



PARISH OF CADDO
ALCOHOL BEVERAGE & GAMING LICENCE APPLICATION

DATE OF APPLICATION: _____		For Office Use Only DATE APPLICATION RECEIVED: _____	
☐ NEW (YEAR) _____ ☐ RENEWAL	☐ LIQUOR (\$500.00) Consumption on premises (High Content)	☐ BEER (\$75.00) Consumption on premises (Low Content)	☐ SUNDAY SALES (\$125.00)
	☐ LIQUOR (\$500.00) Package Only (High Content)	☐ BEER (\$60.00) Package Only (Low Content)	☐ Sunday Sales-Racetrack (Low Content Only) (\$500.00)
☐ GAMING LICENSE for AMUSEMENT DEVICES	_____ Video Poker Machine(s) _____ Video Game(s) _____ Pin Ball (\$50.00 ea.)		
	_____ Pool Table(s) _____ Juke Box _____ Dart Game (\$20.00 ea.)		
	_____ Other _____		
Cash, check or money order in the above amounts is attached: (Please make check(s) payable to the Parish of Caddo) **Missing or incomplete information may delay licensure**			

LICENSE ISSUED TO: _____ **LOCATION:** _____
Primary Applicant

IS THIS PREMISES WITHIN A METROPOLITAN PLANNING AREA? _____

Application is hereby made for a retail license to sell alcoholic beverages as provided by Chapter 1, Title 26 of the Louisiana Revised Statutes, as amended and in accordance with the Code of Ordinances of the Parish of Caddo.

Name of Business: _____

Mailing Address: _____

Exact Business Location: _____ **Business Phone:** _____

Are you the sole owner of business listed above? _____ Or is this business a partnership, association or corporation? _____

List all owners with a 5% or greater financial interest and use additional sheet if necessary. (Attach an Owner Affidavit for each person listed below and list of Corporate Officers if applicable)

OWNER(S) of Business	ADDRESS	%INTEREST
Owner		
Owner		
Owner		
Manager		

-OVER-

FOR OFFICE USE ONLY

Occupational License # _____ Sales Tax Clearance: _____

Date Application Paid: _____ Application Receipt: _____

The following documents are attached:

Certificate of Occupancy (Initial Application Only (If Applicable))
Notarized copy of the Newspaper Advertisement (Initial Application Only)
Lease or Cash Sale Deed (Initial Application Only)
Copy of Health Certificate (Renewals) or Copy of Health Certificate Application (Initial Application)
Copy of Current State Alcoholic Beverage Permit(s)
Copy of Parish AND State Tax Clearance (Renewals & Existing Business)
Authorization Form (Certificate of Authority)

ACKNOWLEDGEMENT

This establishment is located in excess of 500 feet from any parish or municipal public playground or property used exclusively as a church, synagogue, public library, or school in accordance with the Code of Ordinances of the Parish of Caddo. YES ___ NO ___

I/We certify that applicant(s) and spouse(s) have no interest in a wholesale dealer establishment.

I/We have read Chapter 3 of the Code of Ordinances of the Parish of Caddo, Louisiana a fully understand all parts thereof.

This is to certify and acknowledge that I/we understand that any misstatement or suppression of fact in this application or the violation of the requirements set forth in the Alcohol Beverage Ordinance is grounds for the denial of this request for a license. I/We also understand that I/we may be fingerprinted and checked for a possible criminal record.

I/We have read, understand, and answered all questions, and I/we swear and affirm that the answers hereto and true and correct to the best of our knowledge. I/We have also read and understand all applicable laws and ordinances of the Parish of Caddo.

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

STATE OF LOUISIANA

PARISH OF CADDO

BEFORE ME, a Notary Public in and for Caddo Parish, personally came and appeared

_____, _____,

_____, _____, who declare that the

above and foregoing is true and correct to the best of (his/her/their) knowledge and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.

