



Denise Fontenot, Director of Municipal Services

City of Sulphur
Occupational License
P O Box 1309
Sulphur, LA 70664
Phone: 337-527-4517
license@sulphur.org



Mike Danahay, Mayor

Special Event Permit Application

Application is for High Content _____ Low Content _____

1. Name of Event _____

2. Event Location _____

3. Legal Name of Organization _____

4. Mailing Address _____

5. Home/Corp Address _____

6. Business Telephone _____ Home/Corp _____

7. Type of Organization: Must attach 501(c) 3 tax exemption

Civic _____ Religious _____ Non-profit _____ For-profit _____

give names of contact persons or principal officers

8. Event Dates (Not to exceed 3 consecutive days) _____

9. Describe in detail the type of event activity or service you will perform

I AFFIRM THAT THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of applicant _____

Title _____

Tax id #/ssn _____



Denise Fontenot, Director of Municipal Services

City of Sulphur
Occupational License
P O Box 1309
Sulphur, LA 70664
Phone: 337-527-4517
license@sulphur.org



Mike Danahay, Mayor

STATE OF LOUISIANA
CALCASIEU PARISH

AFFIDAVIT OF CHARACTER

Applicant shall not be the spouse of a person who does not meet the following requirements:

BEFORE ME, the undersigned Notary Public, personally came and appeared _____, who, after being duly sworn, did dispose and say that:

He/She is a person of good character and reputation and over 21 years of age. He/She is also a citizen of the United States and of the State of Louisiana and a resident of the State of Louisiana continuously for a period of not less than two years next preceding the date of the filing of the application unless a corporation or limited liability company is organized under the laws of the state of Louisiana. The requirements as to Louisiana citizenship do not apply to wholesalers or retailers who held permits on or prior to January 1, 1964.

I or my spouse has never been convicted of a felony under the laws of the State of Louisiana or any other state or country; that I have never had any license to sell or deal in alcoholic beverages revoked by any state or the United States within five (5) years prior to the date of this application.

He/She also affirms that he/she has not been convicted of a felony under the laws of the United States, the State of Louisiana, or any other state or country and that he/she has not been convicted of soliciting of prostitution, contributing to the delinquency of juveniles, keeping a disorderly place or illegally dealing in narcotics.

He/She also affirms that he/she has not had license or permit to sell or deal in alcoholic beverages, issued by the United States, any state, or by any political subdivision of a state authorized to issue permits or licenses, revoked within one year prior to the time of application, or been convicted or had a judgment of court rendered against him/her involving alcoholic beverages by this or any state or by the United States for one year prior to this application.

He/She also affirms that he/she has not been adjudged by a board or convicted by a court of violating any of the provisions of the State statutes regarding alcoholic beverages and that he/she has not been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of these statutes. He/She also affirms that he/she is not the spouse of a person whose application has been denied or whose permit has been revoked, unless judicially separated or divorced.

Affiant understands that the affidavit is being made for the express purpose of satisfying the requirements of LA. R.S. 26:79 and La. R.S. 14:91.3

(Affiant)

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day
of _____, _____.

NOTARY PUBLIC



Denise Fontenot, Director of Municipal Services

City of Sulphur
 Occupational License
 P O Box 1309
 Sulphur, LA 70664
 Phone: 337-527-4517
 license@sulphur.org



Mike Danahay, Mayor

City of Sulphur
 Liquor License Application – Criminal Record Check

Name of Business/Event: _____

Location of Event: _____

Date of Application: _____

Please give the following information on all owners, members, and operators that are applying for this license.

Name	Driver's License #	State	Date of Birth	Place of Birth	Social Security #