



APPLICATION & PROCEDURES FOR ALCOHOL SALES PERMIT

ALCOHOL SALES PERMIT PROCEDURES

1. You may visit www.cityoflucedale.com to view and print the City of Lucedale Ordinance No. 470: Regulating the Sale and Consumption of Alcoholic Beverages. or come by City Hall to pick one up. Read the ordinance carefully to ensure your business qualifies to sell alcoholic beverages within the City Limits.
2. Contact the Mississippi State Tax Commission Office of Alcohol Beverage Control at 601-923-7700 to obtain information on securing a State License.
3. After receiving your State License, bring a copy to City Hall. You will be provided with a Sworn Application for Alcohol Sales and an Annual Financial Report to execute for a Retailer Privilege License for the sale of alcoholic beverages in The City of Lucedale.
4. Applicants must submit a current background check with the application. This may be obtained from the Lucedale Police Department in the amount of \$10.00.
5. Once the application and financial report are submitted to the City Clerk, they will be forwarded to the Investigating Committee, which consists of the Chief of Police, Building and Code Inspector, and Fire Chief. They will conduct their investigation and return a recommendation to the City of Lucedale Board for approval.
6. If approved, you will be notified by City Hall, and the final step will be to submit payment for the alcohol sales permit fee."

For questions or concerns, please contact City Hall at 601-947-2082.



LUCEDALE POLICE DEPARTMENT
RELEASE OF INFORMATION

The Lucedale Police Department will conduct a background investigation to verify information provided with your application for a privilege license for alcohol sales under Ordinance No 470: Regulating the Sale and Consumption of Alcoholic Beverages.

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Race: _____ Sex: _____

Current Address:

Street: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

Have you ever been convicted of a crime? Yes / No

If yes:

Date: _____ Charge: _____

City: _____ State: _____

I hereby authorize the Lucedale Police Department and any of its authorized employees to collect and receive information from any law enforcement agency for this investigation. This authorization is valid for 365 days from the date of my signature.

Applicant Name (Printed): _____ Date: _____

Applicant Signature: _____

BELOW THIS LINE IN FOR CITY OF LUCEDALE ONLY

NCIC Completed by: _____ Date: _____

This individual does / does not have a felony record.



SWORN APPLICATION FOR RETAILER PRIVILEGE LICENSE FOR ALCOHOL SALES

In accordance with the provisions of the Alcohol Sales Ordinance for the City of Lucedale, application is hereby made for a permit to engage in retail alcohol sales at the following location:

1. Business Owner Name: _____
2. Trade or d/b/a Name: _____
3. Physical Address: _____
4. Mailing Address: _____
5. Phone Number(s): _____
6. Nature of Business: _____
7. Type of Ownership: Individual / Partnership / Corporation / Other (If other attach explanation)

*Attach a separate sheet listing the names and addresses of all partners, corporate officers, directors, managers, and any stockholder owning more than 5%.

8. Is the applicant a U.S. Citizen and resident of Mississippi? **Yes / No**
9. Is the applicant 21 years of age or older? **Yes / No**
10. State Tax Commission ID No.: _____
11. Federal Tax ID No.: _____
12. Has the applicant ever been convicted of a felony, pandering, or prostitution-related crime? **Yes / No**
13. Has the applicant been convicted of any alcohol or gambling law violations within the past 5 years? **Yes/ No**
14. Has any alcohol permit or license of the applicant been revoked within the past 5 years? **Yes / No**
15. What is the applicant's interest in the premises? **Owned / Leased**
If leased, list lessor's name and address: _____
16. Is the applicant domiciled with anyone who had an alcohol permit revoked within the past 2 years? **Yes / No**
17. Will anyone with a revoked permit within the last 2 years be employed or hold financial interest in this business? If yes, attach separate sheet with names, revocation dates, and reasons.* **Yes / N**

18. Are all taxes current and paid in full? **Yes / No**
19. Is the business location free from known criminal or disruptive activity? **Yes / No**
20. Does the location meet the Ordinance's distance requirements? **Yes / No**
21. Does the applicant understand the annual revenue and compliance requirements in the Ordinance? **Yes / No**
22. Will the applicant allow required inspections and background checks? **Yes / No**
23. Will the applicant make available sales records, invoices, and tax reports as required? **Yes / No**
24. Is a valid state alcohol privilege license attached? **Yes / No**
25. Is the business in a commercially zoned area of Lucedale? **Yes / No**

If yes, what is the property zoned? (Circle one)

C1 – Neighborhood Commercial, C2 – Highway Commercial, C3 – Downtown Mixed Use

26. Does the business contain any coin-operated amusement machines (excluding jukeboxes)? **Yes / No**
27. Has the applicant read and certified they are qualified for a license under the Ordinance? **Yes / No**
28. Does the applicant understand the application fee is non-refundable? **Yes / No**
29. Does the applicant understand that false statements or violations can result in permit revocation and penalties? **Yes / No**

By signing below, I certify that all information provided above is true and accurate:

Printed Name: _____

Signature: _____ Date: _____

(Repeat as needed for additional signatories)

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the individual(s) who acknowledged signing the above application and, being duly sworn, stated that the representations made herein are true and correct.

GIVEN UNDER MY HAND and seal this the ____ day of _____, 2025.

(seal)

My Commission Expires: _____

Notary Public / Clerk _____