



P.O. Box 400 \* St. Francisville, LA 70775  
Phone (225) 635-3688 \* Fax (225) 635-6984 \* email: [townhall@townofstf.com](mailto:townhall@townofstf.com)

## APPLICATION OF ALCHOLIC BEVERAGE PERMIT

Date: \_\_\_\_\_

***I hereby apply to the Town of St. Francisville, for a permit to sell: check one or two below.***

**RETAIL**

- (    ) CLASS A: GENERAL – HIGH ALCOHOL OR LIGHT WINE     \$215.00
- (    ) CLASS A-R: RESTAURANT     \$215.00
- (    ) CLASS A: BEER – LOW ALCOHOL     \$35.00
- (    ) CLASS A-R: BEER / RESTAURANT     \$35.00

**PACKAGE**

- (    ) CLASS B: HIGH ALCHOL     \$150.00
- (    ) CLASS B: LOW ALCOHOL-BEER     \$25.00

1. Type of Ownership:     (    ) Individual            (    ) Partnership            (    ) Corporation            (    ) LLC

2. Applicant Name: \_\_\_\_\_

3. Trade Name of Business: \_\_\_\_\_

4. Location Address: \_\_\_\_\_

5. Telephone:     Work: \_\_\_\_\_     Home: \_\_\_\_\_

6. Official Mailing Address: \_\_\_\_\_

\_\_\_\_\_

7. Parish: \_\_\_\_\_

8. Is applicant the owner of the premises to be occupied? (    ) Yes or (    ) No

***\*If no, applicant must provide a copy of the written lease.***

9. Describe part of building to be occupied by business: \_\_\_\_\_

10. If applicant is a partnership, corporation or LLC, list the name, address, title and percentage of ownership of each partner or stockholder. (Notice: A Schedule "A" must be completed and attached to this application for the manager, owner, each partner, or for each stockholder owning more than 10 (10%) of the stock, if applicable.) Also, any financial backers of the business must be listed and a Schedule "A" submitted.

NAME	TITLE	% OWNED