



OCCUPATIONAL BEER/ALCOHOL LICENSE
CHECK LIST

- _____ Contact Public Works FOR OCCUPANCY PERMIT (985) 446-7205 or <https://www.ci.thibodaux.la.us/forms/departments/pw/buildingpermits/General%20Information/Occupancy%20Permit%20Information.pdf>
- _____ Contact the Louisiana State Fire Marshall's Office at http://sfm.dps.louisiana.gov/insp_scheduling.htm or (225)925-4911 for an inspection and certificate of clearance to open.
- _____ Visit the Office of Public Health Inspection, Region 3, 2535 Veterans Blvd., Thibodaux, LA 70301 or call (985)447-0954 for a certificate of clearance to open.
- _____ Complete and notarize Retail Alcohol Beverage Permit Application and fill out Occupational License.
<https://www.ci.thibodaux.la.us/Departments/Finance/TaxLicensing#ol>
- _____ Publish liquor license ad in the Daily Comet, 1629 St. Mary St., Thibodaux, LA 70301 (985) 448-7600 www.dailycomet.com
- _____ Return all completed and notarized above paperwork to the City of Thibodaux Tax and Licensing Department. (Please make sure ALL information is complete). Appropriate fees will be charged at this time. A letter will be issued stating that a local permit has been applied for.
- _____ Call Thibodaux Police Department, (985) 446-5021, for an appointment for fingerprints.
- _____ Submit all documents to Louisiana Alcohol & Tobacco Control (ATC) to apply for a temporary license. Louisiana ATC, 7979 Independence Blvd., Suite 101, Baton Rouge, LA 70806. (225) 925-4041, <https://atc.louisiana.gov/>
- _____ Schedule an appointment with Thibodaux Police Department, Record's Division, (985)446-5021, 1309 Canal Blvd., Thibodaux, LA 70301, tpdrecords@ci.thibodaux.la.us for a background check appointment. Please make sure to bring ALL completed paperwork to this appointment.
- _____ The City of Thibodaux Tax & License Department will be notified once Thibodaux Police completes the background check. Upon completion, an Occupational License and Beer/Alcohol permit will be issued. A copy of the license will be sent to Thibodaux Police Department Records Department for filing.

ESTABLISHMENT WILL ONLY BE PERMITTED TO OPEN WHEN A LICENSE IS DISPLAYED



CITY OF THIBODAUX
TAX & LICENSE, FINANCE DEPT
 P.O. BOX 5418
 THIBODAUX, LA 70302

**APPLICATION FOR
 RETAIL ALCOHOLIC BEVERAGE PERMIT**

THIS APPLICATION MUST BE NOTARIZED!

INSTRUCTIONS: APPLICATION MUST BE COMPLETED WITH PROPER FEES ATTACHED. PLEASE TYPE OR PRINT IN INK.

OWNER'S NAME (Name of individual, partners or corporation)		TRADE NAME	
MAILING ADDRESS	P.O. BOX NO.	STREET OR RURAL LOCATION	CITY/STATE ZIP
LOCATION ADDRESS	STREET NO.	STREET NAME	CITY/STATE ZIP
1. TYPE OF OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION		2. IS THE APPLICANT OWNER OF PREMISES TO BE OCCUPIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF PREMISES LEASED, GIVE NAME AND ADDRESS OF LESSOR		3. IF NO, DOES APPLICANT HOLD BONA FIDE WRITTEN LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. DESCRIBE PART OF BUILDING TO BE OCCUPIED BY BUSINESS		NAME ADDRESS	
IF PARTNERSHIP OR CORPORATION, LIST NAMES, CORPORATE TITLES, AND PERCENTAGE OF BUSINESS OWNED BY EACH PARTNER OR STOCKHOLDER BELOW. SCHEDULE "A" MUST BE ATTACHED FOR EACH PARTNER, OR STOCKHOLDER OWNING MORE THAN 5% OF THE STOCK. ALSO, ANY FINANCIAL BACKERS OF THE BUSINESS MUST BE LISTED AND SCHEDULE "A" MUST BE SUBMITTED. SCHEDULE "A" MUST BE ATTACHED FOR EACH CORPORATE OFFICER, ALSO.			
NAME OF PERSON		CORPORATE OFFICER TITLE	
KIND OF INTEREST		% OWNED	
6. IS BUSINESS TO BE CONDUCTED WHOLLY OR PARTIALLY BY ONE OR MORE MANAGERS, AGENTS OR OTHER REPRESENTATIVES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST NAMES HERE AND FURNISH SCHEDULE "A" ON EACH	
1	2	3	

