

**CITY OF ABBEVILLE**  
**BEER AND/OR LIQUOR APPLICANTS**  
CITY HALL, 101 N STATE ST, ABBEVILLE LA 70510 – (337)898-4213



**REQUIREMENTS – NEW LIQUOR LICENSES/PERMITS**

- STEP I:** File completed Notice of Intent to apply for permit with City of Abbeville Permit Department.  
Determine which Notice of Intent best fits the business plan – complete and return to City of Abbeville Permit Dept.
- (a) Notice of Intent for Corporation, LLC, Partnership, etc.
  - (b) Notice of Intent for Individuals
- STEP II:** 1. Take a picture of your State of Louisiana poster notification you have posted on the front of your establishment and submit to City of Abbeville permit department.  
2. Call Kelly Smith with Vermilion Parish Health Department @ 337-893-1438 to apply for Health permit
- STEP III:** Applicant is to complete the Liquor License Application, and the Affidavit confirming he/she meets the qualifications and conditions of R.S. 26:80 and R.S. 26:280, respectively {see attached copy}. Once filled out and notarized, submit to City of Abbeville's Permit Department with a colored copy of Driver's License or government-issued ID **{Give applicant a copy of application to submit to State}**
- STEP IV:** Once applicant has applied with Louisiana Office of Alcohol & Tobacco Control {225-925-4041} submit the following to The City of Abbeville's Permit Department **WITHIN 48 HOURS OF SUBMITTAL TO STATE:**
- (a) A copy of the application in its entirety in which applicant submitted to Louisiana Office of Alcoholic Beverage Control Application.
- STEP V:** Once The State Liquor License has been issued to applicant, applicant must:
- (a) Submit the State issued Liquor License to The City of Abbeville's Permit Department
  - (b) The Liquor License Application packet will be sent to for Mayor's review.
  - (c) Once approved, the applicant will be notified to come in and pay for the City of Abbeville's Liquor License.

**REQUIREMENTS – RENEWALS**

Submit **ALL** items below on or before December 1st of the current year:

- (a) Submit Current years State of Louisiana's Liquor License
- (b) Approved inspection report from the Vermilion Parish Health Unit dated within ninety (90) days of the renewal application.
- (c) Payment of Renewal Liquor License

The following **City of Abbeville Ordinances** provide guidelines

[https://library.municode.com/la/abbeville/codes/code\\_of\\_ordinances](https://library.municode.com/la/abbeville/codes/code_of_ordinances)

**ARTICLE II – CHAPTER 3 -SECTION 3 – 9 FETAL ALCOHOL SYNDROME; REQUIREMENT TO DISPLAY SIGN {SEE ATTACHED}**

**ABBEVILLE CITY COUNCIL**

**NOTICE OF INTENT  
(FOR CORPORATION, LLC, PARTNERSHIP, ETC)**

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

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF FORMATION: \_\_\_\_\_

APPLICANT FOR: \_\_\_\_\_ CLASS A LIQUOR  
\_\_\_\_\_ CLASS A BEER  
\_\_\_\_\_ CLASS B LIQUOR (PACKAGED ONLY)  
\_\_\_\_\_ CLASS B BEER (PACKAGED ONLY)  
\_\_\_\_\_ CLASS R (RESTAURANT)

\_\_\_\_\_  
Signature of Authorized Officer or Member

Print Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Print Name: \_\_\_\_\_  
Notary Public ID #: \_\_\_\_\_

**ABBEVILLE CITY COUNCIL**

**NOTICE OF INTENT INDIVIDUAL**

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

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPLICANT FOR: \_\_\_\_\_ CLASS A LIQUOR  
\_\_\_\_\_ CLASS A BEER  
\_\_\_\_\_ CLASS B LIQUOR (PACKAGED ONLY)  
\_\_\_\_\_ CLASS B BEER (PACKAGED ONLY)  
\_\_\_\_\_ CLASS R (RESTAURANT)

\_\_\_\_\_  
Signature of Authorized Officer or Member

Print Name: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Print Name: \_\_\_\_\_  
Notary Public ID #: \_\_\_\_\_

# CITY OF ABBEVILLE LIQUOR LICENSE APPLICATION



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

**APPLICATION FOR (Check all that applies):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CLASS A LIQUOR | <input type="checkbox"/> CLASS B LIQUOR (PACKAGED ONLY) | <input type="checkbox"/> CLASS B BEER (PACKAGED ONLY) |
| <input type="checkbox"/> CLASS A BEER   |   | <input type="checkbox"/> CLASS R (RESTAURANT)         |

