



RAPIDES PARISH & APPLICABLE MUNICIPALITIES
APPLICATION FOR RESTAURANT PERMIT

5606 Coliseum Blvd * Alexandria, Louisiana * 71303
Phone (318) 445-0296 * Fax (318) 449-4532
Email: info@rpst.org * www.laota.com

Account Number
Office Use Only - Class of License

I HEREBY make application to sell, handle or distribute as follows: (Check all that apply)

Restaurant _____ beer _____ liquor
Caterers _____ beer _____ liquor

and hereby certify to the following facts, and agree to the following conditions:

I will sell and distribute only beverages as are now or may hereafter be permitted by the laws of the United States, the State of Louisiana and applicable local ordinances.

This application is made on behalf of (Trade Name): _____

Name of Business Owner: _____

Mailing Address: _____

Business Location: _____

Phone Number () _____ Fax Number () _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Date of Birth: _____ Place of Birth: _____ Race: _____ Sex: M F

Applicant's Social Security #: _____ Driver's License #: _____

Applicant's Spouse's Name, if applicable: _____

Answer the following questions fully and completely:

If you answer "yes" to questions 2 - 10, please attach a detailed statement explaining (date of arrest, agency that arrested you, city and state where arrested, charge and the results of arrest).

- 1. A. Are you the sole owner of the business listed above? Yes No
B. Is this business a partnership, association, corporation, LLP, LLC? Yes No
C. If a corporation, attach your title and percent of ownership.
D. Is there any other person, firm, corporation or association financially interested, in any way, in the business? Yes No
E. Is the business to be conducted by a manager or agent? Yes No
2. Have you ever been refused an alcoholic beverage permit? Yes No
3. Have you or anyone connected with the business ever been arrested for any offense other than minor traffic violations? Yes No
4. 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? Yes No
5. Have you ever been convicted in this state, or in any other state, or by the United States, or any other country, of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or illegal dealing in narcotics? Yes No
6. Have you had a license or permit to sell or deal in alcoholic beverages revoked or suspended by the United States, any state, or by any political subdivision of a state authorized to issue permits or licenses within five (5) year prior to this application? Yes No
7. Have you been convicted or had judgment of court rendered against you involving alcoholic beverages by the United States, any state, or by any political subdivision of a state authorized to issue permits or licenses within five (5) year prior to this application? Yes No
8. Are you the spouse of a person who cannot qualify or whose application has been denied or whose permit has been revoked or suspended, unless judicially separated or divorced? Yes No
9. Have you been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of Chapter I, Title 26 Louisiana Revised Statutes of 1950 pertaining to liquor? Yes No
10. Have you been adjudged by the Louisiana Board of Alcoholic Beverage Control or convicted by a court of violating any of the provisions of Chapter I, Title 26 Louisiana Revised Statutes of 1950 pertaining to liquor? Yes No

License Fee Due (Please see table on reverse) \$ _____

Penalty - 25% if not paid by due date \$ _____

Total Fee Due \$ _____

CASH OR CERTIFIED FUNDS

NO CHECKS

Any misstatement or suppression of fact in an application or accompanying affidavit shall be grounds for denial, suspension or revocation of permit.

