



Distance Waiver Application

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Permit Type Requested:	Date Letter of Intent Rec'd:		Date Letter of Intent must be mailed:
Date of Council Meeting:	Distance Waiver: Approved or Denied		Additional Condition Required, if any:
Employee Processing Application:	Is a CUP Required for this Location? YES <input type="radio"/> NO <input type="radio"/>	If Yes, Date Referred:	Date Submitted to Director's Office:

The below sections to be completed by applicant:

1. Trade Name of Business (dba):		2. Applicant's Name (name of individual, partnership, corporation, LLC):	
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. Primary Contact Person:	Contact Number:	Email Address:	
7. Primary Contact Person:	Contact Number:	Email Address:	
8. 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)
9. Attach a copy of the Articles of Incorporation for Corporation or LLC or if Partnership, a copy of the written agreement? <input type="radio"/> Check if attached			
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.			

FULL LEGAL NAME	TITLE (Stockholder/director/officer)	Percentage of Ownership

12. The establishment is located in the: City of Lafayette or Unincorporated Area of Lafayette Parish

13. To your knowledge, has alcoholic beverages ever been sold at above location? Yes No Unknown

If yes, please explain: _____

14. What is the estimated capacity of the building at the above location? _____

15. Please list all schools, public libraries or public playgrounds except business colleges, business schools, or the University of Louisiana, at Lafayette, that are within 300 feet of the above location. Please include the legal name, physical and mailing address.

16. Please list all churches or synagogues that are within 175 feet of the above location. Please include legal name, physical and mailing address.

17. What type of establishment is the Distance Waiver being requested for?

CHECK ONLY ONE	PERMIT TYPE
	Class A – Restaurant (On-Premise Consumption)
	Class A - Bar, Saloon or Tavern (On-Premise Consumption)
	Class B – Retail (Off-Premise Consumption Only)

18. Days and hours of operation:

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

19. Describe the Business Plan for this business / location. You may use additional pages if needed: _____

20. Additional information or comments you feel may assist during the review of this application: _____

Name of Business: _____

Signature of Applicant: _____ **Title:** _____

Printed Name of Applicant: _____

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_____, 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 and correct.

Sworn to and subscribed before me this _____ day of _____ 20_____

In the parish/county of _____

Notary Public's Signature: _____

Printed name of Notary Public: _____