



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



Jacob J. Stutes, Mayor

## City of Sulphur Liquor License Checklist

Please include all the following if applicable:

- ✓ Articles of Incorporation if a corporation
- ✓ City of Sulphur Liquor License Application
- ✓ Copy of Purchase or Lease Agreement
- ✓ Notarized copy of two advertisements in the Lake Charles American Press
- ✓ Criminal Record Check on all owners and managers. Picture ID must be included.
- ✓ Affidavit of Character on owners and managers
- ✓ Sales Tax Clearance from State of La. 337-491-2504 and Calcasieu Parish 337-217-4280
- ✓ Calcasieu Parish Board of Health Inspection.
- ✓ Applications must be approved by City Council

**All applications and certificate of occupancy must be approved before license is issued.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### Fee Schedule

| ALCOHOLIC CONTENT | ON PREMISE CLASS "A" LICENSE | OFF PREMISE CLASS "B" LICENSE |
|-------------------|------------------------------|-------------------------------|
| Low Content       | \$40.00                      | \$30.00                       |
| High Content      | \$400.00                     | \$300.00                      |

All liquor licenses expire on December 31 in the year the license is issued and should be renewed by December 31st of each year to avoid being charged a delinquent penalty of 25%. Failure to renew by January 1st of the following year may result in the application being denied and the collector may, without notice or hearing, suspend the right to do business. In addition to the suspension or revocation of a permit, anyone convicted of violating any provision of Chapter 3 Alcoholic Beverages shall be guilty of committing a misdemeanor and shall be punished as provided in section 1-11 in accordance with Section 3-62 of Sulphur, LA Code of Ordinances.

Office Use Only

| Zoning | Entered by | Date Received | Application to council | Approved by council |
|--------|------------|---------------|------------------------|---------------------|
|        |            |               |                        |                     |

FAITH



FAMILY



COMMUNITY

Revised 8/11/2023

Page 1 of 5



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City of Sulphur  
Liquor License Application

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Legal Name of Owner: \_\_\_\_\_

Home/Corp Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Application is for: ☐ CLASS "A" ☐ CLASS "B"

Content: ☐ HIGH ☐ LOW ☐ HIGH & LOW

Sole Proprietor: ☐ Partnership ☐ Corp/LLC

Has a homeowner petition been signed by residents? ☐ YES ☐ NO

Have you applied for a state license? ☐ YES ☐ NO

Are you the owner of the premises to be licensed? ☐ YES ☐ NO

If NO, do you hold a bona Fide Lease? ☐ YES ☐ NO

Owner's name and address of the premises \_\_\_\_\_

Is the business to be conducted wholly by you or by more than one representative? \_\_\_\_\_

Federal Tax #: \_\_\_\_\_ La. State Tax #: \_\_\_\_\_

**SULPHUR ORDINANCE**

**Sec. 3-28. - Location—Affecting issuance.**

(b) No permit required by this division shall be granted for any premises situated within three hundred (300) feet or less, of a public playground or of a building used exclusively as a church or synagogue, public library, or school, or full-time day care center except a school for business education conducted as a business college or school. This distance shall be measured as a person walk, using the sidewalk, from the nearest point of the property line of the church or synagogue, library, playground, or school to the nearest point of the premises to be licensed.

(Code 1970, § 3-18; Ord. No. 546, 10-14-03) | **State Law reference**— Similar provisions, R.S. 26:80, 280.

Is there a church, synagogue, library, playground, or school located within 300 ft. of premise to be licensed? ☐ YES ☐ NO

If YES, has measurements been taken? ☐ YES ☐ NO ☐ N/A

If YES, what are the measurements in feet? \_\_\_\_\_ Ft. ☐ N/A

Are there any residents located within 300 feet of premise to be licensed? ☐ YES ☐ NO ☐ N/A

If YES, has measurements been taken? ☐ YES ☐ NO ☐ N/A

If YES, what are the measurements in feet? \_\_\_\_\_ Ft. ☐ N/A

**NOTE: The City of Sulphur will validate all measurements**

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Page 2 of 5



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Liquor License Application

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF CALCASIEU

I, \_\_\_\_\_, being the owner/partner/shareholder of the above-named premises, hereby certifies that the above information is true and correct according to the best of my knowledge, information, and belief.

I further certify that I have been a resident of the State of Louisiana for in excess of two (2) years unless a corporation or limited liability corporation; that I or my spouse have 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. I further understand that any misstatement or concealment of the facts of the above application shall be grounds for revocation of the permit to be issued herein.

\_\_\_\_\_  
Applicant Signature

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public





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## City of Sulphur Affidavit of Character

AFFIDAVIT  
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 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).

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 judgement 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.

\_\_\_\_\_  
Applicant Signature

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public





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OCCUPATIONAL  
LICENSE

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City of Sulphur  
Liquor License Application – Criminal Record Check

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please give the following information on all owners, stockholders, and managers of the business that are applying for the license.

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

Manager Information

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

