



**CITY OF LUCEDALE, MISSISSIPPI
BEER AND LIGHT WINE
SWORN APPLICATION FOR RETAILER PRIVILEGE LICENSE**

In accordance with the provisions of the Beer/Light Wine Ordinance for the City of Lucedale ("the Ordinance"), application is hereby made for a permit to engage in the retailing of Beer/Light Wine in the City of Lucedale at the address and location set forth herein.

BEFORE COMPLETING THIS APPLICATION YOU MUST HAVE READ THE ORDINANCE AND ATTACHED A COPY OF YOUR STATE PRIVILEGE LICENSE.

1. Owner of Business: _____
2. Trade or d/b/a Name: _____
3. Physical Address: _____
4. Mailing Address: _____
5. Telephone No. _____
6. Nature of Business: _____

7. Type of Ownership: Individual Partnership Corporation Other
(if other please submit additional explanation)
8. On a separate sheet of paper please provide the names addresses of each and every partner or if a corporation, the name and title of each officer or director and the persons or persons managing the licensed premises and any stockholder owning more than five (5) percent of the corporation or legal entity.
9. Is the applicant, a natural person, a Citizen of the United States, and the State of Mississippi? yes no
10. Is the applicant 21 years of age or older? yes no
11. State Tax Commission ID No. _____
12. Federal Tax ID No. _____
13. Has the Applicant ever been convicted in this or any other state of a felony, or for any crime involving pandering or keeping a house of prostitution yes no
14. Has the Applicant ever been convicted within five years next preceding the date of this Application of any violation of the laws of this state or any other state or the United States related to alcoholic beverages or gambling? yes no
15. Has the Applicant had any beer/light wine permit or liquor license revoked within the five years next preceding the date of this application? yes no
16. What is the Applicant's possessory interest in the premises?

___ Premises are owned by the Applicant

___ Premises are leased by the Applicant

Lessor: _____

Address: _____

17. Is the applicant residentially domiciled with any person whose retail beer/light wine permit has been revoked within the past two years? ___yes ___no
 - a. If the answer to question 17 is "yes" on a separate sheet of paper, please list the name of the person, date of revocation, business or trade name, and business location.
18. Will any person whose permit has been revoked within the past two years be employed by the Applicant, or have any financial interest in the business of the applicant? ___yes ___no
 - a. If the answer to question 18 is "yes" on a separate sheet of paper, please list the name of the person and the date of the revocation of their license and the reason revocation.
19. Has payment by applicant of all privilege license and property taxes been made, With no delinquent state or local tax amount due and payable? ___yes ___no
20. Are the premises for which application is being made frequented by known criminals, prostitutes, or other law violators or troublemakers who disturb the peace and quietude of the community and frequently require the assistance of law enforcement to apprehend such violators or restore order? ___yes ___no
21. Does the business location satisfy the distance requirements set forth in Section 5 of the Ordinance?
22. The Applicant understands and agrees that in order to maintain and renew a Beer/Light Wine privilege license they all revenue requirements set forth in Sections 10 and 11 must be complied with ___yes ___no
23. The Applicant understands and agrees that certain annual compliance reports must be submitted to municipal officials on annual basis consistent with the Ordinance ___yes ___no
24. The Applicant understands, agrees and consents for any and all inspections and background checks set forth in the Ordinance ___yes ___no
25. The Applicant understands and agrees that he or she must make available for inspection certain invoices, sales tax reports, and other business records as required by the Ordinance ___yes ___no
26. The Applicant has attached a copy of a valid and proper state alcohol privilege license ___yes ___no
27. Is your business located within a portion of Lucedale zoned commercial? ___yes ___no
28. Does the Applicant's business contain any pinball machines, pool tables, or other coin operated amusement machines with the exception of juke boxes ___yes or ___no
29. The Applicant has read and certifies that he or she is qualified to obtain a privilege license subject to the conditions set forth in the Ordinance?

30. I understand that the application fee is non-refundable even if said application is denied. ___yes ___no
31. The Applicant understands and agrees that should any statement or certifications herein be untrue, or should the Applicant violate the Ordinance, the permit may be revoked and the Applicant will be subject to the penalties stated in the Ordinance ___yes ___no

By signing below I certify that all the representations made above are truthful.

Name: _____	Name: _____
Sign: _____	Sign: _____
Title: _____	Title: _____
Date: _____	Date: _____
Name: _____	Name: _____
Sign: _____	Sign: _____
Title: _____	Title: _____
Date: _____	Date: _____

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority of law, in and for the jurisdiction aforesaid, the within named individuals who acknowledged that they signed the above and foregoing Application for Privilege License, and after being duly sworn by me, state on their oath, that the representations made herein are true and correct.

GIVEN UNDER MY HAND and seal on this the ___ day of _____, 2016.

Clerk/Notary Public

(seal)

My Commission Expires: _____