

**APPLICATION FOR  
RETAIL BEER & LIQUOR PERMIT  
(RENEWAL ONLY)**

TO: CITY OF CROWLEY  
P.O. BOX 1463  
CROWLEY, LA 70527-1463

IMPORTANT: THIS APPLICATION MUST  
BE FILED NOT LATER THAN  
NOVEMBER 1ST

PERMIT TO BE ISSUED FOR CALENDAR YEAR ENDING DECEMBER 31, 20\_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

Name \_\_\_\_\_ Your Driver's License No. \_\_\_\_\_

Address \_\_\_\_\_ Your Social Security No. \_\_\_\_\_

\_\_\_\_\_ Business Location \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Mailing Address (If Different) \_\_\_\_\_

1. Application is for Beer Permit as a \_\_\_\_\_ Class "A" \_\_\_\_\_ Class "B"

2. Application is for Liquor Permit as a \_\_\_\_\_ Class "A" \_\_\_\_\_ Class "B"

3. Is applicant the owner of the premises to be occupied? \_\_\_\_\_

If "No", give name and address of lessor \_\_\_\_\_

\_\_\_\_\_

4. Is the business being conducted wholly or partly by one or more managers, agents, or other representatives? \_\_\_\_\_

If "Yes", give names below and attach forms Schedule "A" on each.

Name	Address
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Name	Address
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5. Is there now employed, or will you employ in the business sought to be licensed hereunder, any person who has been convicted of any crime? \_\_\_\_\_

If "Yes", state details \_\_\_\_\_

\_\_\_\_\_

**(AFFIDAVIT)**

I, the undersigned, do hereby submit application for renewal of my Beer-Liquor Permit for the period as indicated above and do swear and affirm that I have read each of the questions in the application and that the answers which I have given are true and correct to the best of my knowledge.

I also swear and affirm that I have not been convicted of a felony nor had a conviction or judgement against me involving alcoholic beverages within one year prior to the date of this application and that I meet all other qualifications and conditions as set forth in LRSA26:79.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**FOR OFFICE USE ONLY**

City Inspector \_\_\_\_\_

Date application was received \_\_\_\_\_

Sales Tax \_\_\_\_\_

Date application were paid \_\_\_\_\_

Police Dept. \_\_\_\_\_

Police Comm. \_\_\_\_\_

**APPROVED BY CITY COUNCIL**

**DATE:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_