



**SAINT CHARLES PARISH**  
**Department of Planning and Zoning**  
P.O. Box 302 (4996 River Road) • HAHNVILLE, LOUISIANA 70057  
(985) 783-5060 • (985) 783-5000 • FAX (985) 783-6447

**CHANGE OF OCCUPANCY/USE**

Name / Tenant change.....\$25  
Use / Activity change.....\$105

(OFFICE SECTION)		Rev 02/2018
Permit #:	_____	Date: _____
Receipt #:	_____	Fee Paid: _____
Prev. Occ.:	_____	Zoning: _____
Sq.Ft. for use:	_____	Prev. Use: _____
Non-Conforming Agreement:	_____	Vacancy: _____
	No _____	Sewer permit: _____
	Yes _____	No _____ Yes _____
		Date: _____

**Change of Occupancy** permits are required only for a name or tenant change when use or activities remains the same.

**Change of Use** permits are required when the use or activities change at the address. The permit requires one or more inspections by the Building Official, South Central Planning & Development Commission.

Business Address: \_\_\_\_\_  
New Business Name: \_\_\_\_\_  
Applicant/Occupant: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Description of *all* business activities that will occur at the address: \_\_\_\_\_

**Requirements for obtaining permit:**

- \_\_\_\_\_ 1. Completed application & fee.....(payable to "St. Charles Parish Department of Finance")
- \_\_\_\_\_ 2. Copy of lease or Act of Sale to property..... (Lease must indicate the correct address)
- \_\_\_\_\_ 3. Fire Marshal Inspection Report.....(call 504-568-8506 for a "General Inspection")
- \_\_\_\_\_ 4. Dept. of Health & Hospital's Certificate.....(for food, drink and pre-packaged food sales 985-764-4376)
- \_\_\_\_\_ 5. Sewer verification.....(for municipal sewer tie-in: 985-783-5100 for private sewer service: 985-764-4376)
- \_\_\_\_\_ 6. Site plan, if applicable.....(Change of Use, vacant over 6 months ect.)

**Additional requirements may include the following:**

- \_\_\_\_\_ 7. Contract from hazardous waste hauler, if applicable.....(Ex. automotive repair)
- \_\_\_\_\_ 8. Permits/certifications from state agencies, if applicable.....(Ex. DEQ, Cosmetology Board)
- \_\_\_\_\_ 9. Electrical Trade Permit..... (If the electric meter was removed or electrical modification planned)
- \_\_\_\_\_ 10. Commercial Renovation Permit.....(If renovations are planned)
- \_\_\_\_\_ 11. Sign Permit, if applicable.....(call 985-783-5060 for a determination)

**Final Occupancy issued after the following approvals (if required):**

Fire Marshall approval, Dept. of Health & Hospitals Permit approval, other State or Federal agency's approval and Building Code Inspection approval for all Change of Uses, Trade Permits or Commercial Renovations (Call South Central Planning & Development at 985-655-1070 to schedule required inspections)

**\*\*Upon successful completion of this process a Certificate of Occupancy will be issued by the St Charles Parish Planning & Zoning Dept. The Certificate of Occupancy shall be presented to the St. Charles Parish Sales & Use Tax Office (985-785-3125) for a Sales Tax ID # and the St. Charles Parish Sheriff's Office Division of Tax Collection & Licenses (985-783-6237) for issuance of the business license.**

**Permit Conditions/Comments:** \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Application taken by: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



**South Central Regional Construction Code Council**  
5058 W. Main Street Houma, Louisiana 70360  
P.O. Box 1870, Gray, Louisiana 70359  
Toll Free at 1-866-96-PERMIT or (985) 666-1070

**MyPermitNow.Org**

**SCPDC CHANGE OF OCCUPANCY / CERTIFICATE OF OCCUPANCY CHECK LIST**

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number (s): \_\_\_\_\_

Project Address: \_\_\_\_\_

**Applicable Building Codes:**

IBC	2015 International Building Code
IPC	2015 International Plumbing Code
IMC	2015 International Mechanical Code
IEBC	2015 International Existing Building Code
NEC	2014 National Electrical Code

**NOTE:** If renovations/alterations are proposed that involve new construction, repairs or relocation of any walls, doors, windows, roof coverings, electrical, mechanical or plumbing, a commercial renovation permit is required.

The following information needs to be provided for all Change of Occupancy and/or Certificate of Occupancy permits:

**Building and Planning information:** *(Provide the following if not already indicated within any drawings that may have been provided)*

\_\_\_ Gross Area of Leased Space *(approximate square footage of the owned/leased total space)* \_\_\_\_\_

\_\_\_ Gross Building Area *(IF KNOWN please provide approximate square footage of total building area including areas not owned/leased)* \_\_\_\_\_

\_\_\_ Number of Existing Parking Spaces *(provide brief description of number of off-street parking stalls assigned to space and if any are to be added)* \_\_\_\_\_

\_\_\_ Previous Occupancy Use *(Please provide to the best of your knowledge a brief description of previous building use, i.e. office, office/warehouse, repair shop, etc... and/or type of previous business activities)* \_\_\_\_\_

\_\_\_ Proposed Occupancy Use *(Provide brief description for new use of building i.e. office, hair salon, restaurant, automotive shop, retail, storage etc.)* \_\_\_\_\_

\_\_\_ Number of Existing Restrooms \_\_\_\_\_; Number and type of fixtures in each if more than one set in each restroom \_\_\_\_\_

\_\_\_ Number of Existing Drinking Fountains (if provided) \_\_\_\_\_

\_\_\_ Existing Building Type Construction: *(Provide brief description of existing building type construction, i.e. wood framing and/or metal/steel, masonry, etc., or combination thereof)* \_\_\_\_\_

\_\_\_ Storage areas / Occupancy: *(Provide brief description of types of items to be stored)* \_\_\_\_\_

\_\_\_ Floor Plan *(Please provide if available at time of application)*. NOTE: Although a floor plan will NOT always be required (i.e. office use to office use or retail to retail etc. —same use), depending on the previous and new occupancy use, one may be required. In order to reduce review and approval time we recommend providing one if already available.

**Renovations:** *(The following information is required if applicable; see note in bold at beginning of this check list)*

\_\_\_ Scope of work: *(Provide brief description of renovations to be done.)*




# ST. CHARLES PARISH

## PLANNING AND ZONING

MATTHEW JEWELL  
PARISH PRESIDENT

St. Charles Parish currently utilizes South Central Planning and Development Commission for plan review and on-site inspection services. The permit and inspection fees charged by Planning and Zoning include these services. If you choose to hire a third party inspector, the fees charged remain the same.

**Please notify the permit department upon submission if you have chosen to use a third party inspector.**

For access to third party inspectors approved in Louisiana, please go to

[lasfm.louisiana.gov/search/succ.aspx](http://lasfm.louisiana.gov/search/succ.aspx).

\_\_\_\_\_ I understand that the plan review and inspection fees are not adjusted when a third party inspector is hired.

\_\_\_\_\_ I understand that SCPDC reserves the right to review the building plans and conduct on-site building inspections at their discretion.

\_\_\_\_\_ I understand that when a third party inspection company is utilized, SCPDC will no longer inspect the site as the designated building inspector.

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Signature

Date

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Approved by:

Date



St. Charles Parish  
Department of Planning & Zoning  
**HOME OCCUPATION PERMIT**

OFFICE USE	
Submittal Date	_____
Received By	_____
Receipt #	_____
Case #	_____
Admin <input type="checkbox"/> Commission <input type="checkbox"/>	

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing address (if different): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_  
Description of proposed business/business activities: \_\_\_\_\_  
\_\_\_\_\_

Are state or federal permits/licenses required for your proposed business? ☐ YES ☐ NO

- If YES, please list the agency/office involved: \_\_\_\_\_

\*Business requiring specialized state or federal permitting/licensing/etc. are forwarded to the Planning Commission.

