



TOWN OF COLUMBIA - CITY LIMITS

APPLICATION

RETAIL BEER PERMIT

P.O. Box 10
Columbia, LA 71418
Phone: (318) 649-6174
Fax: (318) 649-0758

Permit to be Issued to: _____

Drivers License Number

Trade Name (if any): _____

Social Security Number

Mailing Address: _____

Permit Number

Location Address: _____

*** Class "A" Retail - \$75.00**

*** Class "B" (Off-Premises) - \$60.00**

Application is for a beer permit as a:

Class "A" - Retail Outlet

Class "B" Retail House

Kind of ownership:

Individual

Corp

Partnership

Does the applicant hold state liquor permit for current year at this location? _____ Number: _____

Has a State Health Permit to operate at said location been secured? _____

Has the premises as set forth in the local application been inspected and approved by the State Fire Marshal? _____

Has the applicant ever been denied a State or Local Beer Permit? _____

Has applicant applied for or holds Liquor Permit? _____ If Yes what kind (A or B) _____

Is premises located in an area where the sale of beer is prohibited by State Laws? _____

Is the applicant the owner of the premises to be occupied? _____

* If no does the applicant hold a bona fide written lease? _____

Date started or to start at this address: _____

SCHEDULE A

Name: _____

Address: _____

Birth Date: _____

Sex: _____

Race: _____

Are you a citizen of the U.S.? _____

If a partnership or corporation please list names, addresses of each:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

SIGNATURE

DATE

NOTARY ON BACK

Amount Paid: _____

Check # _____

Check

Cash

Date Paid: _____

Approval Date: _____

Debit/Credit



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AFFIDAVIT

THIS AFFIDAVIT MUST BE EXECUTED BY APPLICANT BEFORE A NOTARY PUBLIC

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 to the best of my knowledge.

Sworn to before me this ____ of _____ 20__

Signature of Applicant

Signature & Title Notary

Notary Stamp or #