



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

REQUIREMENTS FOR ALCOHOL CARD-LICENSE FOR EMPLOYEES

1. Completed and Notarized Application for all employees; renewals must complete and sign. Notarized if it is a new application only.
2. Application Fee of \$25.00 for all new applicants; renewals are no charge. Cash, checks or payments online accepted at www.walker.la.us.
3. Background check/criminal history from Livingston Parish Sheriff's Office, 20180 Iowa Street, Livingston, LA 70754.
4. Louisiana Responsible Vendor's Server Permit Card – class can be taken online or in classroom. Contact the Louisiana Alcohol and Tobacco Control office at 225-925-4041 or visit their website at <http://www.atc.rev.state.la.us> and choose the **PERMITS** tab then **RESPONSIBLE VENDOR** and you will have the option to look up both classroom and online courses.
5. Copy of Louisiana Driver's License

Should you have any questions, please contact Lisa Frey at 225-665-4356 or lisa.frey@walker-la.gov.



**CLASSIFIED EMPLOYEE/RETAILCLERK/WAITER-WAITRESS
LICENSE APPLICATION**

___ NEW (\$25.00 FEE) ___ RENEWAL (NO FEE)

1. Full Legal Name		2. Residence Address (Street/City/State/Zip)		
3. Race	4. Sex ___ Male ___ Female	5. Age	6. Date of Birth	7. Place of Birth (City/State)
8. Driver's License # & State		9. Are you a Citizen of the United States? ___ Yes; ___ No		10. If No to #9, do you have a properly issued Passport and current VISA? ___ Yes; ___ No
11. Daytime Phone # & Cell # () ()			12. Have you ever been convicted of a felony? ___ yes ___ No	
13. Have you been adjudged by a board or convicted by a court in this or any other state for any matter set forth in 3-8.C; 3-14.A.1 & 3-14.A.5 of the Walker City Ordinances (attached)? ___ Yes; ___ No				
14. If the response to questions 12 or 13 is "Yes", state the offense, date, location, and disposition. Also, a copy of the pardon or restoration of rights must be attached.				
15. List the name of the business where you will be employed serving or selling alcoholic beverages:				
<u>Name</u>		<u>Address</u>		<u>Phone Number</u>
<p>ANY MISSTATEMENT OR CONCEALMENT OF FACT IN AN APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION ACTION BY THE PROPER AUTHORITIES.</p> <p>_____ being first duly sworn under oath, deposes and says he/she has read each of the questions to which he/she made answer and that said answers in each instance are true and correct and that in accordance with Chapter 3 of the City of Walker's Code of Ordinances, as applicant for a license to serve or sell alcoholic beverages, that appearer is required to sign this statement acknowledging that appearer is fully cognizant of the laws pertaining to the sale, dispensing or delivering of alcoholic beverages to minors.</p> <p>Signature of Applicant _____ Date: _____</p> <p align="center">RENEWALS NEED TO SIGN ABOVE ONLY – NO FEE ** ALL NEW APPLICANTS MUST HAVE FORM NOTARIZED AND PAY \$25.00 FEE**</p> <p>Sworn to and subscribed before me this _____ day of _____ 20____ Notary Public _____</p>				

FORM ABC-9 Rev. 02/20/12

**** ALL NEW APPLICANTS ONLY MUST HAVE FORM NOTARIZED****