



Greg Champagne
Sheriff

ST. CHARLES SHERIFF'S OFFICE TAX DIVISION

15045 River Road
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783-6237 • Facsimile (985) 783-1132

BEER/LIQUOR RENEWAL APPLICATION

Date _____

Business Owner's Name _____ Date of Birth _____ Social Security Number _____

Residence Address _____ City _____ State _____ Zip Code _____

Race _____ Height _____ Weight _____ Hair _____ Eyes _____ Alias _____ Area Code/Phone Number _____

Have you been arrested since obtaining your Beer/Liquor Permit? Yes/No If YES explain

Have you been convicted of any crime since obtaining you Beer/Liquor Permit? Yes/No If YES explain

Are there any charges pending against you at the present time? Yes/No If YES list violation(s)

Have you ever been denied or had a Beer/Liquor Permit revoked? Yes/No If YES give date and reason

Name of Business _____ Area Code/Phone Number _____

Business Mailing Address _____ City _____ State _____ Zip Code _____

Business Physical Location _____ City _____ State _____ Zip Code _____

PLEASE LIST ANY CHANGES IN BUSINESS -- OWNERS, MANAGERS, PARTNERS OR CORPORATION

Owner Manager Partner Corporation _____ Title _____ Date of Birth _____

Social Security Number _____ Area Code/Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Owner Manager Partner Corporation _____ Title _____ Date of Birth _____

Social Security Number _____ Area Code/Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Owner Manager Partner Corporation _____ Title _____ Date of Birth _____

Social Security Number _____ Area Code/Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Signature of Applicant _____

Signature of Preparer (if Different then Applicant) _____