Additional Employees? ☐ YES ☐ NO If YES, how many? \_\_\_\_\_

Will customers/clients visit the residence for business purposes? ☐ YES ☐ NO

Any vehicles, trailers, equipment, materials, etc. used exclusively for business purposes? ☐ YES ☐ NO

- If YES, list those items below and include the location for where they will be parked/stored.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION CHECKLIST** (review process does not begin until all items below are submitted):

- \_\_\_\_ 1. Completed application, with notarized endorsement of all property owners (IF APPLICABLE)
- \_\_\_\_ 2. Act of Sale or Deed to the property (copies available at Clerk of Courts Office)
- \_\_\_\_ 3. Photographs of vehicles/trailers/equipment used exclusively for business purposes
- \_\_\_\_ 4. Application Fee: \$25 (Administrative), \$200 (Planning Commission)

**HOME OCCUPATION PROCESS**



<sup>1</sup> Administrative applications receiving objections during the notification period are forwarded to the Planning Commission. Sign posting for applications requiring Planning Commission hearing will occur 10 days before the meeting date.

<sup>2</sup> Proceed with the St. Charles Parish School Board for your Tax ID# and St. Charles Parish Sheriff's office for your Occupational License

Case # \_\_\_\_\_

## HOME OCCUPATION REGULATIONS

**Home Occupation:** A business, profession, occupation, or trade conducted within the principle structure of a residential use by residents of the dwelling which is incidental and secondary to the residential use of the dwelling, does not change the essentially residential character of the use, and which complies with the requirements of Section XXII, Home Occupations, of the Zoning Ordinance.

### Operational Regulations

1. No dump truck, bus, construction vehicle, semi-truck, or vehicle of similar nature shall be permitted to park on the subject property as part of a home occupation. Any vehicle or trailer that will be used in the operation of a home occupation must be documented with photographs as part of the application process.
2. There shall be no signs posted which indicate the existence of the home occupation.
3. No non-resident employees or contractors associated with the home occupation will visit the home for business purposes—this includes, but is not limited to, picking up work assignments, materials, or payment.
4. There shall be no outdoor storage of materials or products on the premises.
5. Indoor storage of materials/products shall not exceed 20 percent of the gross floor area of the dwelling.
6. The home occupation shall not eliminate or impede required off-street parking.
7. The home occupation shall not cause any external effect such as increased noise, excessive traffic, excessive lighting, or offensive odor, which is incompatible with the characteristics of the residential area, or in violation of any applicable governmental code. There shall be no illegal discharge of materials, fluids, or gases into the sewer system, or any other manner of discharging such items in violation of any applicable governmental code.
8. The resident(s) engaged in the home occupation shall possess all required licenses including a St. Charles Parish Occupational License and other state or federal permits or licenses.
9. No alcoholic beverages shall be sold, offered, or provided in a commercial capacity in the home where the occupational license is held, in connection with a home occupation.
10. Home occupation permits are not transferrable as to person or location.
11. Home occupation activities which include the manufacture/sale/repair firearms (or any related commercial activity) shall be prohibited in R-2 and R-3 residential zoning districts, and shall be additionally prohibited on residentially zoned lots which contain more than one dwelling unit.

**I have read the above Operational Regulations for home occupations and acknowledge that violation of these Operational Regulations or any parish ordinance, state law, or special provision may result in revocation of the zoning compliance and occupational license for the business.**

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(Date)

**I/we swear to be the sole owner(s) of the property in this request and endorse this application.  
(COMPLETE IF BUSINESS OPERATOR IS NOT THE PROPERTY OWNER)**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Notary signature & seal)

\_\_\_\_\_  
(Date)



# Sales Tax & Use Tax Registration

ST. CHARLES PARISH

13855 River Road ▪ Luling, Louisiana 70070

(985) 785-3125 ▪ Fax: (985) 785-7246

www.sepsalestax.com ▪ salestax@stcharles.k12.la.us

Business Name

Legal Name

Phone Number

Fax Number

E-mail Address

Physical Address

Mailing Address

Date of First Activity in St. Charles Parish

Filing Status

Description of Business

Federal ID

LA Sales Tax ID

NAICS Code

Contact Person

Phone Number

Cell Phone Number

Fax Number

E-mail Address

Type of  
Organization

☐ Sole Proprietor

☐ LLC

☐ Non-Profit

☐ Partnership

☐ LLP

☐ Corporation

☐ Governmental

☐ Other



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If you are a Sole Proprietor: name, telephone number, social security number, home address, name of a personal reference, and the person reference's contact number:

Sole Proprietor

Phone Number

Cell Number

SSN

Address

Personal Reference

Contact Number

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If you have a Corporation, LLC, LLP, or Partnership: name, title, social security number, home address, and telephone number of officers, members, managers, or partners:

