



City of Minden

520 Broadway Street
 Post Office Box 580
 Minden, LA 71058-0580

Permit Number
Application Received

The above section is for office use only.

APPLICATION FOR RETAIL ALCOHOL PERMIT

Permit to be issued for the Calendar Year Ending December 31, 20

1. Permit To Be ISSUED TO: (Owner, Name of individual, name of partners or Corporation)	2. Trade name of business (if any) TAX ID NUMBER:									
3. Street Address of premises to be licensed:	4. Official Mailing Address (p.o. box/street/city/state/zip)	5. Telephone Numbers: Work () Home () Cell ()								
6. Application is for: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Class "A" – On premises Low Alcohol Content</td> <td><input type="checkbox"/> Class "A" – On premises Low & High Alcohol Content</td> </tr> <tr> <td><input type="checkbox"/> "A-R" – Restaurant/Low Alcohol Content</td> <td><input type="checkbox"/> "A-R" – Restaurant/Low & High Alcohol Content</td> </tr> <tr> <td><input type="checkbox"/> Class "B" – Off premises Low Alcohol Content</td> <td><input type="checkbox"/> Class "B" – Off premises Low & High Alcohol Content (No Motor Fuel Sales)</td> </tr> <tr> <td><input type="checkbox"/> Class "C" – Off premises Low & High Alcohol Content with frozen specialty drinks</td> <td><input type="checkbox"/> Wholesale</td> </tr> </table>			<input type="checkbox"/> Class "A" – On premises Low Alcohol Content	<input type="checkbox"/> Class "A" – On premises Low & High Alcohol Content	<input type="checkbox"/> "A-R" – Restaurant/Low Alcohol Content	<input type="checkbox"/> "A-R" – Restaurant/Low & High Alcohol Content	<input type="checkbox"/> Class "B" – Off premises Low Alcohol Content	<input type="checkbox"/> Class "B" – Off premises Low & High Alcohol Content (No Motor Fuel Sales)	<input type="checkbox"/> Class "C" – Off premises Low & High Alcohol Content with frozen specialty drinks	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Class "A" – On premises Low Alcohol Content	<input type="checkbox"/> Class "A" – On premises Low & High Alcohol Content									
<input type="checkbox"/> "A-R" – Restaurant/Low Alcohol Content	<input type="checkbox"/> "A-R" – Restaurant/Low & High Alcohol Content									
<input type="checkbox"/> Class "B" – Off premises Low Alcohol Content	<input type="checkbox"/> Class "B" – Off premises Low & High Alcohol Content (No Motor Fuel Sales)									
<input type="checkbox"/> Class "C" – Off premises Low & High Alcohol Content with frozen specialty drinks	<input type="checkbox"/> Wholesale									
7. Describe the general nature of the business to be conducted at this location.										
8. Kind of ownership, i.e., Individual, Partnership, Corporation?										
9. Does applicant hold local or State Alcohol Permit for current year at other location? <input type="checkbox"/> Yes <input type="checkbox"/> No Class? <input type="checkbox"/> "A" <input type="checkbox"/> "B" <input type="checkbox"/> "C"										
10. Has applicant applied for state permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If issued, show state permit number _____										
11. Has the applicant ever been denied a State or Local Alcohol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No										
12. (a) Is applicant the owner of the premises to be occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If no, does applicant hold a bona fide written lease? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Attached is a certified copy of your lease or deed covering the premises. <input type="checkbox"/>										
13. Attach a plat of the property showing lot dimensions, all structures thereon, and name of street upon which premises fronts. Attach the name of, any church or synagogue, school, public playground, or public library within 300 feet of the premises. (Can be acquired from the office of the City of Minden Building Official)										
14. To establish the premises, attach a simple sketch describing that part of the building to be licensed for alcohol sales, including square footage.										
15. Date started, or to start at this address.										
16. Is the business to be conducted wholly or partly by one or more managers, agents, or other representative(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "Yes", attach Schedule "A" on each. <input type="checkbox"/>										
17. If a partnership or corporation, list below names, address, and percentage owned by each partner or stockholder. Schedule "A" must be attached for each partner, or for each stockholder owning more than 5% of the stock. Also, any financial backer of the business must be listed and Schedule "A" submitted.										
Name of Person	Kind of Interest (<i>Partner, Stockholder</i> <i>Financial Backer</i>)	% Owned								
_____	_____	_____								
_____	_____	_____								
_____	_____	_____								

