



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

M. Larry Richard  
Iberia Parish President

## **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
  - 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.

# 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) (Packaged House)

December 31, \_\_\_\_\_ to sell alcoholic beverages containing MORE/\_\_\_\_\_ LESS than six per centum (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 AND/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 Package House

3. GIVE NAME & PERMIT NUMBER(S) OF FORMER OWNER: (Only if this is not a new business)  
 \_\_\_\_\_

4. GIVE APPROXIMATE DISTANCE OR LOCATION FROM: SCHOOL \_\_\_\_\_  
 CHURCH \_\_\_\_\_ PUBLIC LIBRARY \_\_\_\_\_ PUBLIC PLAYGROUND \_\_\_\_\_

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

\_\_\_\_\_  
Name Address

6. DO YOU OWN THE PREMISES OR DO YOU HOLD A BONAFIDE WRITTEN LEASE? \_\_\_\_\_  
 (If you rent or lease, please give name and address of owner or leaser and attach copy of lease or rental agreement.) If no written lease, one must be obtained and recorded.

\_\_\_\_\_  
Name Address

7. IS YOUR BUSINESS INDIVIDUALLY OWNED, A PARTNERSHIP OR CORPORATION? (state which one)  
 \_\_\_\_\_

If a partnership or corporation, please give Name, Address, 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.

TABLE A: (To be answered by owner, partner, manager, agent, or official signing this application)

If business is to be conducted by a manager or agent, a duly executed Table A for said manager or agent must be attached to this application.

NAME \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

DATE & PLACE OR BIRTH \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_ OVER THE AGE OF 21: YES \_\_\_\_\_ NO \_\_\_\_\_

1. How did you become a citizen? \_\_\_\_\_
2. Have you and all others connected with this business 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? \_\_\_\_\_
3. 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? \_\_\_\_\_
4. Have you or anyone connected with this business ever be convicted in this state or in any other state or by the United States of soliciting for prostitution, pandering, lending the premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, lending a disorderly place, or dealing in or handling narcotics? \_\_\_\_\_
5. Have you or anyone connected with this business had a license or permit to sell or deal in alcoholic beverages issued by the United States or any other state revoked with five (5) years prior to this application? \_\_\_\_\_
6. 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 by the United States with five (5) years prior to the date of this application? \_\_\_\_\_
7. Have you or anyone connected with this business ever been convicted of violating the provisions of the Beer Act? \_\_\_\_\_
8. Is this application for a new business? \_\_\_\_\_

THE LAW REQUIRES THAT AN APPLICATION MUST BE FILED WITH THE STATE WITHIN 24 HOURS OF THE TIME OF FILING THIS APPLICATION.

**THIS AFFIDAVIT MUST BE EXECUTED BY APPLIANT AND BEFORE A NOTARY PUBLIC**

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

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**  
(State whether individual owner, member of firm, or officer of corporation, give title).

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

\_\_\_\_\_  
Signature and Title of Person Administering Oath

Any misstatement or concealment of fact in an application shall be grounds for suspension or revocation by the Board of Tax Appeals of the permit issued thereunder.

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_  
Month Day Year

**IBERIA PARISH GOVERNMENT**  
**APPLICATION FOR OCCUPATIONAL LICENSE**  
(Please print clearly)

MAIL TO:  
IBERIA PARISH GOVERNMENT  
COURTHOUSE BUILDING SUITE 400  
300 IBERIA STREET  
NEW IBERIA, LOUISIANA 70560-4587  
PHONE 337-365-8246 FAX 337-369-4490

1. Name under which business is to be conducted:

\_\_\_\_\_ Business Phone No. \_\_\_\_\_

2. Owner \_\_\_\_\_ Home Phone No. \_\_\_\_\_

3. Location of Business \_\_\_\_\_  
STREET AND NUMBER CITY STATE ZIP CODE PARISH

4. Mailing Address \_\_\_\_\_  
STREET AND NUMBER CITY STATE ZIP CODE PARISH

5. Nature of business \_\_\_\_\_  
Ex. Grocery store, dry goods, hardware, department store, mfg., wholesale, hotel, contractor, construction

6. Type of Ownership \_\_\_\_\_ Individual Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

7. Names of all partners or principal officers if a corporation: \_\_\_\_\_

8. How many places of business of you operate within the Parish of Iberia? \_\_\_\_\_

9. Date started, or Date business opened? \_\_\_\_\_

10. If business has changed ownership, what is the name of the former owner? \_\_\_\_\_

Former Trade Name \_\_\_\_\_

**I AGREE TO ABIDE BY THE LIMITATIONS OF THE APPROPRIATE DEPARTMENTS 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** \_\_\_\_\_ **TITLE** \_\_\_\_\_

<p><b>For office use only:</b></p> <p>ACCOUNT NUMBER _____ TYPE OF BUSINESS CODE _____ DATE BUSINESS BEGAN _____</p> <p>CLERK _____</p>
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