

City of Mandeville
3101 East Causeway Approach
Mandeville, Louisiana 70448
985-624-3147 985-624-3149 Fax

****SPECIAL EVENTS (3-DAY)****
LIQUOR LICENSE APPLICATION

1. Liquor license to be issued to: _____
2. Legal name(s): Individual, Partners, or Corporation _____
3. Apply for: Class "A" ___ Class "B" ___ / High Content ___ Low Content ___ / Restaurant ___
4. Business location address _____
Telephone (____) _____
5. Mailing address _____
6. Contact Person _____
Phone Number (____) _____ E-Mail Address: _____
Fax Number (____) _____ Web Address _____

7. Type of organization:
 Individual Partnership Corporation Non-Profit LLP LLC Other
(If individual complete line A only)

8. If a Corporation, LLC, LLP, or Partnership, supply name, title, social security #, home address and telephone # of all officers, members, managers, partners, agents or other representative.
The list of names below should each furnish a notarized Schedule "A".

A	Name	Title	SSN	% Owned
	Resident Address	City State Zip	Home Phone Number	

B.	Name	Title	SSN	% Owned
	Resident Address	City State Zip	Home Phone Number	

C.	Name	Title	SSN	% Owned
	Resident Address	City State Zip	Home Phone Number	

9. Is this application by a new owner to take over an existing business that has been selling liquor regularly and continuously to the present time? _____ If yes, list.

Trade name	Owner=s name	address	License #
10. Does applicant hold State or City of Mandeville liquor license for current year at any other location? _____ If yes: Name _____ Location: _____			

11. Has applicant applied for state liquor license? _____
12. Has the applicant ever been denied a state or local liquor license? _____
12. Is premise located in an area where the sale of liquor is prohibited by local or state laws? _____
13. Is applicant the owner of the premises to be occupied? _____ If no, does applicant hold a bona fide written lease? _____ (Supply copy of lease with application.)
14. If premises leased, give name and address of lesser. _____
15. Describe the part of the building to be occupied by business: _____
16. Open date for this location _____
17. Describe in detail your business. i.e.: Type of sales, activity, or service you perform:

An original approved Sales Tax Clearance Certificate must be attached to the application, requested from the St. Tammany Parish Sales Tax Department (form attached).

I affirm that the information given on this application is true and correct.

Signature of Applicant _____ Title: _____

Signature of Preparer _____ Date _____