

***City Living Country Charm***

Office of Alcoholic Beverage Control

10136 Florida Boulevard

P.O. Box 217

Walker, LA 70785

Telephone: 225-665-4356 Facsimile: 225-664-0140

**Class R (Restaurant) Application**

**Notice: Payment should be made in the form of cash, cashier’s check, or money order**

**made payable to City of Walker in the amount of $85.00**

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| (OFFICE USE ONLY) \_\_\_\_\_\_\_\_\_New; \_\_\_\_\_\_\_\_\_Renewal Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ A current copy of the restaurant menu filed with this application. |
| 1. Trade Name of Business, Business Phone & Cell Number:  | 2.Business Owner (Name of Individual, Partnership, Corporation, LLC ) |
|  |  |
| 3. Business Address (Street, Zip Code)  | 4. Mailing Address (P.O. Box/Street/City/State/Zip Code):  |
| 5. Does this business currently hold a Class A Beer and/or Liquor license for the current year at this location?  | \_\_\_\_\_ | Yes;  | \_\_\_\_\_  | No  |
| 6. Is the primary purpose of this business operation to prepare and serve meals and meal items for consumption to the general public?  |
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|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_ | Yes;  | \_\_\_\_\_  | No  |

 |
| 7. Is food served on all days of operation?  |

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_ | Yes;  | \_\_\_\_\_  | No  |

 |
| 8. Does the applicant operate a bona fide restaurant by having a fully equipped kitchen facility and dining room manned and operated at all times that alcoholic beverages are sold on Sunday?

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| --- | --- | --- | --- |
| \_\_\_\_\_ | Yes;  | \_\_\_\_\_  | No  |

 |
| 9. Does the business have at least 60 days of prior business experience?  |

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| --- | --- | --- | --- |
| \_\_\_\_\_ | Yes;  | \_\_\_\_\_  | No  |

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| If “Yes", does this business gross at least 50% of its monthly revenue from the sale of food, food items and non-alcoholic beverages?

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_ | Yes;  | \_\_\_\_\_  | No  |

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| **This affidavit must be executed by the applicant before a Notary Public.**I swear (or affirm) that I have read each of the questions in this application and the answers which I have given are true and correct to the best of my knowledge. I understand that any false statement or misrepresentation of fact constitutes grounds for denial of this application. By signing this application, the holder of any license issued to the applicant agrees to waive all formalities regarding search and seizure during the duration of the license. Furthermore, the holder of the license agrees to waive the same formalities if the license is revoked or if the holder is ordered by a court of competent Jurisdiction to remove all alcohol, for as long as the holder owns or rents the previously licensed premises.  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_\_\_\_\_\_\_Notary Public's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name of Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |