



Schedule A

A schedule "A" must be executed by the manager, owner, each partner, each officer, and every stockholder owning more than 5 percent of the capital stock.

1. Name of owner (individual, partnership, corporation, LLC)		2. Trade name of business		
3. Name of the person to be certified		4. Town/city	5. Type of permit applied for	
6. Residence address (street/city/state/ZIP)		7. Daytime telephone number ()	8. Race	9. Sex <input type="checkbox"/> M <input type="checkbox"/> F
10. Date of birth	11. Present age	12. Place of birth	13. Naturalization number, if applicable	
14. Social Security Number		15. Your driver's license number & state	16. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are you a citizen of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Name, Social Security Number, date of birth or naturalization number of spouse		
19. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
20. Do you or your spouse own or hold interest in any other business holding a state retail beer and/or liquor permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter permit number. _____				
20a. Trade name of business _____				
20b. Location of business (street/city/state/ZIP) _____				
21. Do you or your spouse own or hold interest in any business holding a wholesaler beer or liquor permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name of business.				
22. Have you or your spouse ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of the pardon or restoration of rights must be attached to this schedule.				
23. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. Have you or your spouse ever been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No				
25. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked within the last two years prior to the filing of this schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No				
26. Have you or your spouse ever been denied an alcoholic beverage permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
27. If the response to Questions 22, 23, 24, 25, or 26 is "yes", state the offense, date, location, and disposition.				
28. Have you or your spouse ever had any name(s) other than the one stated above? (Official name change, maiden name) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.				
29. Is this application being made by you to permit any person other than yourself to secure a beer/liquor permit in your name for his benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Affidavit

I swear that I have read each of the above questions and that the answers that I have given are true and correct to the best of my knowledge; and that I meet the qualifications and conditions set out in R.S. 26:80 and 280.

Signature _____ Title _____

Print your name _____

Sworn to and subscribed before me this _____ day of _____, 19 _____

in the parish of _____, State of _____

Notary Public's signature _____ Print name of Notary Public _____