



## ALCOHOL AND NOISE CONTROL DIVISION

### PROCEDURE TO OBTAIN AN ALCOHOLIC BEVERAGE PERMIT

Thank you for choosing Lafayette, Louisiana for your business location. The Lafayette City-Parish Code of Ordinances (Chapter 6 – Alcoholic Beverages) requires any person that sells (directly or indirectly), manufactures, or allows the consumption of alcohol on the premises of any establishment located in the City of Lafayette and the unincorporated area of Lafayette Parish to first obtain a local and state Alcoholic Beverage Permit. The Lafayette City-Parish Consolidated Government Alcohol Code can be reviewed on the Lafayette Consolidated Government's website [www.lafayettela.gov](http://www.lafayettela.gov) under heading "PEOPLE", "CITY/PARISH COUNCIL" and "CITY-PARISH ORDINANCES".

**To obtain a local Alcoholic Beverage Permit for your business, you must submit the following documentation to the Alcohol and Noise Control Division located at \* 220 W. Willow St., Building C, Ste. 102 \* Lafayette, LA \* 70501:**

- \_\_\_\_ A *completed and notarized* application form and an application fee of \$250. Payment shall be in the form of a money order, cashier's check, or certified check (NO personal or business checks accepted). Make payments payable to **Lafayette Consolidated Government**. Permit fees (see application) are due prior to the issuance of your Permit.
- \_\_\_\_ Completed 'Table A' forms on all owners, partners, stockholders, financial backers and managers. You MUST attach a copy of applicant's state issued identification card, driver's license or passport.  
**NOTE:** Table A forms **must be completed, approved and on file** (with your permit) for all Designated Managers.
  - **Class A Permit Holders:** Shall not operate without the Permittee or a designated manager in attendance with managing authority over the establishment. The Permittee or a Designated Manager must be on the premises during all days and hours of operation.
  - **Class B Permit Holders:** May operate without the Permittee or designated manager in attendance. However, the Permittee and/or a designated manager shall be available by telephone or in person during all days and hours of operation.
- \_\_\_\_ Lease Agreement or Bill of Sale. **NOTE: Lease Agreement or Bill of Sale must be in the same name as the applicant on the Alcoholic Beverage Permit application.**
- \_\_\_\_ Articles of Incorporation or Organization including Initial Report, or Partnership Agreement, if applicable.
- \_\_\_\_ A detailed diagram of the premises, including all entrances, exits, restrooms, bar, tables, kitchen, storage, office, etc. You must outline, in **RED**, all interior and exterior areas to be permitted. Your diagram will only be accepted in 8-1/2" X 11" (letter size) or 8-1/2" X 14" (legal size).
- \_\_\_\_ A full Restaurant Menu (Restaurant Only)

#### IN ADDITION TO THE ABOVE ITEMS, THE FOLLOWING DOCUMENTS MUST BE TURNED IN PRIOR TO SUBMISSION FOR FINAL APPROVAL.

- \_\_\_\_ Certificate of Occupancy from the Development & Planning Department, located at 220 W. Willow, Bldg. B. (337) 291-8431.
- \_\_\_\_ Board of Health Permit from the State Health Department located at 220 W. Willow, Bldg. A. (337) 262-5616.
- \_\_\_\_ Capacity Documentation received from the Fire Department / Fire Marshal (Restaurants and/or Bars only).
- \_\_\_\_ Sale Tax Clearance letter from the Lafayette Parish School System, Sales Tax Division located at 207 Town Center Pkwy, Lafayette, LA. (337) 521-7359

**AFTER 35 DAYS, AN INCOMPLETE APPLICATION WILL BE DENIED. PRIOR PAYMENTS ARE NON-REFUNDABLE!!**

**REMINDER:** Local "Bar Cards" MUST be applied for BEFORE anyone is allowed to sell, serve, or dispense alcohol including owners, managers AND employees.

**NOTE: You must also apply for a state alcohol permit, please call (225) 925-4041 or visit [www.atc.la.gov](http://www.atc.la.gov).**

**YOU MUST SUBMIT A COPY OF YOUR STATE PERMIT WITHIN 15 BUSINESS DAYS OF THE ISSUANCE OF YOUR LOCAL PERMIT. FAILURE TO DO SO MAY RESULT IN THE REVOCATION OF YOUR CITY/PARISH PERMIT.**



## Alcoholic Beverage Permit Application

FOR OFFICIAL USE ONLY

**FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SECTION**

Permit Type:	Type of Alcoholic Beverage to be Sold:	Date Application Fee Paid:	Permit Fee/Date Pd:
Date Permit must be issued by:	Date Permit Issued / By:	Name of Person Permit Released to:	
Capacity (if applicable):	Location of Business:	<input type="radio"/> City of Lafayette	<input type="radio"/> Unincorporated Area
Employee Processing Application:	Date Entered in Database:	Date Sent to Codes & Fire Prevention:	

**The below sections to be completed by applicant:**

1. Trade Name of Business (dba):	2. Applicant's Name (LLC, Corporation, Partnership or Individual):		
3. Physical Address of Business (Street / City / Zip Code):			
4. Mailing Address (P.O. Box / Street / City / State / Zip code):		5. Business Phone Number:	
6. Designated Physical Address (for Registered or Certified Mail) (NO P.O. Box): (Any changes SHALL be in WRITING only)			
7. Primary Contact Person:	Contact Phone Number:	Email Address:	
8. Secondary Contact Person:	Contact Phone Number:	Email Address:	
9. Type of Ownership:	<input type="radio"/> Individual	<input type="radio"/> Partnership (Requires written agreement)	<input type="radio"/> Corporation (Requires certificate)
<input type="radio"/> LLC (Requires certificate)			
10. Is applicant the owner of the premises to be licensed?			
<input type="radio"/> YES If "YES", you must provide verification of ownership.			
<input type="radio"/> NO If "NO", you must provide a copy of the written lease.			

11. List the legal name, title and percentage of ownership of each person for this business. Attach additional sheets, if necessary.

**(PLEASE NOTE:** A "Table A" form must be completed and attached to this application for EACH owner, partner, officer, director, financial backer, any stockholder owning more than five (5) percent of the stock and designated managers.)

FULL LEGAL NAME (LLC, Corporation, Partnership or Individual)	TITLE (Stockholder/director/officer)	Percentage of Ownership

Trade Name of Business (dba): \_\_\_\_\_

12. Days and hours of operation

	OPENING TIME	CLOSING TIME	COMMENTS OR NOTATIONS, IF ANY
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

\*\*ANY changes to the days and/or hours of operation must be submitted, IN WRITING, prior to change\*\*

13. Permit Types / Fees: (Permit fees are due prior to issuance of Alcoholic Beverage Permit.)

CHECK ONLY ONE	PERMIT TYPE	PERMIT FEE	EXPLANATION OF FEES
	Class A – Restaurant	\$575	\$500 High Alcohol Content, \$75 Low Alcohol Content*
	Class A – Restaurant Conditional	\$575	\$500 High Alcohol Content, \$75 Low Alcohol Content*
	Class A - Bar, Saloon or Tavern	\$575	\$500 High Alcohol Content, \$75 Low Alcohol Content*
	Class A – Open Air Conditional	\$575	\$500 High Alcohol Content, \$75 Low Alcohol Content*
	Class A – Cultural Conditional	\$575	\$500 High Alcohol Content, \$75 Low Alcohol Content*
	Class A - Beer & Wine Only	\$500	\$500 Beer & Wine
	Class A – Beer Only	\$75	\$75 Beer Only
	Class B – Retail	\$560	Convenience Store, grocery store, package liquor store - \$500 High Alcohol Content, \$60 Low Alcohol Content*
	Class B – Beer Only	\$60	\$60 Beer Only
	Caterer Permit	\$200	For High Alcohol Content and/or Low Alcohol Content* (Issued in conjunction with one of the above permits)
	Wholesale (Beer Only)	\$100	\$100 Low Alcohol Content*
	Wholesale (Beer, Wine & Liquor)	\$600	\$500 High Alcohol Content, \$100 Low Alcohol Content*
			<b>FOR OFFICE USE ONLY</b>

\*Low Alcohol Content is 6% or less alcohol by volume (ABV) and High Alcohol Content is anything above 6% alcohol by volume (ABV)

**Trade Name of Business (dba):**\_\_\_\_\_

**14. Permit Application Fee - \$250**

*Application fee is due at the time of submission of your Alcoholic Beverage Permit Application.* Application fees are NON-REFUNDABLE. Payments are accepted in the form of a money order, cashier's check or certified check ONLY (no personal or business checks accepted), made payable to Lafayette Consolidated Government or LCG.

