

APPLICATION FOR  
**LIQUOR PERMIT**

**Iberville Parish Council**  
P O Box 355  
Plaquemine, LA 70765-0355  
(225) 687-5200

DO NOT WRITE IN THIS SPACE
DATE
RECEIPT #
FEE
PENALTY
TOTAL

**Check One:**

- NEW BUSINESS APPLICATION (Must be notarized)  
 RENEWAL APPLICATION

Permit to be issued for License Year \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY**

The undersigned applies for a \_\_\_\_\_ permit for the calendar year ending December 31st.,  
(Retail Saloon, Package House, Wholesale or Manufacturer)  
**to sell alcoholic beverages containing MORE than six per centum (6%) of alcohol by volume**, as provided by Chapter 1 of Title 26, of the Louisiana Revised Statutes of 1950, as amended, on the premises hereinafter described; and hereby agrees to comply with all laws, ordinances and regulations of the State, Federal or local governments affecting the sale of alcoholic beverages.

Legal Name \_\_\_\_\_ Trade Name \_\_\_\_\_  
(Owner - Name of Individual, Partnership, Corporation or LLC)

Physical Address \_\_\_\_\_  
(Address of premises in which business is located) (City, State and Zip Code)

Mailing Address \_\_\_\_\_  
(Street or P.O. Box) (City, State and Zip Code)

Parish \_\_\_\_\_ Phone # \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

1. DID YOU APPLY FOR AN ALCOHOLIC BEVERAGE PERMIT FOR THE YEAR \_\_\_\_\_ AT THIS LOCATION? \_\_\_\_\_  
Do you hold or have you applied to the Department of Revenue Office of Alcohol & Tobacco for a Class "A" Retail Saloon Beer permit or a Class "B" Retail Package House Beer permit? \_\_\_\_\_  
(State which)
2. IS THE LOCATION OF THE BUSINESS COVERED BY THIS APPLICATION IN AN AREA WHERE THE SALE OF ALCOHOLIC BEVERAGES IS PROHIBITED BY LOCAL LAWS (MUNICIPAL, PARISH, OR WARD)? \_\_\_\_\_
3. PERSONNEL OF BUSINESS:  
(a) Is your business to be conducted by a manager or agent? \_\_\_\_\_ If answer is "yes", list all names and addresses of individuals.

**(Schedule A duly executed must be submitted for said manager or agent)**

(b) Is your business individually owned, a Partnership, Corporation or LLC? (State which) \_\_\_\_\_  
If a partnership, corporation or LLC give names, addresses, and percentage of business owned by each partner or Financial Backers or Members:

Name	Address	% Owned

**(Separate Schedule A must be executed and attached covering all officers and directors and stockholders or members of a corporation who own in excess of 5% of stock, or of the membership interest in a limited liability company.)**