



City of Gonzales Police Department



415 EAST CORNERVIEW • GONZALES, LOUISIANA 70737 • PHONE (225) 647-7511 • FAX (225) 647-9544

MANAGER, AGENT AND BARTENDER PERMIT APPLICATION

Date: _____

Name: _____ Sex: _____ Race: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

1. Are you a citizen of the United States and the State of Louisiana and over eighteen (18) years of age?

How did you become a citizen? _____

If Naturalized, when and where did you get your second papers? _____

2. Have you resided in the State of Louisiana continuously for a period of not less than two years next preceding the date of the filing of this application? YES

NO

3. Have you ever been charged for a misdemeanor or felony under the laws of the United States, State of Louisiana, or any other state? YES

(If any charges were dismissed, you will need to attach a copy of the court minutes or letter of refusal reflecting this information) NO

4. Have you ever been convicted in the State or any other State in the United States of soliciting for prostitution, pandering, letting premises for prostitutes, contributing to a juvenile, keeping a disorderly place, letting a disorderly place, or dealing in narcotics? YES

NO

5. Have you had a license or permit to sell or deal in alcoholic beverages issued by this state or any other state of the United States revoked within five (5) years prior to the date of this application? YES

NO

6. Have you been convicted or had judgment against you involving alcoholic beverages by this state or any other state of the United States within five (5) years prior to the date of this application? YES

NO

7. Have you ever been convicted of violation any of the provisions of the Beer or Liquor Laws of this state? YES

NO

8. Have you ever been convicted of violating any local parish or city ordinance? YES

NO

9. PREVIOUS EMPLOYMENT – List last place of employment first:

1) Date: From: _____ to _____

Firm: _____ Address: _____

Duties: _____

Reasons for Leaving: _____

2) Date: From: _____ to _____

Firm: _____ Address: _____

Duties: _____

Reasons for Leaving: _____

3) Date: From: _____ to _____

Firm: _____ Address: _____

Duties: _____

Reasons for Leaving: _____

10. Record of Previous Arrest(s)(if any):

Type of Offense: _____

Date & Place of Arrest: _____

Disposition: _____

**CITY OF GONZALES
STATE OF LOUISIANA**

_____, being duly sworn on oath, disposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her answers in each instance are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 2024__.

Signed: _____
(Partner, Manager, Agent, Bartender or Office of Corporation)

Notary Public



City of Gonzales Police Department



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BARTENDER REGULATIONS

1. **Open- No sales before 5:30 A.M. Closed - No sales after 2:00 A.M.**
2. **NO after hours "PRIVATE PARTIES."**
3. **Bartenders: No Drinking Alcohol while working as a bartender!**
4. **Report all fights, disturbances, etc. to the Gonzales Police Department immediately.**
5. **No illegal gambling, slot machines, card games, etc.**
6. **All persons working behind the bar and distributing alcohol must be licensed.**
7. **No sales to persons under the age of 21; a valid ID is required.**
8. **No sales or service to intoxicated persons.**
9. **The Bartenders Card is valid for one (1) year and must be renewed by the end of renewal month as indicated on the card.**

Violations of the above regulations may subject to the violator to loss of Bartender's License and/or criminal prosecution.

I certify that the above regulations were explained to me and I have provided all correct contact information.

Name: _____ Date: _____

Mailing Address: _____

Contact Phone #: _____

Place of Employment

Witness: _____

For BOI Office Use Only	
ATN#	_____
SID#	_____
TIME F/P COMPLETED	_____
TIME DESC.COMP	_____

FEES
\$10.00 Fingerprint Fee (if printed at LSP Headquarters)
\$26.00 Processing Fee (required whether printed at LSP Headquarters or when mailing in two fingerprint cards)

RIGHT TO REVIEW

Louisiana State Police
 Bureau of Criminal Identification and Information
 P.O. Box 66614 - Box A-6
 Baton Rouge, LA 70896

When submitting fingerprints:
 In person: two separate money orders, cashier checks, business checks for \$10 and \$26 or a credit card
 By mail: include two FBI (form FD-258) fingerprint cards and a \$26 money order, cashier check or business check

*****PLEASE TYPE or PRINT*****

APPLICANTS FULL NAME:

LAST _____ FIRST _____ MIDDLE _____

STREET ADDRESS: _____

COMPLETE STREET ADDRESS TO INCLUDE APARTMENT/LOT #

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE OR ID NUMBER: _____ STATE OF ISSUE: _____

RACE: _____ SEX: _____

APPLICANTS SIGNATURE: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R. Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the state or FBI identification record.

****Electronically submitted fingerprints obtained at LSP Headquarters after 3:30 will be available for pickup the next business day.**

APPLICANT PROCESSING - DISCLOSURE FORM

Louisiana Bureau of Criminal Identification and Information

P.O. BOX 66614 (Box A-6)
BATON ROUGE, LA 70896

RIGHT TO REVIEW

NAME

ADDRESS

CITY STATE ZIP CODE

DATE OF BIRTH PLACE OF BIRTH RACE SEX WEIGHT
(STATE)

HEIGHT HAIR COLOR EYE COLOR

SOCIAL SECURITY NUMBER

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

- RAPSHEET ATTACHED
- RESPONSE BELOW