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 is grounds 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 and that I meet the qualifications and conditions of Louisiana R.S. 26:80 and 26:280.

Name of Business:\_\_\_\_\_

Signature of Applicant:\_\_\_\_\_ Title:\_\_\_\_\_

Printed Name of Applicant:\_\_\_\_\_

**For NOTARY Use Only**

\_\_\_\_\_, personally appeared before me, and being first duly sworn declared that he/she signed this application in the capacity designated, if any, and further states that he/she has read and completed the above application and the statements therein contained are true.

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

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

Notary Public's Signature:\_\_\_\_\_

Printed name of Notary Public:\_\_\_\_\_



FOR OFFICIAL USE ONLY

**TABLE A**  
**APPLICATION**

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

**THIS SECTION TO BE COMPLETED BY OWNER OR MANAGER ONLY:**

Trade Name of Business (dba Name):	Address of Business:		
Business Phone: ( )	Owner / Designated Manager's Signature (other than applicant):		

**TO BE COMPLETED BY APPLICANT: (MUST attach a copy of the applicant's Drivers' License or state issued ID)**

1. First Name	Middle Name	Last Name	Maiden Name	Alias
2. Street Address		City		State Zip
3. Phone Number:		4. Email Address:		
5. Ethnicity:	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Age	8. Date of Birth	9. Place of Birth (City/State)
10. Social Security Number		11. Driver's license or ID Number		12. State issued:
13. Naturalization Number (if applicable)		14. Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		15. Are you a citizen of Louisiana? Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Have you or your spouse ever been convicted of a felony? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
18. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. 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? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No				
20. In the last two years, have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**QUESTIONS 21 AND 22 MUST BE ANSWERED BY OWNERS, OFFICERS AND/OR MEMBERS ONLY**

21. FULL LEGAL NAME and SOCIAL SECURITY NUMBER of your SPOUSE
22. Is this application being submitted by <u>YOU</u> to obtain an alcoholic beverage permit, in <u>YOUR</u> name, for the benefit of any <u>OTHER PERSON</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 qualifications.

APPLICANT'S Signature _____	Title _____
<b>For NOTARY Use Only</b>	
Sworn to and subscribed to me this _____ day of _____, 20 _____. In the parish/county of _____ State of _____.	
Notary Public's Signature _____	Printed Name of Notary Public _____

**FOR DESIGNATED MANAGER'S ONLY:** In lieu of Notarized Affidavit, APPLICANT must appear, IN PERSON, at the Office of Alcohol and Noise Control (ANC)

ANC AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Initial's/ Date: \_\_\_\_\_

APPROVED DENIED

Rev. 09/2025

**State of Louisiana  
Office of Alcohol & Tobacco Control**

**HEADQUARTERS**

7979 Independence Blvd. Ste. 101  
Baton Rouge, LA 70806  
(225) 925-4041

**Hours of Operation:**

9:00 a.m. – 4:30 p.m. on Monday – Friday

**Lafayette Office**

200 Dulles Drive  
Lafayette, LA 70506  
(337) 948-0346

**Hours of Operation:**

9:00 a.m. – 4:00 p.m. on Monday – Thursday  
9:00 a.m. – Noon on Friday

**PLEASE NOTE:** State Special Event applications must be submitted at least ten (10) days prior to the event. Go to the link below to download application. Local permit must be issued BEFORE State, so please file in a timely manner.