Name

Title

SSN

Phone Number

Address

Name

Title

SSN

Phone Number

Address

Name

Title

SSN

Phone Number

Address

---

Signature

Date

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

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For Office Use Only

Account Number

Date

Initials

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After completing the above registration and the Acknowledgment of Sales Tax Responsibility form below, please e-mail all applicable supporting documentation (Zoning Certificate, Driver's License, ect.) to [salestax@stcharles.k12.la.us](mailto:salestax@stcharles.k12.la.us) with the business name in the subject line of the e-mail. We will be unable to complete your registration without a complete application and all necessary documents submitted.



## Acknowledgment of Sales Tax Responsibility

I, \_\_\_\_\_ of a \_\_\_\_\_  
(owner/agent name) (type of business)

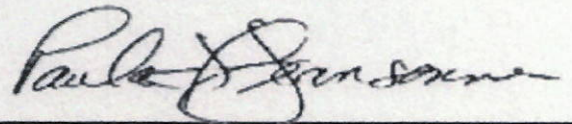
DBA \_\_\_\_\_  
(business name)

understand that as a retailer I am responsible for collecting and remitting sales taxes on all of the sales of said business. As the owner of the business, I am personally liable for remitting sales taxes. Taxes are due on the 1st of the month following the sales and are considered delinquent on the 21st of that month. Failure to remit the sales taxes is a criminal and civil violation. If taxes are not paid by the 20th of the month, I understand that St. Charles Parish will deem this account in jeopardy and will take action.

I understand that as a dealer I shall keep and preserve suitable records of the sales, purchases, or leases and other books of accounts as may be necessary to determine the amount of tax due, and other information as may be required by the collector; and each dealer shall secure, maintain and keep until the taxes to which they relate have prescribed. Any dealer who violates the provisions shall be fined not more than five hundred dollars or imprisoned for not more than sixty days, or both, for any such offense. (La R.S. 47:337.29) **If the collector cannot examine suitable records maintained by the business to determine taxes due, alcohol and video clearances as well as exemption certificates cannot be issued.**

I understand that it is my obligation as a dealer to use reasonable means to notify and provide St. Charles Parish with accurate and updated information pertaining to its proper address and the names and contact information for those officers or directors, or members or managers having direct control or supervision over its local sales and use taxes and those charged with the responsibility of filing a dealer's sales and use tax return with the collector. This obligation shall be continuing and a dealer shall notify the St. Charles Parish Sales Tax Office of any changes, additions, or deletions within thirty calendar days of any change. (La R.S. 47:337.29)

\_\_\_\_\_  
Owner/Agent Name

  
\_\_\_\_\_  
Director of Tax Collections

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



Greg Champagne  
Sheriff

**ST. CHARLES SHERIFF'S OFFICE**  
**TAX DIVISION**  
**15045 River Road**  
**Post Office Box 440 • Hahnville, LA 70057 Telephone**  
**(985) 783-6237 • Facsimile (985) 783-1132**

## OCCUPATIONAL LICENSE APPLICATION

Date of Application	For Office Use Only
Local Sales Tax Number	

Business Owner's Name			Date of Birth	Social Security Number	
Residence Address	City	State	Zip Code	Area Code/Phone Number	
Name of Business				Area Code/Phone Number	
Business Mailing Address		City		State	Zip Code
Business Physical Location		City		State	Zip Code

**IF CORPORATION OR PARTNERSHIP, PLEASE PRINT NAME, TITLE, SOCIAL SECURITY NUMBER, DATE OF BIRTH, RESIDENT ADDRESS, TELEPHONE NUMBER OF OFFICERS OR PARTNERS IN COMPANY.**

Owner Manager Partner Corporation	Title	Date of Birth	Social Security Number	Area Code/Phone Number	
Mailing Address		City		State	Zip Code
Owner Manager Partner Corporation	Title	Date of Birth	Social Security Number	Area Code/Phone Number	
Mailing Address		City		State	Zip Code
Owner Manager Partner Corporation	Title	Date of Birth	Social Security Number	Area Code/Phone Number	
Mailing Address		City		State	Zip Code
Briefly Describe Type of Sales or Activity					
Signature of Applicant			Signature of Preparer if Different than Applicant		





