	<u>ΓΕ</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	d liability company/corporations on the
day of,	at which meeting all members were
present and voting.	
	(member)
	(member)