



**PROCEDURE TO OBTAIN A CITY OF LAFAYETTE  
ALCOHOLIC BEVERAGE PERMIT**

Dear Applicant:

Chapter 6 of the Code of Ordinances requires any person that sells, manufactures, or allows the consumption of alcohol in their place of business shall obtain a local and state alcoholic beverage permit. The entire City of Lafayette alcohol code is available upon request or can be viewed on the Lafayette Consolidated Government website [www.lafayettela.gov](http://www.lafayettela.gov) under heading "Government" then "Council Office" and then "Code of Ordinances". It will be in Chapter six (6).

In order for us to issue your City of Lafayette Alcohol Beverage Permit quickly and efficiently, the following are several requirements that must be met.

**To obtain a local alcoholic beverage permit for your business, you must submit the following paperwork to the Office of Alcohol and Noise Control \* 2100 Jefferson Street, Suite 102-A \* Lafayette, LA \* 70501:**

- \_\_\_\_\_ Notarized application form.
- \_\_\_\_\_ Completed 'Table A' forms on all owners, partners, stockholders, financial backers and managers  
NOTE: If the owner(s) of an establishment is not present on the property at all times, a designated manager must be present and a 'Table A' form on file for that individual.
- \_\_\_\_\_ Lease Agreement or Bill of Sale. **NOTE: Lease Agreement or Bill of Sale must be in the same name as the applicant on the application.**
- \_\_\_\_\_ Articles of Incorporation or Organization including Initial Report, or Partnership Agreement, if applicable.
- \_\_\_\_\_ Certificate of Occupancy from the Department of Zoning located at 220 W. Willow, Bldg. B. (337) 291-8442. Please indicate that you will sell and/or have consumption of alcohol to ensure the location is properly zoned.
- \_\_\_\_\_ Board of Health Permit from the State Health Department located at 220 W. Willow, Bldg. A. (337) 262-5616.
- \_\_\_\_\_ A detailed & exact diagram of the premises, including all entrances, exits, restrooms, bar, tables, kitchen, storage, office, etc. Your diagram will only be accepted in 8-1/2" X 11" (letter size) or 8-1/2" X 14" (legal size).

**After all above documents are received, the following will be done by the Office of Alcohol & Noise Control.**

1. Measure the distance of said establishment from the nearest church, school, library, and public playground.
2. Obtain a criminal history report on all owners, partners, stockholders, financial backers and designated managers
3. Verify Lease Agreement or Bill of Sale, Certificate of Occupancy, Board of Health Permit, and Diagram.

**REMINDER:** Local "bar cards" MUST be applied for BEFORE anyone is allowed to sell, serve, or dispense alcohol including owners & managers.

If approved, the applicant will be notified to pick up the permit and submit payment in the form of a **money order, cashier's check, or certified check** made payable to LAFAYETTE CONSOLIDATED GOVERNMENT. **PAYMENT IS NON-REFUNDABLE!! AFTER 35 DAYS, AN INCOMPLETE APPLICATION WILL BE VOIDED.**

**NOTE: You must also apply for a state alcohol permit within 24 hours of your filing of this local application. For more information about a State Alcoholic Beverage Permit you can call (225) 925-4041.**

**AFTER THE CITY PERMIT IS ISSUED, YOU MUST SUBMIT TO OUR OFFICE A COPY OF YOUR STATE PERMIT WITHIN 15 WORKING DAYS. FAILURE TO DO SO WILL RESULT IN THE REVOCATION OF YOUR CITY PERMIT.**







\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Revised: 09/2009

**TABLE A**

**A "Table A" must be executed by EACH owner, designated manager, partner, officer, financial backer, and every stockholder owning more than 5 percent of the capital stock.**

1. Full legal name of person to be certified		2. Residence address (street/city/state/zip)		
3. Race	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Age	6. Date of birth Mo. Day. Yr.	7. Place of birth (city/state)
8. Social Security #		9. Driver's license or ID # & State	10. Naturalization # (if applicable)	
11. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Are you a citizen of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Daytime phone # ( )
14. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Full legal name and Social Security # of your spouse:				
16. Have you or your spouse ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? <input type="checkbox"/> Yes <input type="checkbox"/> No				
18. Have you or your spouse ever been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. If the response to questions 16, 17, or 18 is "Yes", state the offense, date, location, and disposition. A copy of the pardon or restoration of rights must be attached also.				
20. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages <u>revoked</u> within the last two years prior to filing this table? <input type="checkbox"/> Yes <input type="checkbox"/> No				
21. Is this application being made by you to permit any person other than yourself to secure an alcoholic beverage permit in your name for his/her benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
22. Trade name of <b>all</b> businesses & addresses you are filing this table for:				

Misstatement or omission of material facts in this "Table A" shall constitute a false statement or representation under Louisiana Revised Statute 14:133 and is grounds for denial of this filing. 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 above questions and the answers that I have given are true and correct to the best of my knowledge; and that I meet the qualifications and conditions set out in R.S. 26:80 and 26:280. I understand that a criminal history will be conducted to determine my qualification and that I have been requested or required by the businesses in line 22 of this table to submit this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print your name \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

In the parish/county of \_\_\_\_\_ State of \_\_\_\_\_

Notary Public's Signature \_\_\_\_\_ Print name of Notary Public \_\_\_\_\_