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Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

Schedule A- Affidavit of Individual Suitability (Page 1 of 3)

Business Information

A Schedule A must be executed by each manager, each owner, partner, financial backer, officer, agent, director, stockholder, or member owning more than 5% of the stock or membership interest in the business.

Owner Name of Business *(individual/partnership/LLC/corporation)*:_____

Trade Name of Business *(d/b/a name)*: _____

Business Phone Number: (____)_____-_____ Business Email Address: _____

Business Fax Number: (____)_____-_____

Individual Background Information

NAME (print): _____ [for manager, officer, member, etc]
Last Name First Name Middle Initial

Maiden Name/Aliases/Nickname/Former Legal Names (if any): _____

Occupation: _____ Employer: _____

Date of Birth: ___/____/_____ Present Age: _____ Place of Birth: _____

Home/Office Phone Number: (_____)_____-_____ Cell Phone Number: (_____)_____-_____

Email Address: _____

Mailing Address: _____
Street

_____
City/State/Zip

Have you continuously resided in Louisiana for the last (2) years? Yes ☐ NO ☐

Social Security Number: _____-_____-_____ Race: _____ Gender: _____

Driver's License Number: _____ State of Issuance: _____

Were you born in the United States? YES ☐ NO ☐
If "No," enter naturalization number:_____

Affiliation with business: _____ Percentage of ownership: _____
(job title/position)

Relationship Status: _____

If Married… Name of Spouse: _____ Spouse Maiden Name/Aliases (if any): _____

Spouse Date of Birth: _____/_____/_____ Spouse Social Security Number:_____-_____-_____

Spouse Driver's License Number: _____

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Schedule A Affidavit Continued (Page 2 of 3)

Qualifications

1. Is the applicant listed also applying for a video poker license issued by Louisiana State Police? YES ☐ NO ☐

2. Do you or your spouse own or hold interest in any other business holding a state **retail** beer and/or liquor permit? If you or your spouse is an officer, member, or partner in another entity that maintains a state alcohol permit, answer "YES" and complete the following questions. If there is more than one business, attach a list disclosing each.

   YES ☐ NO ☐

   - *If "YES," enter permit number*:_____
   - *Trade Name of Business:*_____
   - *Location Address*: _____
     _____

3. Do you or your spouse own or hold interest in any business holding an alcoholic beverage manufacturer/supplier permit? YES ☐ NO ☐
   - *If "YES," enter the name of the business:*_____

4. Do you or your spouse own or hold interest in any business holding an alcoholic beverage wholesale permit or solicitors permit? YES ☐ NO ☐
   - *If "YES," enter the name of the business*:_____

5. Is this application being submitted by you to obtain an alcoholic beverage permit in your name for the benefit of any other person? YES ☐ NO ☐

*****If you answer "YES" to any of the following questions about your criminal history, you (and your spouse) must complete a Schedule F.*****

6. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage regulatory statute, rule, or ordinance? YES ☐ NO ☐
7. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked within the last (2) years prior to the filing of this Schedule A? YES ☐ NO ☐
8. Have you or your spouse ever been denied an alcoholic beverage permit? YES ☐ NO ☐
9. Have you or your spouse ever been convicted of a felony? YES ☐ NO ☐
   - *This includes an offense adjudicated under Article 893 or 894, dismissals, pardons, expungements, guilty pleas, and pleas of nolo contendere "no contest."*
10. Have you or your spouse ever been convicted of solicitation for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in controlled dangerous substances? YES ☐ NO ☐
11. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance classified in Schedule I of R.S. 40:964 on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the business? YES ☐ NO ☐
12. Have you or your spouse been convicted or had a judgment of court rendered against you involving the sale or service of alcoholic beverages by this or any other state, or by the U.S. within the last (2) years? YES ☐ NO ☐
13. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of theft? YES ☐ NO ☐
14. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of any crime involving false statements or declarations? YES ☐ NO ☐
15. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of gambling? YES ☐ NO ☐

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Schedule A Affidavit Continued (Page 3 of 3)

Sworn Statement

Affidavit

I swear that I have read each of the above questions and 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 26:280. I consent to this information being shared with Louisiana State Police for video poker licensing purposes.

_____ _____
Signature of Applicant Title

_____
Print/Type Applicant's Name

Notary

For NOTARY Use Only

Sworn to and subscribed to me this _____day of _____, 20_____,

In the parish/county of _____, State of _____.

_____ _____
Notary Public's Signature Print Name of Notary Public

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