Greg Champagne  
Sheriff

**ST. CHARLES SHERIFF'S OFFICE**  
**TAX DIVISION**  
15045 River Road  
Post Office Box 440 • Hahnville, LA 70057 Telephone  
(985) 783-6237 • Facsimile (985) 783-1132

**RENEWAL APPLICATION FOR OCCUPATIONAL LICENSE FOR YEAR ENDING DECEMBER 31, \_\_\_\_\_**

I, \_\_\_\_\_ OWNER/MANAGER OF \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

do hereby make application for the license(s) as indicated below:

	GROSS RECEIPTS PREVIOUS YEAR	AMOUNT OF LICENSE
( ) RETAIL DEALER	\$ _____	\$ _____
( ) BEER	\$ _____	\$ _____
( ) LIQUOR	\$ _____	\$ _____
( ) CONTRACTOR	\$ _____	\$ _____
( ) WHOLESALE DEALER	\$ _____	\$ _____
( ) ATTORNEY: 0.1% OF GROSS	\$ _____	\$ _____
( ) PHYSICIAN: 0.1 % OF GROSS	\$ _____	\$ _____
( ) INSURANCE	\$ _____	\$ _____
( ) PEDDLER (FLATRATE OF \$100.00)	\$ _____	\$ _____
( ) OTHER (SPECIFY TYPE OF LICENSE)	\$ _____	\$ _____
( ) AMUSEMENT DEVICES: NO. OF MUSIC BOXES@ \$ 20.00 _____		
NO. OF POOL TABLES @ \$ 20.00 _____		
NO. OF VIDEO GAMES @ \$ 50.00 _____		
NO. OF VIDEO POKER @ \$ 50.00 _____		
ALL OTHER DEVICES @ \$ 20.00 _____ \$ _____		
		PENALTY \$ _____
		TOTAL \$ _____

**NOTE: OCCUPATIONAL LICENSE WILL NOT BE ISSUED IF THIS APPLICATION IS NOT COMPLETED AND RETURNED WITH YOUR REMITTANCE AND SIGNATURE.**

The above is a true statement of the type of volume of business I have operated in the Parish of St. Charles and I will acquaint myself with the ordinances regulating my business and will observe all provisions of the ordinances enacted by the Council of St. Charles Parish and the laws of the State of Louisiana. In order to determine the proper amount of license tax to be paid by a business, the collector or any of his authorized assistants may audit and inspect all records of the taxpayer that would have any bearing upon the amount of taxes due under St. Charles Parish Council Ordinance No. 87-3-10.

\_\_\_\_\_  
Signature of Owner/Manager/Preparer (Circle One)

Kindly complete and sign application and return with your check or money order to:  
**Greg Champagne, Tax Collector, P.O. Box 440, Hahnville, LA 70057**



Greg Champagne  
Sheriff & Ex-Officio  
Tax Collector

**ST. CHARLES PARISH SHERIFF'S OFFICE**  
**Tax Division**  
**15045 River Road**  
**P. O. Box 440 \* Hahnville, LA 70057**  
**Telephone ( 985 ) 783-6237 Facsimile ( 985 ) 783-1132**