Account Number _____

**Section I
(For New Applicants Only)**

- ___ A. Applicant is required to have provide our office with a certified copy of the State of Louisiana ATC background check results.
- ___ B. Businesses inside the city limits of Alexandria attach a copy of a Fire Inspection Certificate. Contact the Fire Prevention Bureau at 441-6607; 1000 Bolton Avenue; Alexandria, LA 71301. An inspector will come to the premises.
- ___ C. Copy of a current Health Inspection Certificate is attached for the above business location by the Rapides Parish Health Unit located at 5604A Coliseum Blvd; Alexandria, LA 71303. Phone 487-5282 x 218.
- ___ D. Businesses inside the city limits of Alexandria attach a Zoning Compliance for Alcoholic Beverage. Contact the City of Alexandria Planning and Economic Development Division at 625 Murray Street; 2nd floor, to obtain a Zoning Compliance for Alcoholic Beverages for the premises. Fire Inspection and Health Inspection Certificate should be brought with you to the zoning office. There will be a \$10.00 to \$15.00 fee made payable to City of Alexandria. They will accept cash, check or money order.
- ___ E. Copy of advertisement is attached. You must advertise one (1) time in the Rapides Parish Legal Journal (Town Talk) your intention to sell beer and/or liquor at the above business location.
- ___ F. Fingerprint card is attached or electronically submitted at the Rapides Parish Sales Tax Department (\$10.00 fee).
- ___ G. Applicant owns the building in which the business is to be conducted or has attached a copy of a bona fide written lease.
- ___ H. Business is located the proper distance from any church, synagogue, library, school or playground.
- ___ I. Applicant is at least twenty-one (21) years of age and a citizen of the United States and a resident of the State of Louisiana continuously for a period of not less than two (2) years; resident requirements do not apply to LLCs, Corporations, or other legal entities.
- ___ J. There are no Local Ordinances prohibiting the sale of beer and/or liquor at the above business location.

**Section II
(All Applicants)**

All applicants answer the following questions fully and completely:

- | | | |
|--|-----|----|
| 1. Is the primary purpose and function of this business to take orders for and serve food and food items? | Yes | No |
| 2. Is food served on all days of operation? | Yes | No |
| 3. Are alcoholic beverages served in conjunction with meals? | Yes | No |
| 4. Does your place of business have a fully equipped kitchen and dining room manned and operated at all times that alcoholic beverages are sold on Sunday? | Yes | No |
| 5. Have you attached a current copy of your menu with this application? This is an annual requirement. | Yes | No |
| Does this place of business gross sixty percent (60%) of its average monthly revenue from the sales of food, food items and non-alcoholic beverages? | Yes | No |

**Section III
(For Renewal Only)**

This affidavit must be executed by applicant before a Notary Public.

Did you apply for an Alcoholic Beverage Permit for the preceding year at this location? Yes No
Please report the following for the previous year:

Amount of gross sales for beer	\$ _____
Amount of gross sales for liquor	\$ _____
Amount of total alcohol sales	\$ _____
Amount of total gross sales (including food & alcohol)	\$ _____
Percentage of alcohol sales (alcohol sales/gross sales)	_____

This is to certify that no change has taken place with respect to the operation of the above named business affecting the ownership, lease arrangements, felony convictions or other requirements of the applicable state and local laws under which the PERMIT was originally issued; and to further certify and affirm that the answers to all questions on my original application at the above location are correct and remain unchanged.

Any person, firm, or corporation applying for an alcohol beverage permit shall pay the appropriate fee on or before the due date each year.

This affidavit must be signed by owner, if individual ownership, authorized partner, if partnership or authorized official for all other entity types. It is understood any misstatement or suppression of fact in this application or accompanying documents is grounds for denial of 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 and that I meet the qualifications and conditions set out in applicable ordinances.

Applicant's Signature: _____ Title: _____

Subscribed and sworn before me this _____ day of _____, 20 _____

Notary Public: _____

Please check the appropriate fee:

- | | |
|--|----------|
| ___ 1. Class "R" Low (Restaurant) | \$75.00 |
| ___ 2. Class "R" High (Restaurant) | \$500.00 |
| ___ 3. Class "R" High & Low | \$575.00 |
| ___ *4. Class A Caterer & Class "R" Low | \$275.00 |
| ___ *5. Class A Caterer & Class "R" High | \$700.00 |
| ___ *6. Class A Caterer & Class "R" High & Low | \$775.00 |

* The holder of a Class A Caterer's permit must provide the office of Alcohol and Tobacco Control and the Rapides Parish Sales and Use Tax Department with written notice of the date, time, and place of each catered event at least one week prior to the date of the event and derive forty percent (40%) of its gross revenue per event from the sales of food or food related products.

CASH OR CERTIFIED FUNDS

NO CHECKS

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