

INFORMATION FOR OBTAINING A CERTIFICATE OF QUALIFICATION (Bar Card)

BEFORE YOU BEGIN SELLING, SERVING, DISPENSING OR DELIVERING ALCOHOLIC BEVERAGES, YOU MUST FIRST OBTAIN A CITY/PARISH BAR CARD.

**PAYMENTS and applications for a Lafayette City/Parish Bar Card are accepted at our current location:
220 W. Willow Street, Building B, Lafayette, Louisiana - (Clifton Chenier Center)**

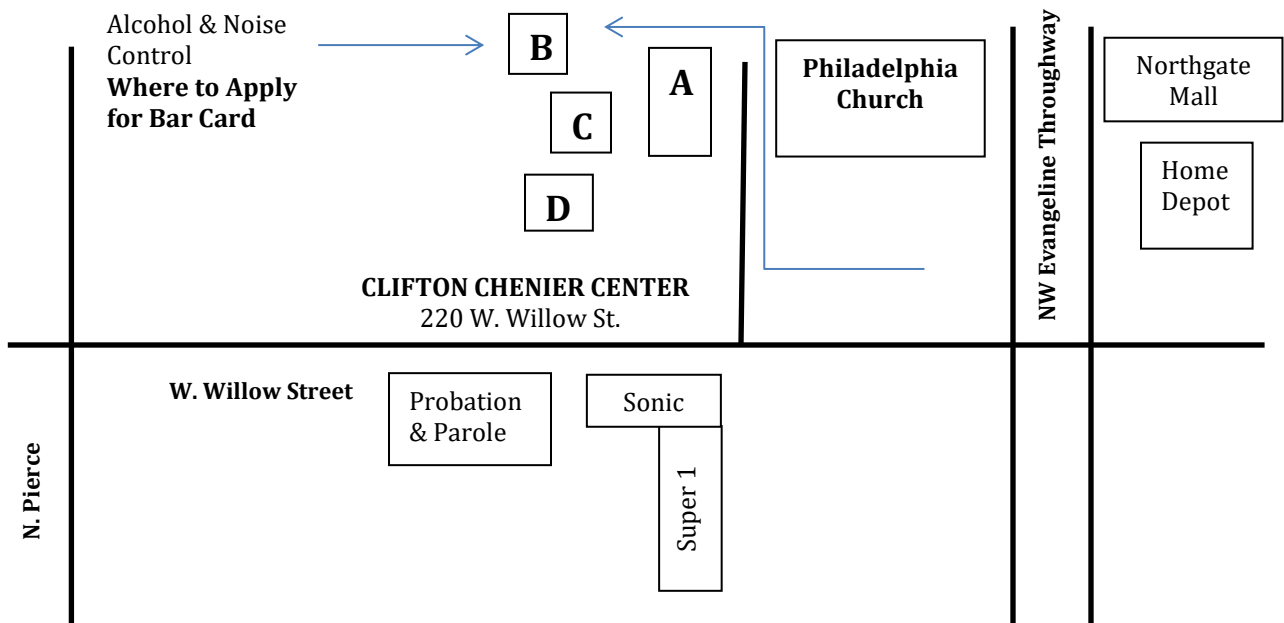
CASH ONLY

BAR CARD PROCESSING HOURS:

8:00 A.M. – 12:30 P.M. ONLY – Monday – Friday (excluding holidays)

*****The Responsible Vendor/Server (STATE BAR CARD) class is offered at NO ADDITIONAL fee when you apply for your City/Parish Bar Card*****

Class A & B	\$50	On-Premise Consumption (Restaurant and Bar)
Class B only	\$25	Off-Premise Consumption (Convenience Store, Grocery Store)
Delivery	\$35	Home Delivery (Business must be licensed for Home Delivery)
Class A, Class B & Delivery	\$60	Combo Card (All Alcohol Sales and Delivery)
Replacement	\$15	Replacement of lost or destroyed Bar Card
Extension	\$10	(Must be within 60 days of original application)



MAP IS NOT TO SCALE



Alcohol and Noise Control Division
 220 W. Willow Street, Building B
 P.O. Box 4017-C * Lafayette, LA 70502
 Telephone (337) 291-8697 or (337) 291-7338

Data Entered/processed by: _____
 Date State RV Expires: _____
 RV Class Date: _____
 Eligible Release Date: _____
 Receipt/Transaction #: _____

**CERTIFICATE OF QUALIFICATION
 (BAR CARD) APPLICATION**

We DO NOT accept debit or credit cards for payment

PAYMENT METHOD: CASH

TYPE/FEE (Circle One): \$50 Class A & B | \$25 Class B Only
 \$35 Delivery | \$60 Class A & B & Delivery | Owner

TODAY'S DATE: _____

SOCIAL SECURITY #: _____

NAME: _____

Maiden Name; other Names: _____

Street Address: _____

Apt./Lot/Unit (**Circle one**) #: _____

City/State/Zip: _____

Phone: (____) _____

Eye Color: _____ Height: _____ Weight: _____

Ethnicity (Race): _____ Gender: _____

Date of Birth: _____ Age: _____

Identification Provided: (*circle one*) State ID

Driver's License Passport Military ID Federal ID

ID #: _____

State Issued: _____ Exp. Date: _____

Email Address: _____

Place of Employment: _____

Employment Address: _____

City / State / Zip: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone: (____) _____

1. Are you 18 years of age or older? _____
2. In the past two years, have you been **CONVICTED** of a **felony** or **misdemeanor** crime? _____
 If yes, please explain: _____

Please initial as you read each statement below.

_____ *Withholding or giving false information on any part of this application is grounds for denial of your Bar Card.*

_____ *Once this application is received no refund will be given.*

_____ *You must notify this office of any changes to your home address or if you obtain new or additional employment.*

I affirm all of the information on this application is true and correct, to the best of my knowledge.

APPLICANT'S SIGNATURE

LAST: _____
 FIRST: _____
 MIDDLE: _____

DO NOT WRITE BELOW THIS LINE

By signing below, I acknowledge I have received my City/Parish "Bar Card"

Signature

Date