

Mandeville LA Occupational Chain Store License Renewal  
 c/o RDS  
 9618 Jefferson Highway, Suite D #334  
 Baton Rouge, LA 70809  
 Phone 800-556-7274

**RDS**  
 revenue discovery systems



**Liquor License Application**

1. Liquor license to be issued to: \_\_\_\_\_

2. Legal name(s): Individual, Partners, or Corporation \_\_\_\_\_

3. Apply for: Class "A" \_\_\_ Class "B" \_\_\_ / High Content \_\_\_ Low Content \_\_\_ / Restaurant \_\_\_

4. Business location address: \_\_\_\_\_  
Address City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

5. Mailing address \_\_\_\_\_  
Address City State Zip

6. Contact Person \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ Web Address \_\_\_\_\_

7. Type of organization: \_ Individual (Complete line A only) \_ Partnership \_ Corporation \_ Non-Profit \_ LLP \_ LLC \_\_\_ Other

8. If a Corporation, LLC, LLP, or Partnership, supply name, title, social security #, home address and telephone # of all officers, members, managers, partners, agents or other representative. The list of names below should each furnish a notarized Schedule "A".

A. \_\_\_\_\_  
Name Title SSN % Owned  
 Resident Address \_\_\_\_\_  
City State Zip Home Phone Number

B. \_\_\_\_\_  
Name Title SSN % Owned  
 Resident Address \_\_\_\_\_  
City State Zip Home Phone Number

C. \_\_\_\_\_  
Name Title SSN % Owned  
 Resident Address \_\_\_\_\_  
City State Zip Home Phone Number

9. Is this application by a new owner to take over an existing business that has been selling liquor regularly and continuously to the present time? \_\_\_\_\_ If yes, list.

Trade name Owner=s name Address License #

10. Does applicant hold State or City of Mandeville liquor license for current year at any other location? \_\_\_\_\_  
 If yes: Name \_\_\_\_\_ Location: \_\_\_\_\_

11. Has applicant applied for state liquor license? \_\_\_\_\_

12. Has the applicant ever been denied a state or local liquor license? \_\_\_\_\_

13. Is premise located in an area where the sale of liquor is prohibited by local or state laws? \_\_\_\_\_

14. Is applicant the owner of the premises to be occupied? \_\_\_\_\_  
 If no, does applicant hold a bona fide written lease? \_\_\_\_\_ (Supply copy of lease with application.)

15. If premises leased, give name and address of lesser. \_\_\_\_\_

16. Describe the part of the building to be occupied by business: \_\_\_\_\_

17. Open date for this location \_\_\_\_\_

18. Describe in detail your business. i.e.: Type of sales, activity, or service you perform: \_\_\_\_\_

**An original approved Sales Tax Clearance Certificate must be attached to the application, requested from the St. Tammany Parish Sales Tax Department. Visit <http://www.stpso.com/how-do-i/sales-tax/> for forms and to register online.**

I affirm that the information given on this application is true and correct.

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

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_