Notary Public

Approved: _____
Parish Administrator

Disapproved: _____
Parish Administrator

Date: _____



OWNER AFFADAVIT

THIS INFORMATION MUST BE COMPLETED BY EACH OWNER

OWNERSHIP:

☐

INDIVIDUAL

☐

PARTNERSHIP

☐

CORPORATION

☐

L. L. C.

Owner Full Name _____ Maiden Name _____

Address _____ Phone Number _____

Sex: _____ Race: _____ Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____ Social Security Number: _____

Citizen of United States? YES _____ NO _____ Type of Citizenship _____

Resident of Louisiana for two (2) continuous years prior to this application YES _____ NO _____

I/We certify that the applicant meets the qualifications listed in paragraphs 1 through 9, below:

1. Are you a person of good character and reputation and over the age of eighteen years? YES _____ NO _____
2. Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana, or any other state or country? YES _____ NO _____
If yes, a copy of the pardon or restoration of rights must be attached to this application.
3. Have you ever been convicted under the laws of the United States, the State of Louisiana, or any other state, for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or dealing in narcotics? YES _____ NO _____
If so, where? _____
4. Have you ever had a license of or permit to sell or deal in alcoholic beverages issued by the United States or any other state or jurisdiction revoked within on (1) year preceding the date of the filing of this application? YES _____ NO _____
5. Have you, any company or corporation owned by you ever had your/its alcoholic beverage handling employee card revoked within two (2) years preceding the date of filing of this application? YES _____ NO _____
If yes, a copy of the pardon or restoration of rights must be attached to this application.
6. Have you been convicted for violating or had a judgement rendered against you involving alcoholic beverages by this state or any other state or the United States within one (1) year preceding the date of the filing of this application?
YES _____ NO _____
If yes, a copy of the pardon or restoration of rights must be attached to this application.
7. Have you been convicted for violating any of the provisions of the Beer or Liquor Permit laws of this state or the local authorities? YES _____ NO _____
8. Have you ever used any other name than the one given herein? YES _____ NO _____ If so, give details below:
Name: _____ Where used _____ Date _____

9. If the applicant is married, does the spouse meet the qualifications for an alcoholic beverage permit? YES _____ NO _____

Spouse's Full Name: _____ Maiden Name: _____

Address: _____

Place of Birth: _____ Citizen of the United States? YES _____ NO _____

Type of Citizenship: _____

Resident of Louisiana for two (2) continuous years preceding the date of the filing of this application. YES _____ NO _____

-OVER-

SIGNATURE _____ DATE _____

STATE OF LOUISIANA

PARISH OF CADDO

BEFORE ME, a Notary Public in and for Caddo Parish, personally came and appeared

_____, _____,

_____, _____, who declare that the

above and foregoing Owner Affidavit is true and correct to the best of (his/her/their) knowledge and belief.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.

Notary Public

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FOR SHERIFF OFFICE USE ONLY



**APPENDIX A
CERTIFICATE OF AUTHORITY**

CORPORATION

Resolution of Board of Directors of _____
Name of Corporation

BE IT RESOLVED by the Board of Directors of _____, a corporation organized and existing under the laws of the State of _____, and domiciled in _____, that _____ is hereby authorized to sign applications for occupational licenses and alcoholic beverage permits with the Parish of Caddo.

That I, _____, _____ hereby
Name Position of Authority

certify by signature below, that the above and foregoing resolution is a true and correct copy of a resolution of the Board of Directors of this corporation which was passed at a meeting, duly called on _____, at which a quorum was present. The foregoing resolution has been entered into the records of this corporation, has not been rescinded or modified, and remains in full force and effect on this date.

PARTNERSHIP

I HEREBY CERTIFY, by signature below, that _____ is a partnership of which _____ is Co-Owner and thereby authorized to represent the Partnership in the application for occupational licenses and alcoholic beverage permits with the Parish of Caddo.

SOLE PROPRIETORSHIP

I HEREBY CERTIFY, by signature below, that _____ is a sole proprietorship of which _____ is owner and thereby authorized to represent the Proprietorship in the application for occupational licenses and alcoholic beverage permits with the Parish of Caddo.

LIMITED LIABILITY COMPANY

I HEREBY CERTIFY, by signature below, that _____, is a Limited
Name of Limited Liability Company
Liability Company of which, _____, is thereby authorized to represent the
Name
Limited Liability Company in the application for occupational licenses and alcoholic beverage permits with the Parish of Caddo.

SIGNATURE:

Signature

Print Name

THUS, DONE AND PASSED before me, Notary, on this _____ day of _____, 20__.

Notary Public