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Office of Alcohol Tobacco Control

Ernest P. Legier, Jr., Commissioner

SCHEDULE A FORM
INDIVIDUAL SUITABILITY DISCLOSURE FORM

Note: Must be executed by **EACH INDIVIDUAL** manager, owner, partner, financial backer, officer, agent, director, stockholder, member, or any person owning more than 5% of the stock or membership interest in the business.

BUSINESS INFORMATION	
1. Business/Entity Legal Name: (Name of individual or business entity)	
2. Trade Name (DBA):	
3. Business Address: (Street Address, City, State, and Zip code)	
4. Business Phone Number:	5. Business Email Address:

INDIVIDUAL INFORMATION			
6. Individual Affiliation with Business: ☐ Manager ☐ Officer/Member/Director ☐ Partner ☐ Other:_____ ☐ Investor ☐ Stockholder/Shareholder ☐ Owner			
7. Full Name		8. Maiden name/alias/nickname/former legal name:	
9. Occupation:		10. Employer:	
11. Date of Birth:	12. Age:	13. Place of Birth:	
14. Business Phone Number:		15. Cell Number:	
16. Email Address:		17. Mailing Address:	
18. Social Security Number:			
19. Race:	20. Gender:	21. Driver's License Number:	22. State of Issuance
23. Is a colored copy of your driver's licensed attached to this form?			☐ YES ☐ NO
24. Have you continuously resided in Louisiana for the last two (2) years?			☐ YES ☐ NO
25. Are you a U.S. Citizen? ☐ YES ☐ NO, enter Naturalization number:			
26. Affiliation with Business: (Job Title/Position)		27. Percentage of Ownership:	

MARITAL/SPOUSAL INFORMATION

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28. Select Marital Status: ◯ Married ◯ Single ◯ Divorced ◯ Legally separated	
29. Name of Spouse:	
30. Spouse Maiden Name/Alias (if applicable):	
31. Spouse's Date of Birth:	32. Spouse's Social Security Number:
33. Spouse Driver's License No:	34. State of Issuance:

35. Is the marriage a community property regime? (separation of property agreement)	◯ YES ◯ NO
36. Will Spouse assist in managing Applicant's business?	◯ YES ◯ NO
37. Do you or your spouse own or hold interest in any other business holding a state retail alcoholic beverage permit? If yes, provide the following information. If more than one, please attach list. Permit Number: Trade Name: Location address:	◯ YES ◯ NO

QUALIFICATION

38. Is the applicant applying for a video poker license issued by Louisiana State Police?	◯ YES ◯ NO
39. 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 answered YES to any question listed below, a Schedule F Form must be completed.
Applicant must attach a disposition of each arrest.

CRIMINAL BACKGROUND INFORMATION

40. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage statute, rule or ordinance?	◯ YES ◯ NO
41. Have you or your spouse had any license or permit to sell or deal in alcoholic beverages revoked within the last two (2) years prior to filing this form?	◯ YES ◯ NO
42. Have you or your spouse ever been denied an alcoholic beverage permit?	◯ YES ◯ NO
43. Have you or your spouse ever been arrested for a felony charge?	◯ YES ◯ NO
44. Have you or your spouse ever been convicted of a felony?	◯ YES ◯ NO
45. Have you or your spouse ever had a conviction adjudicated under 893 or 894, dismissed, pardoned, expunged, pled guilty or pled nolo contendere or "no contest"?	◯ YES ◯ NO
46. 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
47. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the business?	◯ YES ◯ NO
48. Have you or your spouse been convicted or has a judgment of court rendered against you involving the sale or service of alcoholic beverage by this or any other state or in the U.S. within the last two (2) years?	◯ YES ◯ NO
49. Have you or your spouse ever been convicted in this or in any other state in the U.S. of theft?	◯ YES ◯ NO
50. 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
51. Have you or your spouse ever been convicted in this or in any other state in the U.S. of gambling?	◯ YES ◯ NO

DISCLOSURE OF OTHER INTEREST IN ALCOHOL INDUSTRY

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& UNFAIR BUSINESS AND TRADE PRACTICES	
52. Does Applicant understand it is prohibited to directly or indirectly have any overlapping ownership or any other prohibited relationship between those engaged in the business related to the alcoholic beverage industry such as engaging as a retailer/wholesaler, retailer/manufacturer*, or wholesaler/manufacturer.	YES NO
53. Does Applicant or applicant's spouse receive any proceeds or profits from any alcoholic beverage retailer, wholesaler or manufacturer? If Yes, provide additional details below or attached detail explanation.	YES NO
54. Does Applicant understand that alcoholic beverage manufacturers and wholesalers are prohibited from providing an alcohol retailer with anything of value unless explicitly enumerated as an exception as provided by law or regulation?	YES NO
55. Does Applicant understand that manufacturers and wholesalers are prohibited from inducing or otherwise influencing, directly or indirectly, a retailer from selling and/or serving its products to the exclusion, in whole or in part, of products of other manufacturers and/or wholesalers, including but not limited to influencing the retailer in any way regarding the quality or brand of alcoholic beverages bought or sold by the retailer?	YES NO
56. Does Applicant understand that retailers are prohibited from accepting or requiring any such inducement or other influence and anyone found in violation of the trade practices laws and regulation of the State of Louisiana, is subject to penalties, suspension or revocation of its permit?	YES NO

SWORN STATEMENT/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 forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.

_____ Print Name

_____ Signature

_____ Title

_____ Date

Notary

Sworn to and subscribed to me on this _____day of_____, 20_____, in the parish/county of _____, State of _____

_____ **Name of Notary Public**

_____ **Signature of Notary Public**

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