INFORMATION FOR OBTAINING A CERTIFICATE OF QUALIFICATION (Bar Card)

BEFORE YOU BEGIN SELLING, SERVING, DISPENSING OR DELIVERING 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 B, 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***

<table>
<thead>
<tr>
<th>Class</th>
<th>Fee</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A &amp; B</td>
<td>$50</td>
<td>On-Premise Consumption (Restaurant and Bar)</td>
</tr>
<tr>
<td>Class B only</td>
<td>$25</td>
<td>Off-Premise Consumption (Convenience Store, Grocery Store)</td>
</tr>
<tr>
<td>Delivery</td>
<td>$35</td>
<td>Home Delivery (Business must be licensed for Home Delivery)</td>
</tr>
<tr>
<td>Class A, Class B &amp; Delivery</td>
<td>$60</td>
<td>Combo Card (All Alcohol Sales and Delivery)</td>
</tr>
<tr>
<td>Replacement</td>
<td>$15</td>
<td>Replacement of lost or destroyed Bar Card</td>
</tr>
<tr>
<td>Extension</td>
<td>$10</td>
<td>(Must be within 60 days of original application)</td>
</tr>
</tbody>
</table>

Alcohol & Noise Control
Where to Apply for Bar Card

CLIFTON CHENIER CENTER
220 W. Willow St.

MAP IS NOT TO SCALE

220 W. Willow Street, Building B / P.O. Box 4017-C / Lafayette, LA 70502 / p: 337.291.8697 or 337.291-7338
CERTIFICATE OF QUALIFICATION (BAR CARD) APPLICATION

We DO NOT accept debit or credit cards for payment.

PAYMENT METHOD: CASH

TYPE/FEE (Circle One): $50 Class A & B | $25 Class B Only
$35 Delivery | $60 Class A & B & Delivery | Owner

TODAY’S DATE: ____________

SOCIAL SECURITY #: ____________________________

NAME: ____________________________
Maiden Name; other Names: ____________________________

Street Address: ____________________________
Apt./Lot/Unit (Circle one) #: ____________________________
City/State/Zip: ____________________________

Phone: ( ______ ) ____________________________

Eye Color: ____________ Height: _____ Weight: _______

Ethnicity (Race): ____________ Gender: ____________

Date of Birth: ____________ Age: ____________

Identification Provided: (circle one) State ID

Driver’s License  Passport  Military ID  Federal ID

ID #: ____________________________

State Issued: ____________ Exp. Date: ____________

Email Address: ____________________________

Place of Employment: ____________________________

Employment Address: ____________________________
City / State / Zip: ____________________________

EMERGENCY CONTACT:

Name: ____________________________
Relationship: ____________________________
Phone: ( ______ ) ____________________________

1. Are you 18 years of age or older? ______
2. In the past two years, have you been CONVICTED of a felony or misdemeanor crime? ______
   If yes, please explain: ____________________________

Please initial as you read each statement below.

   ______ Withholding or giving false information on any part of this application is grounds for denial of your Bar Card.
   ______ Once this application is received no refund will be given.
   ______ You must notify this office of any changes to your home address or if you obtain new or additional employment.

I affirm all of the information on this application is true and correct, to the best of my knowledge.

__________________________________________

APPLICANT’S SIGNATURE

By signing below, I acknowledge I have received my City/Parish “Bar Card”

Signature ____________________________ Date ____________

Rev. Oct. 2020