

IBERIA PARISH GOVERNMENT
300 IBERIA STREET, SUITE 400
NEW IBERIA, LA 70560-4587
TELEPHONE#: (337)365-8246

STEPS TO FOLLOW WHEN APPLYING FOR A PARISH LIQUOR LICENSE:

1. Applicant must provide copies of:
 - A. Complete Criminal History Verification – Clerk of Court's Office (\$10.00 fee)
 - B. State Fire Marshall's Approval
 - C. Supply a copy of a Notarized Affidavit from the Daily Iberian (must advertise for one day)
 - D. Board of Health approval
 2. Applicant must apply for Parish Occupational License.
 3. Applicant must complete Liquor/Beer Permit form. This form needs to be signed and notarized.
 4. Supply a copy of the lease agreement, if building is not owned by applicant.
 5. Applicant must get in touch with the State Official to apply for a State Liquor Permit. The State Official is Carolyn Guillot 337-373-0031. New Iberia City Hall Tax Office on Tuesdays only.
-

IBERIA PARISH GOVERNMENT

APPLICATION FOR OCCUPATIONAL LICENSE

MAIL TO:
 IBERIA PARISH GOVERNMENT
 COURTHOUSE BUILDING SUITE 400
 300 IBERIA STREET
 NEW IBERIA, LOUISIANA 70560-4587
 PHONE 365-8246

1. Name under which business is to be conducted _____ ()
PRINT - DO NOT WRITE AC TELEPHONE

2. Owner _____ ()
PRINT - NAME OF OWNER IF DIFFERENT FROM NAME ON LINE ONE AC HOME PHONE NO.

3. Location of business _____
STREET AND NUMBER CITY OR TOWN STATE ZIP CODE (9-DIGIT) PARISH

4. Mailing address (if different) _____
P.O. BOX OR STREET NO. CITY OR TOWN STATE ZIP CODE (9-digit) PARISH

5. Nature of business _____

DO NOT PUT RETAIL! STATE WHETHER GROCERY, DRY GOODS, HARDWARE, DEPARTMENT STORE, MFG., WHOLESALE, HOTEL, TOURIST COURT, PARKING LOT, PRINTING, LAUNDRY, DRY CLEANING, REPAIRS, AMUSEMENTS, STORAGE, LEASE AND RENTALS, ETC.

6. Check type ownership
 Individual Proprietor Partnership Corporation

7. Names of all partners or principal officers if a corporation _____

8. How many places of business do you operate within the Parish of Iberia? _____
If you operate more than one place of business, separate and complete registration must be made for each location.

9. Date started, or Date business opened _____

10. If business has changed hands, show the Former Owner _____

Former Trade Name: _____

I AGREE TO ABIDE BY THE LIMITATIONS OF THE APPROPRIATE DEPARTMENT(S) LISTED BELOW. I UNDERSTAND THAT APPROVAL IS CONTINGENT UPON COMPLIANCE WITH THE APPROPRIATE REGULATIONS FOR MY TYPE OF BUSINESS. FAILURE TO COMPLY MAY RESULT IN PENALTIES.

Sign Here X _____ Title _____

FIRE DEPT.	REMARKS _____
	APPROVED DENIED: BY _____ DATE: _____
	REASON/LIMITATION _____
BOARD OF HEALTH 373-0021	REMARKS _____
	APPROVED DENIED: BY _____ DATE: _____
	REASON/LIMITATION _____
Account Number _____ Type of Business Code _____ Date Business Began _____	
Keypunched By _____	
OFFICE COPY	

LIQUOR/BEER PERMIT

Permit No.: _____

Date Issued: _____

_____, LA., _____, 20____

PARISH OF IBERIA

The Undersigned applies for a _____ permit for the calendar year ending
(Wholesale) (Saloon) (Package House)
December 31, _____ to sell alcoholic beverages containing MORE/ _____ LESS than six percentum (6%)
of alcohol by volume as prescribed by law on the premises hereinafter described; at which location of said
premises the sale of such alcoholic beverage 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 government
affecting the sale of alcoholic beverages.

NAME: _____
Owner's Name Followed by Trade Name

ADDRESS: _____ WARD _____
Owner's Address - Address of premises in which business is located

ANSWER THE FOLLOWING QUESTIONS FULLY & COMPLETELY:(All Questions Must be Answered)

1. HAVE YOU EVER BEEN REFUSED A LIQUOR OR BEER PERMIT? _____

2. DID YOU APPLY FOR A LIQUOR AND/OR BEER PERMIT LAST YEAR? _____

If so, what were the numbers of the permits issued you? Liquor: _____ Beer: _____

What type of permit did you hold or apply for? Class A: _____ Class B: _____
Saloon Pkg. House

3. IF NOT NEW BUSINESS, GIVE NAME & PERMIT NUMBER(S) OF FORMER OWNER: _____

4. GIVE APPROXIMATE DISTANCE OF LOCATION FROM:

CHURCH: _____ PUBLIC LIBRARY: _____

PUBLIC PLAYGROUND: _____ SCHOOL: _____

5. IS YOUR BUSINESS TO BE CONDUCTED BY A MANAGER OR AGENT? _____

If the answer is yes give name and address of the person who will run the business:

Name _____ Name _____

6. DO YOU OWN PREMISES OR DO YOU HOLD A BONAFIDE WRITTEN LEASE? _____

If you rent or lease, give name and address of owner or lessor and attach copy of lease or rental agreement.
(If no written lease, one must be obtained and recorded).

Name _____ Name _____

7. 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 Table A must be executed and attached covering each partner and stockholder of a corporation owning in excess of 5% of business.)

