

St. John the Baptist Parish Sheriff's Office Occupational License Division

Operated by ACI St John, LLC

1704 Chantilly Drive, LaPlace, LA 70068
P. O. Bpx 2066, LaPlace, LA 70069
Ph: (985) 359-6600 Fax: (985) 359-6602

Application for Retail Alcoholic Beverage Permit

Please mark the space adjacent to the class of permit you desire and the type of alcoholic beverage you intend to sell. Class of permit Type of alcoholic beverage						
. ☐ Class A – General (No one under the age of 18 admitted)	□Beer					
☐ClassA – Restaurant (Bona fide restaurant with "R" permit) (Must complete "R" application)	□Liquor/Beer/Wine					
☐ClassB-Package only	☐ Light wine (Not need if liquor/beer/wine ischecked)					
☐ Class C-Package (Must have "R" permit)						
1.Type of ownership:	☐ Corporation ☐ LLC priate registration in good standing with the Louisiana Secretary of State)					
2. Legal Name of Business:	3. Trade Name of Business:					
4. Location address (street/city/state/ZIP)	5. Telephone					
	Work: Home:					
6. Official mailing address (P.O Box/street/city/state/ZIP) 7. Location Parish						
8. Did you apply for an alcoholic beverage permit for the previous year, at this location?						
9. Is this applicant the owner of the premises to be occupied? Yes No If no, applicant must attach a copy of the written lease.						
Lessor's Name/Address:						
1).What portion of building will business occupy?						
11. Has applicant applied for an ATC permit? Yes No If yes, date applied If no, please paste in the provided space, two advertisements which appeared twice in the local newspaper which reads that you are applying for a permit to sell Alcoholic Beverages, at retail, at the business location in St. John the Baptist Parish.						
PASTE ADVERTISEMENT HERE (omit if this if application is for renewal of an existing license)						

12. If application is for manufacturer's brand of each article marketed.	permit, list below na	ame of all articles not bein	g manufactured oı	r blended, listing each trade name	of	
13. If applicant is a partnership, corpora (Notice: A Schedule "A" must be comp backer and any stockholder owning r (Attach additional sheet, if necessary,	oleted and attached nore than 5% of the	to this application for the n	nanager, owner, e	ach partner, officer, director, financ	ial	
NAME		TITLE: (Stockholder/dire	ector/officer)	% of stock owned		
14. Is this business to be conducted wh	olly or partly by one	or more managers other th	an those listed in N	Number 13:		
☐ Yes ☐ No If yes, list names and furnish Schedule "A" and copy of driver's license for each person.						
#a						
15. Has this location had a beer/liquor permit in the last 6 months?						
Owner Name: Trade Name:						
16. Give three (3) personal references who can attest to your general good character and personal reputation in the community.						
NAME	ADDRESS			PHONE NUMBER		
This affidavit must be signed by the owner, if individual ownership; partner, if partnership; or authorized official, if corporation or LLC. Misstatement or suppression of material facts in this application isgrounds for denial of this permit. Conviction of filing false public records, a violation of Louisiana Revised Statute 14:133 may result in imprisonment for not more than five years with or without hard labor and fines of not more than \$5,000 (five thousand dollars), or both.						
Affidavit I swear 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 that I meet the qualifications and conditions of R.S. 26:80 and R.S. 26:280; that I have complied with the notice requirements contained in R.S. 26:77 and R.S. 26:277; and that I have no interest in any business that holds a wholesaler's license or solicitors license issued by the Office of Alcohol and Tobacco Control.						
Signature:		Title:			_	
Print/Type your name:					_	
Sworn to and subscribed before me on	this the	day of		, 20		
In the Parish of State of						
Notary Public's Signature:						
Print Name of Notary Public:						