

CITY OF BAKER
ALCOHOL BEVERAGE CONTROL BOARD

NEW _____ RENEWAL _____

License # _____
Date Applied: ____/____/____
Date Issued: ____/____/____
Exp. Date: ____/____/____

FOR OFFICE USE ONLY

Application for: Classified Employee _____ Retail Clerk _____ Waiter/Waitress _____ Manager _____

PLEASE PRINT.

Name of applicant: _____ Last _____ First _____ Middle _____ Malden

Residence Address: _____ Street Address _____ Apt. # _____ City _____ Zip _____

Mailing Address: _____

How long have you lived at your residence address? _____ Phone# _____
If you have not lived at the above address for the past 3 years, complete the following to give 3 years
residency information.

PREVIOUS ADDRESSES

FROM	TO
____/____/____	____/____/____
____/____/____	____/____/____
____/____/____	____/____/____

Date of Birth: ____/____/____ Place of Birth: _____ Sex: _____ State _____
Race: _____ Social Security # _____ Dr. Lic # _____

Present Place of Employment & Address: _____

How long have you worked for this employer: _____ Work Phone: _____

If this license is to be used for a different place of employment, list the name and address of the place of
employment where this license is to be used: _____ Work Phone: _____

If you have not been employed by your present employer for at least 3 years, complete the following, giving 3
years employment history.

PREVIOUS PLACE OF EMPLOYMENT

ADDRESS	FROM	TO
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

If the answer is "yes" to any of the following, please explain completely on the reverse side of this application.

- 1) Have you ever been arrested for violating any alcohol laws or ordinance? _____ 2) Have you ever been arrested for any offense other than minor traffic violations? _____ 3) Have you ever had a license/permit to sell or dispense alcohol beverages revoked, suspended or denied? _____

**ANY MIS-STATEMENT OR CONCEALMENT OF FACT IN ANY APPLICATION MAY BE GROUNDS FOR
SUSPENSION, REVOCATION OR DENIAL OF LICENSES ISSUED BY THE CITY OF BAKER ALCOHOL
BEVERAGE CONTROL BOARD.**

State of Louisiana
Parish of East Baton Rouge
City of Baker

_____, being first duly sworn on oath, deposes and says that he/she has read
each of the questions to which he/she made answer, and that said answers in each instance are true and
correct and that in accordance with City of Baker Ordinance 1987-27, as applicant for a license to sell,
dispense or deliver alcoholic beverages, that appearer is required to sign this statement acknowledging that
appearer is fully cognizant of the laws pertaining to the sale, dispensing or delivering of alcoholic beverages to
minors.

Signature of Applicant

SWORN TO AND SUBSCRIBED before me at Baker, Louisiana, this _____ day of _____, 20____

Notary Public