



Mike Tregre
 Sheriff & Ex Officio
 Tax Collector

St. John the Baptist Parish Sheriff's Office Occupational License Division

Operated by ACI St John, LLC

1704 Chantilly Drive, LaPlace, LA 70068
 P. O. Bpx 2066, LaPlace, LA 70069
 Ph: (985) 359-6600 Fax: (985) 359-6602

Application for Class "R" (Restaurant) Permit

The Class "R" permit shall expire on the same date as the retail permit

1. Legal Name of Business:	2. Trade Name of Business:
3. Location Address: (street/city/state/ZIP):	4. Parish
5. Official Mailing Address (PO Box/street/city/state/ZIP):	
6. Do you have a Class "A" restaurant beer/liquor/light wine permit issued by the State of Louisiana, Office of Alcohol and Tobacco Control? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter permit number: _____	
7. Have you operated this business as a restaurant for the past 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, respond to "a" and "b" below: (a) What are your average monthly gross sales of food, food items, and nonalcoholic beverages? \$ _____ (b) What are your average monthly gross sales for alcoholic beverages? Beer \$ _____ Liquor \$ _____ Warning: Your business records are subject to audit to substantiate the sales figures provided above. You are required to maintain separate sales figures for sales of alcoholic beverages.	
8. Is the primary purpose and function of this business to take orders for and serve food and food items? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is food served on all days of operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are alcoholic beverages served in conjunction with meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you applied for a state "R" permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter permit number or date applied: _____	
12. Does this place of business operate a fully-equipped kitchen used for the preparation of uncooked foods for service and consumption of such foods on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you applied for a local health department certificate showing compliance with all health and sanitary requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate date applied for or permit number: _____	
14. Are you currently in compliance with the regulations of the Parish Planning and Zoning Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>This affidavit must be signed by a person authorized to sign the Class "A" beer and/or liquor/beer/wine application and must be notarized by a notary public.</p> <p style="text-align: center;"><u>Affidavit</u></p> <p>I swear that I have read each of the above questions in this application and the answers that I have given are true and correct to the best of my knowledge; and that this business meets the minimum qualifications contained in R.S. 26:73 and 26:272 for a class "R" permit.</p> <p>Signature: _____ Title: _____</p> <p>Print/Type your name: _____</p> <p>Sworn to and subscribed before me on this the _____ day of _____, 20__</p> <p>In the Parish of _____ State of _____</p> <p>Notary Public's Signature: _____ Print Name of Notary Public: _____</p>	