

CHECKLIST FOR NEW LIQUOR/BEER APPLICATION

IN ORDER FOR YOUR LIQUOR AND/OR BEER PERMIT TO BE CONSIDERED FOR APPROVAL, THE FOLLOWING ITEMS MUST BE COMPLETED AND PRESENTED TO THE LICENSE DEPARTMENT AT CUSTOMER SERVICE, 8026 MAIN ST., HOUMA LA 70360.

** NO LICENSE WILL BE ISSUED UNTIL ALL STEPS, INCLUDING THE NOTE HAVE BEEN COMPLETED.

- ____ 1. BOARD OF HEALTH CERTIFICATE. (PH. NO. 985-857-3770)

- ____ 2. APPLICATION FOR LIQUOR AND/OR BEER LICENSE, ALL INFORMATION **PROPERLY** FILLED IN, **SIGNED, NOTARIZED AND WITH A TELEPHONE NUMBER LISTED** (FORM ATTACHED).
(SAME PEOPLE AS IN STEP 5 !!!)

- ____ 3. TERREBONNE PARISH SHERIFF'S OFFICE (3441 WEST PARK AVE, GRAY, LA 70359 TEL. NO. 985-876-2500) RECORD CHECK ON OWNER (S) **(SAME PEOPLE AS IN STEP 5)** AND THE MANAGER, IF DIFFERENT FROM THE OWNER, OF THE PREMISES WHERE BUSINESS WILL BE OPERATED.

- ____ 4. SALES AND USE TAX CERTIFICATE. (GOV'T TOWERS BLDG 6TH FLOOR - 985-876-3734)
NOTE THAT YOU ARE REQUIRED TO OBTAIN AN OCCUPATIONAL LICENSE (FORM ATTACHED)

- ____ 5. A CERTIFICATE OF PUBLICATION OF THE LEGAL ADVERTISEMENT WHICH APPEARED IN THE NEWSPAPER (TERREBONNE PARISH NEWSPAPER), INDICATING INTENT TO APPLY TO THE COMMISSIONER OF ALCOHOL AND TOBACCO CONTROL OF THE STATE OF LOUISIANA TO SELL ALCOHOLIC BEVERAGES AND THE ADVERTISEMENT MUST CONTAIN THE NAMES AND ADDRESS OF THE APPLICABLE OWNERSHIP:
 - a. IF AN INDIVIDUAL OWNER, ONLY THE OWNER IS REQUIRED TO BE LISTED.
 - b. IF THE OWNER IS A PARTNERSHIP, ALL PARTNERS ARE REQUIRED TO BE LISTED
(In no event less than those persons authorized to sell alcoholic beverages).
 - c. IF THE OWNER IS A CORPORATION, ALL OFFICERS, BOARD OF DIRECTORS, AND STOCKHOLDERS OWNING MORE THAT FIVE (5%) PER CENT, AND **MANAGERS** MUST BE LISTED
(In no event less than those persons authorized to sell alcoholic beverages).

- ____ 6. SUBMIT EITHER:
 - A. PROOF OF OWNERSHIP OF THE PROPERTY WHERE BUSINESS IS LOCATED.
 - B. A LEGAL LEASE OF THE PROPERTY WHERE THE BUSINESS IS LOCATED INCLUDING:
 1. TERM OF LEASE
 2. DESCRIPTION OF PREMISES SUFFICIENT TO DETERMINE EXACT LOCATION.
FOR EXAMPLE – MUNICIPAL ADDRESS.
 3. COMPLETE WITH SIGNATURE OF LESSOR AND LESSEE.

- ____ 7. EXECUTED AFFIDAVIT STATING APPLICANT (S) **(SAME PEOPLE AS IN STEP 5)** POSSES THE QUALIFICATIONS SET FORTH IN THE ORDINANCE (FORM ATTACHED).

- ____ 8. APPROVAL OF THE PROPER ZONING BY PLANNING & ZONING DEPARTMENT.
(FORM ATTACHED) (7836 PARK AVE., HOUMA, LA 70360 TEL. NO. 985-873-6567)

- ____ 9. APPROVAL OF LOCATION RESTRICTION FOR ON-PREMISE CONSUMPTION ONLY FIRST BY THE PLANNING & ZONING DEPARTMENT AND SECOND BY THE CITY OF HOUMA POLICE DEPARTMENT (CITY LIMITS). (FORM ATTACHED)

- ____ 10. APPROVAL THAT ALL ORDINANCE REQUIREMENTS ARE MET BY THE FINANCE DEPARTMENT.