<http://www.atc.la.gov>

**REMINDER:** ATC no longer accepts Cash. Only money orders, checks and credit cards are accepted.



## INFORMATION FOR OBTAINING A CERTIFICATE OF QUALIFICATION (Bar Card)

**BEFORE YOU BEGIN SELLING, SERVING, DISPENSING OR ALLOWING ON PREMISES CONSUMPTION OF ALCOHOLIC BEVERAGES,**

**YOU MUST FIRST OBTAIN A CITY/PARISH BAR CARD.**

**PAYMENTS and applications** for a Lafayette City/Parish Bar Card are accepted at our current location:

**220 W. Willow Street, Building C, Ste. 102, Lafayette, Louisiana - (Clifton Chenier Center)**

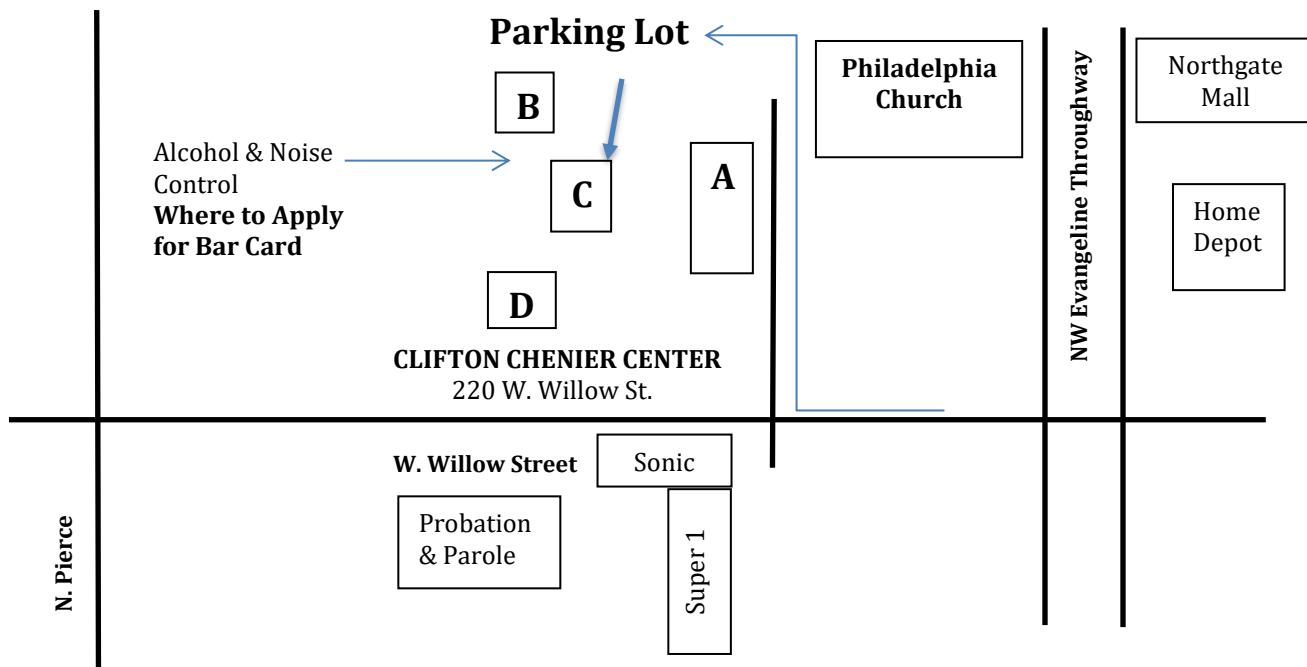
**CASH ONLY**

**BAR CARD PROCESSING HOURS:**

**8:00 A.M. – 12:30 P.M. ONLY – Monday – Friday (excluding holidays)**

**\*\*\*The Responsible Vendor/Server (STATE BAR CARD) class is offered at NO ADDITIONAL fee  
when you apply for your City/Parish Bar Card\*\*\***

<b>Class A &amp; B</b>	\$50	On-Premise Consumption (Restaurant and Bar)
<b>Class B only</b>	\$25	Off-Premise Consumption (Convenience Store, Grocery Store)
<b>Replacement</b>	\$15	Replacement of lost or destroyed Bar Card
<b>Extension</b>	\$10	(Must be within 60 days of original application)



MAP IS NOT TO SCALE