18. Does applicant owe any Sales Tax or Occupational License Tax to the City of Minden? Yes No

19. Do you hold a current City of Minden Occupational License? Yes No (If yes, attach a copy.)

20. For what year did you last file a Louisiana Income Tax Return? _____

21. Is this application by a new owner to take over a going business that has been selling alcohol regularly and continuously to the present time? Yes No
If "yes", show (1) Name of immediate Prior Owner, (2) Trade Name, and (3) Permit Number

Prior Owner

Trade Name

Permit Number

22. A published notice of application for a permit was twice inserted as follows: "I am (we are) applying to the Collector of Revenue of Louisiana for a permit to sell beverages of Low Alcoholic Content or Low and High Alcoholic Content at Retail at the following address: _____ in the City of Minden, Parish of Webster, State of Louisiana."

Name of Newspaper _____ Dates of Publications: ____/____/____ & ____/____/____

Please attach: (1) Published Notice

(2) Proof of Publication

AFFIDAVIT

This affidavit must be signed by owner if individual ownership, authorized partner if a partnership, or authorized official if corporate ownership. It is understood that any misstatement or suppression of fact in an application or Schedule "A" is grounds for denial of a permit.

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, that I meet the qualifications and conditions set out in LA R.S. 26:279; and, I further swear (or affirm) that I have no interest in any establishment holding a beer permit other than the type applied for herein.

SUBSCRIBED AND SWORN to before me

SIGNED: _____

this _____ day of _____, 20____

TITLE _____

(Notary Public or Revenue Deputy)

PERMIT FEES:

Class "A" On premises consumption:	Low Alcohol only (\$75)	Low & High Alcohol (\$500)
Class "A-R": Restaurant:	Low Alcohol only (\$75)	Low & High Alcohol (\$500)
Class "B" Off premises consumption:	Low Alcohol only (\$60)	Low & High Alcohol (\$500)
Class "C" Off premises consumption:	Package Liquor with frozen specialty drinks (\$500)	
Wholesale (\$100)		

Failure to file application before beginning business, or, for renewal permit not later than November of each year will incur penalties, to include 25% of permit fee plus 6% interest per annum until paid, and if sued on, or placed in the hands of an attorney for collection, the delinquent owing for such permit shall pay attorney's fees plus 10% penalties and interest. All applications for City permits shall be sent to the City Clerk, City of Minden, 520 Broadway Street (Post Office Box 580) Minden, Louisiana 71055. The permit application process may take up to 35 days to complete from the date the application was received.

APPLICATION MUST BE ENTIRELY COMPLETE AND WITH PROPER FEE ATTACHED.

SCHEDULE A

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

- a. What is your name? _____

- b. Residence address? _____

City _____ State _____ Zip _____

- c. Date of Birth? ____/____/____ Place of Birth? _____

- d. Sex? ____ Race? ____ Social Security Number? ____ - ____ - ____ Driver's License Number? _____

- e. Are you a citizen of the United States? Yes No Are you over 18 years of age? Yes No

- f. Have you resided in the State of Louisiana continuously for a period of not less than two (2) years preceding the date of filing this application? Yes No

- g. Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana or any other state? Yes No
If "yes", proof of pardon and restoration of citizenship must be submitted with this application.

- h. 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 prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, or dealing in narcotics? Yes No

- i. Have you had a license or permit to sell or deal in alcoholic beverages issued by the United States or any other state revoked within two (2) years prior to this application? Yes No

- j. Have you been convicted or had judgment against you involving alcoholic beverages by this state or any other state or the United States within two (2) years prior to the date of this application? Yes No

- k. Have you ever been convicted for violating any of the provisions of the Alcohol Laws of this state? Yes No

- l. Are you married? Yes No If yes, is spouse eligible for permit? Yes No

- m. Do you or your spouse hold interest in any establishment holding an alcohol permit other than the type applied for herein? Yes No
If "yes", list the following:
Permit No. _____ Trade Name _____ Address _____
Kind of Interest _____ % Equity _____

- n. Have you ever used any name other than the name given herein? Yes No If yes, give details below:
Name Used _____ Placed Used _____ Date ____/____/____
_____ _____ _____/____/____