**BEER/LIQUOR LICENSE PROCEDURE**

**OWNERS & MANAGERS MUST BE A U.S. CITIZEN AND**  
**RESIDENT OF LOUISIANA FOR PAST TWO YEARS**

**IN ORDER TO OBTAIN A BEER/LIQUOR LICENSE YOU WILL NEED THE FOLLOWING:**

- **ZONING COMPLIANCE & LETTER STATING CLASS OF ALCOHOL PERMIT**  
PLANNING & ZONING DEPARTMENT,  
14996 RIVER ROAD, HAHNVILLE, LA 70057, (985) 783-5060
- **SALES TAX NUMBER**  
ST. CHARLES PARISH SCHOOL BOARD OFFICE (located next to Westbank Bridge Park)  
13855 RIVER ROAD, LULING, LA 70070, (985) 785-6289.
- **HEALTH PERMIT**  
ST. CHARLES PARISH HEALTH DEPARTMENT  
16004 River Road, Norco, LA 70079, Phone: (985) 764-4376, Fax (985) 764-4379
- **IF YOU ARE A CORPORATION OR AN L.L.C. WE WILL NEED COPIES OF DOCUMENTS THAT ARE FILED WITH THE LOUISIANA SECRETARY OF STATE**
- **ADS MUST BE PUBLISHED FOR TWO CONSECUTIVE WEEKS IN THE ST. CHARLES HERALD GUIDE (ADS ALREADY CUT OUT WILL NOT BE ACCEPTED)**  
14236 HWY. 90, BOUTTE, LA 70039, (985) 758-2795
- **OWNERS & MANAGERS MUST BE FINGERPRINTED** if alcohol is to be consumed on the premises. \$26.00 Money Order, cash or checks will not be accepted. Go to the Sheriff's Law Enforcement Complex, 260 Judge Edward Dufresne Parkway, Luling, LA, 70070.
- **EMPLOYEES WHO HANDLE BEER/LIQUOR MUST BE FINGERPRINTED FOR AN ABO PERMIT** if alcohol is to be consumed on the premises. \$26.00 Money Order, cash or checks will not be accepted. Go to the Crime Scene Division at the Sheriff's Law Enforcement Complex, 260 Judge Edward Dufresne Parkway, Luling, LA, 70070.
- **OWNER(S) OF BUSINESS MUST COMPLETE THE REQUIRED FORMS AND HAVE FORMS NOTARIZED**
- **ALL MANAGER(S) (OTHER THAN OWNER) MUST COMPLETE A SCHEDULE A FORM AND HAVE IT NOTARIZED**
- **Upon completion of the above requirements, our office will issue your Licenses. (Retail Dealer-\$50.00, Beer-\$50.00 and Liquor-\$100.00) After JUNE 30th Licenses are ½ price.**

**LICENSES EXPIRE DECEMBER 31ST**





Greg Champagne

**ST. CHARLES SHERIFF'S OFFICE**  
**TAX DIVISION**  
15045 River Road  
Post Office Box 440 • Hahnville, LA 70057 Telephone  
(985) 783-6237 • Facsimile (985) 783-1132

**THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED COMPLETELY**  
**BEER AND/OR LIQUOR APPLICATION**

**Greg Champagne**  
**Sheriff & Ex-Officio Tax Collector**  
**Parish of St. Charles**  
**P.O. Box 440**

\_\_\_\_\_, LA  
\_\_\_\_\_, 20\_\_

The undersign applies for a \_\_\_\_\_ (Retail Saloon, Package House, Wholesale, Manufacturer, or Restaurant) permit for the calendar year ending December 31, 20\_\_ to sell alcoholic beverages containing less/more than six per centum (6%) of alcohol by volume, as provided by Chapter 1 of Title 26, of the Louisiana Revised Statutes of 1950, as amended, on the premises hereinafter described; and hereby agrees to comply with all laws, ordinances and regulations of the State, Federal, or local governments affecting the sale of alcoholic beverages.

NAME \_\_\_\_\_  
(Owner's Name) (Followed by Trade Name)

STREET OR RURAL ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_  
(Where Business is Located) (City or Town) (State) (Zip) (Phone Number)

**ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY: (All questions must be answered)**

1. DID YOU APPLY FOR AN ALCOHOLIC BEVERAGE PERMIT FOR THE YEAR 20\_\_ AT THIS LOCATION? \_\_\_\_ If so, what was the number of the permit issued to you for the year 20\_\_? Do you hold or have you applied to the Department of Revenue for a Class "A" Retail Saloon Beer permit, Class "B" Retail Package Beer permit or a Class "AR" Restaurant permit?

\_\_\_\_\_  
(State Which Class)

**2. PERSONNEL OR BUSINESS:**

(a) Is your business to be conducted by a manager or an agent? \_\_\_\_ If answer to the question is "yes" give name and address:

(b) Is your business individually owned, a partnership or corporation? \_\_\_\_ If a partnership or corporation, give names, addresses, and percentage or business owned by each partner or stockholder:

(Schedule A duly executed must be submitted for said manager or agent)

<u>NAME</u>	<u>ADDRESS</u>	<u>% EQUITY</u>
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3. Give **THREE (3)** personal references who can attest to your general good character and personal reputation in the community. Give names addresses and phone numbers:

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**Schedule A (To be answered by owner, partner, manager, agent or official signing this Application.)**

- A) What is your name? \_\_\_\_\_
- B) Residence Address? \_\_\_\_\_
- C) Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
- D) Sex \_\_\_\_\_ Race \_\_\_\_\_
- E) Are you a citizen of the United States and the State of Louisiana and are you over 21 years of age? \_\_\_\_\_  
How did you become a citizen? \_\_\_\_\_
- F) Have you resided in the State of Louisiana continuously for a period of not less than two (2) years next preceding the date of filing this application? \_\_\_\_\_
- G) Have you ever been convicted of a felony under the laws of the United States, the State of Louisiana or any other state or country? \_\_\_\_\_
- H) Have you ever been convicted in this State, or any other state, or by the United States, or any other country, of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or illegally dealing in narcotics? \_\_\_\_\_
- I) Have you ever been refused an alcoholic beverage permit? \_\_\_\_\_
- J) Have you ever had a license or permit revoked to sell or deal in alcoholic beverages issued by the United States, any state, or by any political subdivision of a state authorized to issue permits or licenses within one (1) year prior to this application? \_\_\_\_\_
- K) Have you ever been convicted or had judgment of court rendered against you involving alcoholic beverages by this State, or any other state, or the United States, for one (1) year prior to this application? \_\_\_\_\_
- L) Has your spouse ever been denied or revoked an alcoholic beverage permit? \_\_\_\_\_
- M) Have you been adjudged by the Louisiana Board of Alcoholic Beverage Control or convicted by a court of violating any of the provisions of Chapter 1, Title 26, pertaining to liquor? \_\_\_\_\_
- N) Have you ever been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of Chapter 1, Title 26, pertaining to liquor? \_\_\_\_\_
- O) Have you ever had a license or permit to sell beer/liquor suspended or revoked by the Louisiana Board Of Tax Appeals or had judgment or ever been convicted by any court for violating the provisions of the Beer Law, Chapter 2, Title 26? \_\_\_\_\_

If your answer to Question 1 on page 1 is "No" please paste in provided space on the next page notice of two advertisements which appeared twice in The St. Charles-Herald Guide which reads as follows: "I am applying to the La. A.B.C. Board for a permit to sell Alcoholic Beverages at retail at the following address

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**PARISH OF ST. CHARLES**

**(Name of Applicant or Applicants)**

PLEASE CHECK ONE OF THE FOLLOWING: I am applying for these permits:

\_\_\_\_\_ BEER      \_\_\_\_\_ LIQUOR      \_\_\_\_\_ LIGHT WINE  
\_\_\_\_\_ CLASS A - Consumption on premises      \_\_\_\_\_ CLASS B - Packaged Only      \_\_\_\_\_ CLASS AR - Restaurant

-----  
PASTE ADVERTISEMENT HERE

5. DESCRIPTION OF PREMISES FOR WHICH APPLICATION FOR PERMIT IS MADE.

a. Does the place where your business is transacted occupy all of the building? \_\_\_\_\_ If only part of the building, describe in detail space to be occupied by building \_\_\_\_\_

b. Do you own premises or do you hold a bona fide written lease? \_\_\_\_\_ If you lease, give name and address of lessor. \_\_\_\_\_

6. IF APPLICATION IS FOR MANUFACTURER'S PERMIT, list below name of all articles now being manufactured or blended, listing each trade name of brand of each article marketed. \_\_\_\_\_

THE LAW PROVIDED THAT AN APPLICATION BE FILED WITH YOUR LOCAL AUTHORITIES WITHIN 24 HOURS OF THE TIME OF FILING OF YOUR STATE APPLICATION.

7. THIS AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC

I swear (or affirm) that I have read each of the questions in the foregoing instrument and that the answers which I have given are true and correct to the best of my knowledge.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature and title of person, administering oath

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
(State whether individual owner, member or firm, or if officer of corporation, give title)

Any misstatement or suppression of fact in an application or accompanying affidavit shall be ground for denial, suspension or revocation of permit.

8. PLEASE STATE NAME OF BUSINESS IF IN OPERATION PREVIOUS TO YOUR APPLICATION.