



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 _____