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Date of Application: \_\_\_/\_\_\_\_/\_\_\_\_

**City of Carencro Alcoholic Beverage &
Special Event Permit Application
P.O. Box Drawer 10 Carencro, LA 70520
Phone: 337-896-8481 Fax: 337-896-0890**

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| **Event Classification:** Special Event (\_\_\_\_days)1. Day $100.00
2. Days $200.00
3. Police Security Fee \_\_\_\_\_\_
 | **Type of Alcoholic Beverage to be Sold:** Beer Only Beer, Wine, & Liquor(Must also apply for state license) | **Permit Fee Schedule:*** Beer, Wine, & Liquor………. $300.00
* Beer only……………………$30.00

 *(Permit fees are non-refundable)* |
| 1. Trade Name of business & business phone number
 | 1. Applicants name (name of individual, partnership, corporation, non-profit, LLC)
 |
| 1. Physical Address of Business/Organization (street/zip)
 | 1. Mailing Address (P.O. Box/City/State/Zip)
 |
| 1. Type of Ownership: \_\_\_ Individual \_\_\_\_ Partnership(requires written agreement)

 \_\_\_ Corporation \_\_\_\_ LLC \_\_\_\_ Non-Profit |
| 1. Description and/or Purpose of Event:
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| **NOTICE:** Once this office has accepted this form and fees, no refunds will be made. Payment of fees must be made in the form of a money order, cashier’s check, or cash. *Make payments to: City of Carencro.* Special events permits expire the day after the event. This affidavit must be signed by the owner, if individual ownership; partner, if partnership; or authorized official, if corporation or LLC. Misstatement or suppression of material facts in this application is grounds for denial of this permit. Conviction of filing false public records, a violation of Louisiana Revised Statute 14:133, may result in imprisonment for not more than five years with or without hard labor and fine of not more than $5,000 (five thousand dollars), or both.**Affidavit**I swear that I have read each of the questions in this application and that the answers I have given are true and correct to the best of my knowledge and that I meet the qualifications and conditions of Louisiana R.S. 26:80 and 26:280. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. Is applicant the owner of the premises to be occupied? \_\_\_\_\_ Yes \_\_\_\_\_ NoIf “Yes”, you must provide a copy of the written bill or act of sale with this application. If “No”, you must provide a copy of the written lease.

Date of Application: \_\_\_/\_\_\_\_/\_\_\_\_Lessor’s name and Address:  |

 NOTE: If applying for an **annual**permit please skip to question #3.

1. Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Event Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time:\_\_\_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_
Addresses of Street(s) to be closed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Map indicating location of activity is required with application.**
2. Sponsoring Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Local Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Responsible Individual, if other than above:
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant agrees to and does hereby hold harmless, indemnify and defend the City of Carencro

from any and all claims, losses, or damages which arise in any way out of the approval or exercise of this permit. Each of the following departments will review the application to verify compliance with City of Carencro ordinances. If the permit is approved, permits will be issued within 72 hours after the date of application.

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

**\*\* Turn in application to city hall once completed.**

**Comments:**

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| **Fire Department:** **Signature: Date** |
| **Police Department:** **Signature: Date:** |
| **City Manager:****Signature: Date:** |
| **Mayor’s Office:****Signature: Date:** |