



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)

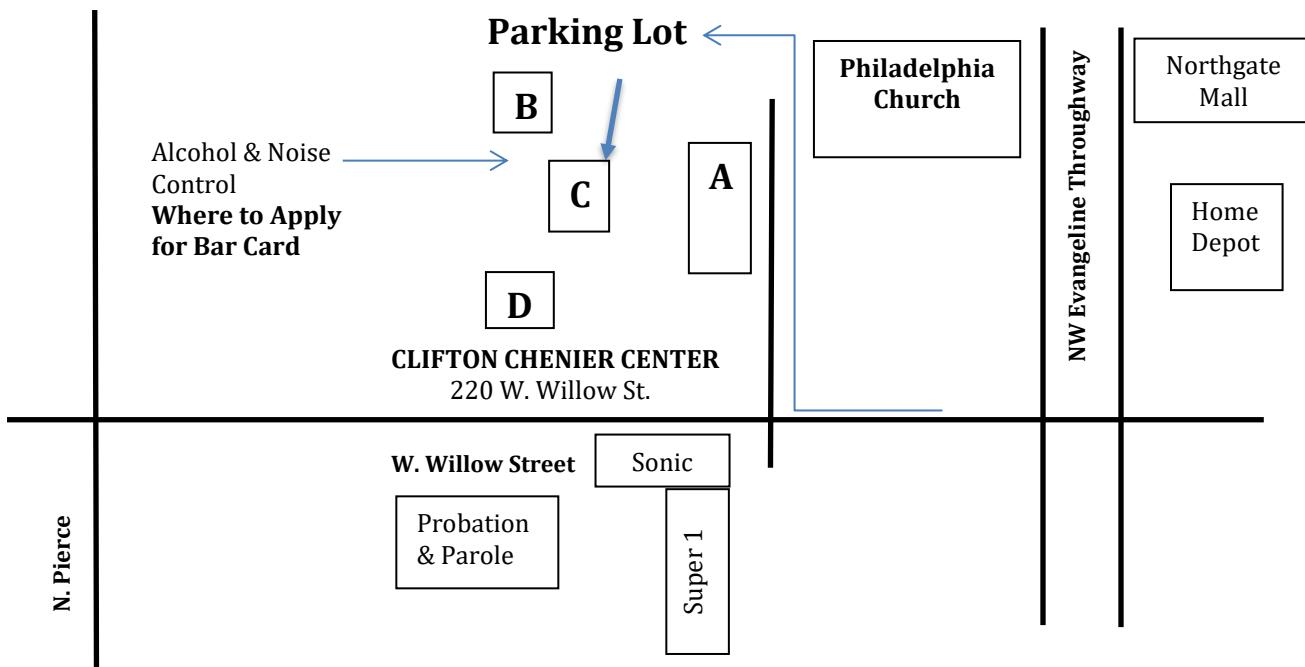
CASH ONLY

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*****

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



MAP IS NOT TO SCALE



BAR CARD APPLICATION

CASH ONLY

FOR OFFICIAL USE ONLY – DO NOT WRITE IN THIS SECTION

Employee Entering Data:	Employee Processing Bar Card:	Receipt / Transaction #:
Date State RV Expires:	RV Class Date:	Eligible Release Date:

The below sections must be completed by applicant:

Today's Date:	Social Security Number:		TYPE/FEE (<i>Circle One</i>): \$50 Class A & B \$25 Class B Only Business Owner			
FIRST NAME:		MIDDLE NAME:		LAST NAME:		
Address:		Apt #:	City:		Zip:	
Phone Number:		Email Address:				
Alias:		Date of Birth:		Age:		
Type of ID: (Circle One)	State ID	Driver's License	Passport	Military ID	Federal ID	Digital
ID #:		State Issued:		Expiration Date:		
Gender:	Ethnicity (Race):		Eye Color:	Height:	Weight:	
Birth City:		Birth State:		Birth Country:		
Place of Employment:			Employment Address:			
EMERGENCY CONTACT Name:		Relationship:			Phone:	
1. Are you 18 years of age or older? (Circle One) YES NO						
2. In the past two years, have you been CONVICTED of a felony or misdemeanor Crime? YES NO						
3. If yes to number 2, please explain.						
Please initial as you read each of the following statements, indicating you understand each statement						
4. Withholding or giving false information on any part of this application is grounds for denial of your Bar Card. _____						
5. Once this application is received, no refunds will be given. _____						
6. You must notify this office of any changes to your home address or if you obtain new or addition employment. _____						
I affirm all of the information on this application is true and correct, to the best of my knowledge.						
Applicant's Signature: _____						
FOR INTERNAL USE ONLY: DATE BAR CARD PICKED UP:				Released By: _____		

LAST:

FIRST:

MIDDLE: