Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Ernest Legier, Jr., Commissioner

Tobacco 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 *(dba 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

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

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

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

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Tobacco Schedule A- Affidavit Continued (Page 2 of 3)

Qualifications

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

1. Have you 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."*

2. Have you ever been convicted of or found to have violated the unlawful distribution of tobacco products, alternative nicotine products, or vapor products to persons under the age of 18 under R.S. 14:91:6? YES ☐ NO ☐

3. Have you ever been convicted of or found to have violated the provisions of the "Prevention of Youth Access to Tobacco Law" by failing to post the notice that it is unlawful to sell tobacco products, alternative nicotine products, or vapor products to underage individuals under R.S. 14:91.8? YES ☐ NO ☐

4. Have you ever been convicted of or found to have violated the unfair sales law as it applies to tobacco products as provided in R.S. 51:421 et seq? YES ☐ NO ☐

5. Have you ever been convicted of or found to have violated any tobacco, alternative nicotine product or vapor product regulatory statute, or rule, including a tobacco tax statute or rule? YES☐ NO ☐

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Tobacco Schedule A - Affidavit Continued (Page 3 of 3)

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. 26:901 et seq.

_____ _____
Signature of Applicant Title

_____
Print/Type Applicant's Name

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