



John Bel Edwards
Governor

State of Louisiana
Department of Revenue
Office of Alcohol and Tobacco Control



Juana Lombard
Commissioner

Affidavit

State of Louisiana
Parish of _____

Before me, the undersigned authority came and appeared _____ a resident of
(OWNER NAME)

_____, who, after being by me first sworn did depose and say that
(ADDRESS)

he/ she is the/an owner of the retail establishment doing business as

_____ located at _____
(BUSINESS NAME) (BUSINESS ADDRESS)

ATC Permit # _____, request that _____
(NAME OF MANAGER TO BE APPOINTED)

Sworn to and subscribed before me at _____

on this _____ (Numeric Day of Month) day of _____ (Month) , _____ (Year).

(NOTARY SIGNATURE)

Affiant(Owner, Officer, Member, Partner) Signature

Agent/ Investigator's Name (Type/Print), Signature

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