

# Application for Seller/Server Alcohol Permit



ID or Drivers License # \_\_\_\_\_ Expire Date: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City State

Are you a citizen of the United States and the State of Louisiana and over 18 years of age? \_\_\_\_\_

How did you become a citizen?  Birth  Other \_\_\_\_\_

If naturalized, when and where did you get your second papers? \_\_\_\_\_

Have you ever had a Seller Server Alcohol Permit with City of Denham Springs? \_\_\_\_\_ Vendor# \_\_\_\_\_

**Applicant Must Meet All These Qualifications:**

- (1) Is a person of good character and reputation and over 18 years of age;
- (2) Has a valid state driver's license or state identification;
- (3) Has not had a license or permit 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, **revoked** within two years prior to the application, or been convicted or had a judgment of court rendered against him involving alcoholic beverages by this or any other state or by the United States for two years prior to the application;
- (4) Has not been adjudged by the alcoholic beverage control board or convicted by a court of violating any of the provisions of R.S. Title 26 and the amendments thereto;
- (5) Has not had a certificate or permit to dispense alcoholic beverages issued by any other parish, municipality or state **suspended or revoked**.
- (6) Has not been convicted of any state or local laws related to alcohol in the past 18 months.
- (7) **Holds a current State issued ATC License (Alcohol Server Permit).**

Place of employment in which the alcohol permit will be used:

Employer: \_\_\_\_\_

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

Date of Hire: \_\_\_\_\_ Job Duties: \_\_\_\_\_

**\*\*Have you EVER had ANY arrest?** Yes \_\_\_\_\_ No \_\_\_\_\_ (List each arrest)

Type of Offense: \_\_\_\_\_

Date/Place of arrest: \_\_\_\_\_

Disposition/Settlement: \_\_\_\_\_

I swear (or affirm) that I have read each of the questions in this application and that the answers, which I have given, are true and correct, that I meet the qualifications and conditions set out in D.S. Code 10-109, 10-110.

**Any misstatement of facts on this application shall disqualify the applicant.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Height \_\_\_\_\_

Hair \_\_\_\_\_

Weight \_\_\_\_\_

Eyes \_\_\_\_\_

Office use: \$ \_\_\_\_\_ Expire Date: \_\_\_\_\_ Vendor # \_\_\_\_\_