



118 W. McKinley Ave. Haughton, Louisiana 71037
P.O. Box 729 TEL. (318) 949-9401 FAX (318) 949-2609

Office of the Mayor

APPLICATION FOR BEER LICENSE

YEAR _____

INSTRUCTIONS: APPLICATIONS MUST BE COMPLETED IN ENTIRITY. PRINT IN INK OR TYPE. PARTIALLY COMPLETED APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT.

Application is hereby made for a retail license to sell alcoholic beverages as provided by Chapter I of Title 26 of the Louisiana Revised Statutes of 1950, as amended.

NEW OR RENEWAL _____ (New applicants are required to appear in person)

NAME _____ TRADE NAME _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____
STREET CITY STATE ZIP

MAILING ADDRESS _____ CELL PHONE _____
STREET CITY STATE ZIP

HOME ADDRESS _____ HOME PHONE _____
STREET CITY STATE ZIP

Are you more than 18 years of age; a citizen of the United States and the State of Louisiana; and a resident of Louisiana continuously for the last two years preceding the date of the date of the filing of this application? _____

Are you a registered voter of Bossier Parish? _____

Are you the owner of the business premises, or do you hold a bona fide written lease? _____ If you lease or rent, give the name and address of the owner. _____

Does the establishment meet the requirements of the State Sanitary Code? _____

Have you ever been convicted of a misdemeanor? _____ If yes, explain _____

Have you ever been convicted of a felony? _____ If yes, explain _____

Have you ever had an Alcoholic Beverage License revoked? _____

Have you ever been convicted of violating any law or ordinance pertaining to alcoholic beverages? _____

The name of the person who will personally manage or superintend said business at the place designated. _____

The following is a statement of my employment for the past five years. _____



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Enclosed herewith is amount of \$_____ for Beer License.

THE EXPENSE OR COST OF SAID LICENSE ARE AS FOLLOWS:

RETAIL FOR BEER ONLY-----\$60.00 PER YEAR

AFFIDAVIT

I SWEAR (OR AFFIRM) THAT I HAVE READ EACH OF THE QUESTIONS IN THIS APPLICATION AND THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANTS SIGNATURE _____ TITLE _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC _____