

# ASSUMPTION PARISH POLICE JURY APPLICATION FOR OCCUPATIONAL LICENSE

## FOR OFFICE USE ONLY:

FOR YR. ENDING DECEMBER 31, \_\_\_\_\_ OFFICIAL RECEIPT NO. \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

## PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED BELOW:

Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Trade Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Business/Contact Email Address: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

## APPLICANT DATA:

Is the applicant of good character and reputation and over eighteen (18) years of age? Yes No

Is the applicant a citizen of the United States? (Citizenship and Residency requirements of Louisiana must exceed a continuous period of 2 years from the date of the filing of the application.) Yes No

Is the applicant the owner of the premises or has a bona fide written lease? Yes No

Has the applicant ever been convicted of a felony in the US or Louisiana? Yes No

Has the applicant ever been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or illegally dealing in narcotics? Yes No

Has the applicant ever had a license or permit to sell or deal in alcoholic beverages issued by the US, any state, or any political subdivision of a state, revoked within one (1) year prior to this application? Yes No

Has the applicant been convicted or had a judgment of court rendered against him involving alcoholic beverages by this or any other state or by the US for one (1) year prior to this application? Yes No

Has the applicant been adjudged or convicted of violating any provision of this part or any municipal/parish ordinances? Yes No

Is the applicant the spouse of a person whose application has been denied or whose permit has been revoked, unless judicially separated or divorced? Yes No

Is the applicant a partnership or in partnership with or financed by another? If yes, the application shall state the full names of all partners and persons financially interested and furnish their proper addresses and each shall furnish his affidavit showing his qualifications, as required of an applicant. Yes No

## BUSINESS DATA:

Type of business, profession, vocation, etc.: \_\_\_\_\_

Does your business dispense food and/or beverages? Yes No

Does your business dispense alcoholic beverages? Yes No

Does your business have a video poker machine? Yes No

Does your business have amusement devices? Yes No

\*\*\* A list of machines and locations must accompany this application.

EXCEPTIONS: Peddlers, Fireworks, and Fairs

**IF ANY OF THE ABOVE QUALIFICATIONS ARE NOT SATISFACTORILY MET BY THE APPLICANT, THE PERMIT MAY BE DENIED AT THE DISCRETION OF THE ASSUMPTION PARISH POLICE JURY.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date of Approval**

\_\_\_\_\_  
**Approved by Secretary-Treasurer**

Please send completed application to ASSUMPTION PARISH POLICE JURY, P. O. BOX 520, NAPOLEONVILLE, LOUISIANA 70390.

**\*\*\*AFTER APPROVAL FROM THE POLICE JURY, APPLICATION SHOULD BE TAKEN TO THE ASSUMPTION PARISH SHERIFF'S OFFICE FOR ISSUANCE OF ACTUAL OCCUPATIONAL LICENSE WITHIN 10 DAYS**

**ASSUMPTION PARISH POLICE JURY  
LIQUOR LICENSE APPLICATION  
WAIVER FORM**

I hereby grant permission and give authority to the Assumption Parish Police Jury to run a background check on my name. The information obtained is to be used to determine if I am suitable to be granted a liquor license permit. The signing of this waiver is to be considered as notification that a background check will be run and that a liquor license application will not be considered for approval until the background check is complete and clear.

_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
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_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
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