

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.

APPLICATION FOR

20 LIQUOR PERMIT

CITY OF OPELOUSAS,
OPELOUSAS, LA.

Opelousas, La., _____, 20 ____

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

ending December 31, 20____, to sell liquor at which location of said premises the sale of such liquor 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 liquor.

NAME _____
Followed by Trade Name _____ Owner'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 LIQUOR PERMIT FOR THE YEAR 20_____
If so, what was the number of the permit issued you for the year 20_____
If you do not hold a permit, state whether this is a new business _____
Do you operate a liquor package house, grocery, or delicatessen store or drug store? _____
3. IS THE LOCATION OF THE BUSINESS COVERED BY THIS APPLICATION IN AN AREA WHERE THE SALE OF LIQUOR
IS PROHIBITED BY LOCAL LAWS (MUNICIPAL, PARISH OR WARD)? _____
If so, will such liquor 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, letting 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 liquor issued by the United States or any other state revoked within five (5) years prior to this application?.....
Have you been convicted or had judgment against you involving liquor 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", paste 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
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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)

(State Whether Individual Owner, Member of Firm, or if Officer of Corporation. Give Title)

(Signature and Title of Person Administering Oath)

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.

LIQUOR \$505.00