



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