7. A PUBLISHED NOTICE OF APPLICATION FOR A PERMIT WAS INSERTED AS FOLLOWS:

I AM (WE ARE) APPLYING TO THE OFFICE OF ALCOHOLIC BEVERAGE CONTROL OF LOUISIANA FOR A PERMIT TO SELL BEVERAGES OF LOW AND OR HIGH ALCOHOLIC CONTENT AT RETAIL AT THE FOLLOWING ADDRESS.

ADDRESS		IN THE PARISH OF	
NAME OF APPLICANT(S)		NAME OF NEWSPAPER	
		DATES	

PLEASE COMPLETE APPLICABLE SQUARE(S) BELOW

BEER TO BE ISSUED FOR FISCAL YEAR ENDING DEC. 31, _____ DATE SALES OF BEER WILL START AT THIS ADDRESS _____ DATE _____ APPLICATION IS FOR A BEER PERMIT AS A <input type="checkbox"/> CLASS A - RETAIL OUTLET <input type="checkbox"/> CLASS B - RETAIL PACKAGE FEE _____ PENALTY _____ TOTAL _____	LIQUOR TO BE ISSUED FOR FISCAL YEAR ENDING DEC. 31, _____ DATE SALES OF LIQUOR WILL START AT THIS ADDRESS _____ DATE _____ APPLICATION IS FOR A LIQUOR PERMIT AS A <input type="checkbox"/> CLASS A - RETAIL OUTLET <input type="checkbox"/> CLASS B - RETAIL PACKAGE FEE _____ PENALTY _____ TOTAL _____
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IS THIS APPLICATION BY A NEW OWNER TAKING OVER A GOING BUSINESS THAT HAS BEEN SELLING BEER OR LIQUOR REGULARLY AND CONTINUOUSLY TO THE PRESENT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, SHOW NAME OF IMMEDIATE PRIOR OWNER	
TRADE NAME		PERMIT NO.	
SCHEDULE A - TO BE ANSWERED BY OWNER, PARTNER, AGENT, OR OFFICIALS SIGNING THIS APPLICATION			
YOUR NAME		RESIDENCE ADDRESS	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A CITIZEN OF LOUISIANA? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU BECOME A CITIZEN?		HAVE YOU RESIDED IN LOUISIANA CONTINUOUSLY FOR A PERIOD NOT LESS THAN 2 YEARS NEXT PRECEEDING DATE OF FILING THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY UNDER THE LAWS OF THE UNITED STATES, LOUISIANA OR ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED IN THE UNITED STATES, LOUISIANA OR ANY OTHER STATE OF SOLICITING FOR PROSTITUTION, PANDERING, LETTING PERMISES FOR PROSTITUTION, CONTRIBUTING TO THE DELINQUENCY OF JUVENILES, KEEPING A DISORDERLY PLACE, LETTING A DISORDERLY PLACE OR DEALING IN NARCOTICS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER HAD A LICENSE OR PERMIT TO SELL OR DEAL IN ALCOHOLIC BEVERAGES ISSUED BY THE UNITED STATES OR ANY OTHER STATE REVOKED WITHIN 5 YEARS PRIOR TO THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OR HAD JUDGEMENT AGAINST YOU INVOLVING ALCOHOLIC BEVERAGES BY THIS STATE OR ANY OTHER STATE OR THE UNITED STATES WITHIN 5 YEARS PRIOR TO THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED FOR VIOLATING ANY OF THE PROVISIONS OF THE LIQUOR OR BEER LAWS OF LOUISIANA? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS SPOUSE ELIGIBLE FOR A PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO
FULL NAME OF SPOUSE	HAS YOUR SPOUSE EVER BEEN DENIED OR HAD REVOKED AN ALCOHOL BEVERAGE PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU/YOUR SPOUSE HOLD INTEREST IN ANY ESTABLISHMENT HOLDING A STATE WHOLESALE BEER/LIQUOR PERMITS? IF YES, LIST <input type="checkbox"/> YES <input type="checkbox"/> NO	
PERMIT NO.	TRADE NAME	ADDRESS	TYPE INTEREST <input type="checkbox"/> % EQUITY <input type="checkbox"/>
HAVE YOU EVER USED ANY OTHER NAME THAN THE ONE GIVEN HEREIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DETAILS BELOW	
NAME USED		PLACE USED	DATES FROM: TO:

AFFIDAVIT

THIS AFFIDAVIT MUST BE SIGNED BY OWNER, IF INDIVIDUAL OWNERSHIP; AUTHORIZED PARTNER, IF PARTNERSHIP; OR AUTHORIZED OFFICIAL, IF CORPORATE PARTNERSHIP. IT IS UNDERSTOOD ANY MISSTATEMENT OR SUPPRESSION OF FACT IN THIS APPLICATION OR ACCOMPANYING DOCUMENTS IS GROUNDS FOR DENIAL OF PERMIT.

I SWEAR (WE SWEAR) THAT I HAVE READ EACH OF THE QUESTIONS IN THIS APPLICATION AND THAT THE ANSWERS WHICH I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE THAT I MEET THE QUALIFICATIONS AND CONDITIONS SET OUT IN LA. R.S. 26:279 AND R.S. 26:79 AND I FURTHER SWEAR (OR AFFIRM) THAT I HAVE NO INTEREST IN ANY ESTABLISHMENT HOLDING A STATE WHOLESALE BEER OR LIQUOR PERMIT.

APPLICANT'S SIGNATURE _____ TITLE _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____

NOTARY PUBLIC _____

PERMIT FEES

BEER

CLASS A - RETAIL OUTLET..... \$35.00
 CLASS B - RETAIL PACKAGE HOUSE..... \$25.00

FAILURE TO FILE APPLICATION BEFORE BEGINNING BUSINESS OR FOR RENEWAL OF PERMIT NOT LATER THAN JAN. 1ST OR EACH YEAR WILL INCUR PENALTIES, TO INCLUDE 25% OF PERMIT FEE.

LIQUOR

CLASS A - RETAIL OUTLET..... \$125.00
 CLASS B - RETAIL PACKAGE HOUSE..... \$125.00

A FULL YEAR IS REQUIRED IF BUSINESS STARTS PRIOR TO JULY 1, OTHERWISE ONE-HALF OF THE YEARLY RATE IS DUE. FAILURE TO FILE APPLICATION BEFORE BEGINNING BUSINESS OR FOR RENEWAL PERMIT NOT LATER THAN JANUARY 1ST OF EACH YEAR WILL INCUR PENALTIES OF 5% OF THE PERMIT FEE WITH AN ADDITIONAL 5% FOR EACH ADDITIONAL 30 DAYS OR FRACTION OF THEREAFTER.

Occupational License Checklist

In order to obtain an Occupational License from the City of Thibodaux, please review this checklist to ensure all required steps are met prior to submitting application, required documents and payment to the Tax Collector. It is the applicant's responsibility to check with the authorities listed on the necessity for any additional permits and licenses.

- ❑ **Obtain an Occupancy Permit from: (Prior to obtaining an Occupational License)**
Department of Public Works
City Inspector
1219 Henry S. Thibodaux St.
Thibodaux, LA 70301
PH.: (985) 446-7208 FAX: (985) 446-7272
E-mail: cityinspectorsec@ci.thibodaux.la.us or eguidry@ci.thibodaux.la.us

- ❑ **Obtain an Occupational License packet from:**
City of Thibodaux
Tax & License Dept
310 West 2nd St.
Thibodaux, LA 70301
PH.: (985) 446-7221 FAX: (985) 446-7242
<http://ci.thibodaux.la.us>

Depending on your scope of business the following contacts may or may not pertain to you:

- **Board of Health Permit (if necessary) from:**
Lafourche Parish Health Unit
2535 Veterans Blvd.
Thibodaux, LA 70301
PH: (985) 447-0954 FAX: (985) 447-0897
<http://www.dhh.state.la.us/>

- **Tax (proof of registration required, if applicable) with the following:**
Lafourche Parish School Board
Sales & Use Tax Dept.
701 East 7th St.
Thibodaux, LA 70301
PH: (985) 446-4023
http://lafourche.k12.la.us/email/search.asp?I=CO_ST

- **Register business with the State at:**
State of Louisiana
Dept. of Revenue
www.rev.state.la.us

- **For more information on trade names, trade marks or the various types of corporations contact:**
La. Secretary of State
Commercial Division
PH: (225) 925-4704
www.sos.louisiana.gov



CITY OF THIBODAUX
 TAX & LICENSE, FINANCE DEPT
 P.O. BOX 5418
 THIBODAUX, LA 70302
 PH. (985) 446-7221 FAX: (985) 446-7242
APPLICATION FOR
OCCUPATIONAL LICENSE

Acct.# _____

Date Opened: ___/___/___

BUSINESS NAME		DBA NAME		BUSINESS PHONE:	
LOCATION ADDRESS	STREET NO.	STREET NAME	APT. / SUITE		EMAIL ADDRESS
MAILING ADDRESS	P.O. BOX OR STREET NO.	STREET NAME	APT. / SUITE		CITY/STATE ZIP
1. TYPE OF OWNERSHIP ___ PARTNERSHIP ___ INDIVIDUAL ___ L.L.C.:					
___ CORPORATION ___ GOVERNMENTAL ___ NON-PROFIT - 501 (C) # _____					

BUSINESS AUTHORIZATION / I.D. NUMBERS (IF APPLICABLE):

A. CERTIFICATE OF OCCUPANCY NUMBER	*REQUIRED CONTACT PUBLIC WORKS
B. LAFOURCHE/THIBODAUX SALES & USE TAX NUMBER	
C. LOUISIANA STATE I.D. NUMBER	
D. FEDERAL EMPLOYER I.D NUMBER	

OFFICERS/OWNERS:

NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		
NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		
NAME	TITLE	TELEPHONE NUMBER
RESIDENT ADDRESS		

NATURE OF BUSINESS

NEW BUSINESS CLASSIFICATION

CHECK ONE	TABLE	CLASS DESCRIPTION	INITIAL APP FEE	CHAIN STORES:
	1	RETAIL / SERVICE	\$50	SEE CHAIN STORE TABLE REQUEST IF APPLICABLE
	2	WHOLESALE DEALER / CONTRACTOR	\$50	
	3	LENDING	\$50	
	4	COMMISSION / BROKERAGE AGENT	\$50	
	5	PUBLIC UTILITIES	\$50	
	7	PROFESSIONAL	\$50	

(Cash/Check #) Received by:

TOTAL DUE \$50.00

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I affirm that the information given on this application is true and correct. I will report any change in business ownership, operation, and / or address immediately.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PREPARER

DATE

CITY OF THIBODAUX

POLICE DEPARTMENT
1309 CANAL BOULEVARD - P.O. BOX 1338
THIBODAUX, LOUISIANA 70302
TELEPHONE: (985) 446-5021
FAX: (985) 446-7214

EMERGENCY BUSINESS FORM

Please Print

Business Name: _____

Business Address: _____

Business Phone Number (985) _____ - _____

E-mail Address: _____ @ _____

Owner of Building _____

Owner's Home Phone Number: _____ - _____

Alarm Company NO / YES (circle one)

If Yes,

Alarm Company _____

Alarm Company's Phone Number _____ - _____

EMERGENCY CONTACTS / KEYHOLDERS FOR AFTER HOURS/WEEKENDS/HOLIDAYS

1. _____ Home PS _____ - _____

2. _____ Home PS _____ - _____

3. _____ Home PS _____ - _____

4. _____ Home PS _____ - _____

5. _____ Home PS _____ - _____

List any information the officer should be aware of in reference to your building.

