



TOWN OF COLUMBIA - CITY LIMITS

APPLICATION  
RETAIL LIQUOR 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 #