APPLICANT NAME: \_\_\_\_\_

APPLICANT HOME ADDRESS: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

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

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:**

- |   |  |
|---|--|
| 1. Are you the sole owner of the business listed above?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is this business a partnership or association?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is there any other person, firm, corporation, or association financially interested in any way in the business? (if "yes" answer on the reverse side giving full name and % of interest)       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been refused an alcoholic beverage permit?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Is the above business location presently licensed to sell alcoholic beverages? (if "yes" give the trade name of present business and owner.)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is the business to be conducted by a manager or agent? (if "yes" give the name and address)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you own the premises, rent, or hold a bona fide written lease? (If you rent or lease, give the name and address of the owner or lessor and attach a copy of the lease or rental agreement.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you a citizen of the United States and the State of Louisiana?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you resided in the State of Louisiana continuously for a period of not less than 2 years prior to the date of filing this application?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you or anyone connected with this business ever been convicted of a felony under the laws of the United States, the State of Louisiana, or any other place?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have you or anyone connected with this business ever been convicted in this state, or in any other state, or by the United States, of the following: (if "yes" explain on the reverse side)   |  |
| a. soliciting for prostitution, pandering, letting premises for prostitution  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. gambling, letting premises for gambling  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Have you or anyone connected with this business ever been convicted in this state, or in any other state, or by the United States, of the following: (if "yes" explain on the reverse side)
- a. contributing to the delinquency of juveniles, any alcohol violations involving juveniles  Yes  No
  - b. keeping a disorderly place  Yes  No
  - c. narcotics  Yes  No
12. Have you or anyone connected with the business had a license to sell or deal in alcohol beverages issued by the United States, the State of Louisiana, or any other state, revoked within five (5) years prior to the date of filing this application?  Yes  No
13. Are you the spouse, or were you ever the spouse, of a person who cannot qualify, or whose application has been denied, or whose permit has been revoked? (if "yes" answer part a or b)  Yes  No
- a. are you judicially separated?  Yes  No
  - b. are you divorced?  Yes  No

LIST ANY OTHER ALCOHOL LICENSED BUSINESS IN VERMILION PARISH WHEREIN YOU OR ASSOCIATES HOLD AN INVESTMENT.

TRADE NAME	ADDRESS	% INTEREST

LIST OTHER PERSONS, FIRMS, CORPORATIONS, ETC. HOLDING ANY FINANCIAL INTEREST IN ANY WAY, IN THIS BUSINESS.

NAME	ADDRESS	% INTEREST

If you answered "yes" to either question #10 or #11 explain here:

DATE	CHARGE	LOCATION

**STATE OF LOUISIANA  
PARISH OF VERMILION**

\_\_\_\_\_, being first duly sworn on an oath, deposes and says that he/she has read each of the questions to which he/she made answer, and that said answers in each instance are true and correct.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

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

**CITY OF ABBEVILLE  
AFFIDAVIT CONFIRMING APPLICANT  
AND ALL INTERESTED PARTIES  
MEETS THE QUALIFICATIONS AND  
CONDITIONS OF R.S. 26:80 & 26:280**



**The undersigned does hereby attest and certify that the following information is true and correct:**

I am applying for a Liquor License from City of Abbeville to be able to sell and/or serve alcoholic beverages at a certain parcel of immovable property bearing the municipal address of \_\_\_\_\_.

I understand that Louisiana law, R.S. 26:80 and 26:280, requires that the applicant and all interested parties seeking the issuance of The City of Abbeville's Liquor License; meets the qualifications and conditions of R.S. 26:80, and 26:280.

The undersigned, \_\_\_\_\_, being duly sworn, hereby deposes and says:

1. I have read R.S. 26:80 and 26:280 State Statue for Qualifications to obtain a City of Abbeville Liquor License.
2. I declare that, I and all interested parties meet all qualifications of R.S. 26:80 and 26:280 of The State Statue.

\_\_\_\_\_  
Signature of applicant

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**NOTARY ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ PARISH OF \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
Notary I.D.#

Sec. 3-9. - Fetal alcohol syndrome; requirement to display sign.

- (a) Each person holding a license issued under the provisions of this chapter shall post and display in a conspicuous place on each licensed premises a sign which shall clearly read as follow, to-wit:  
"WARNING: Drinking alcoholic beverages during pregnancy may cause severe physical or mental birth defects."
- (b) Signs required to be posted or displayed herein shall be not less than eight (8) inches by ten (10) inches, with letters not less than three-eighths of an inch in height. Said signs must be substantially similar in design and color as the sample attached to this ordinance and available for inspection at the office of the secretary of the city council.
- (c) The city may make such warning sign available to licensees under this chapter.
- (d) Any licensee or permittee who shall violate the provisions of this section shall be punished in accordance with the provisions of the City of Abbeville Code of Ordinances, section 1-5. In the case of a corporation, the officer or agent in charge of the licensed premises shall be subject to prosecution for any violation of this section by such corporation.

(Ord. No. 93-10, 6-1-93)