



Office Use Only
Permit Class and Number

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: _____ (job title/position) Percentage of ownership: _____

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