



**Louisiana Office of
Alcohol & Tobacco Control**

Ernest B. Legier, Jr., Commissioner

Suitability for Applicants of Alcohol, Tobacco & Consumable Hemp Permits

**Schedule A: Individual Personal
Disclosure Form (Sch A)**

Pursuant to Louisiana Revised Statute, Title 26, Section 80, 280, 906, and Title 3, Section 1485, any applicant, including all officers, all directors, all partners, and all stockholders or members owning in the aggregate more than five percent of the stock or of the membership interest in a limited liability company and the person or persons who shall conduct or manage the business shall possess the qualifications required of an applicant are required to complete the form herein.

1. OWNER/LEGAL ENTITY LEGAL NAME					
2. TRADE NAME OR "DOING BUSINESS AS"					
3. BUSINESS PHYSICAL ADDRESS		CITY		STATE	ZIPCODE
4. FULL LEGAL NAME: FIRST NAME		MIDDLE NAME		LAST NAME	
5. TITLE/EMPLOYMENT AFFILIATION WITH BUSINESS			% OWNERSHIP INTEREST	6. MAIDEN NAME/ALIAS/FORMER LEGAL NAME	
RACE	GENDER	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
7. DATE OF BIRTH			8. PLACE OF BIRTH		
9. SOCIAL SECURITY NUMBER		10. DRIVER'S LICENSE NUMBER		11. STATE OF ISSUANCE	
12. EMAIL ADDRESS		13. BUSINESS PHONE NUMBER		14. CELL PHONE NUMBER	
15. MAILING ADDRESS		CITY		STATE	ZIPCODE
16. Have you lived continuously in Louisiana for the last 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO					
17. Are you a U.S. citizen? <input type="checkbox"/> Yes, Native Born <input type="checkbox"/> YES, Naturalized – Provide #: <input type="checkbox"/> NO. Provide Legal Status:					
18. MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					

SPOUSE INFORMATION					
19. LEGAL FIRST NAME		MIDDLE NAME		LAST NAME	
20. DATE OF BIRTH			21. PLACE OF BIRTH		
22. SOCIAL SECURITY NUMBER		23. DRIVER LICENSE NUMBER		24. STATE OF ISSUANCE	
RACE	GENDER	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
25. Will Spouse assist in managing applicant's business? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Spouse is required to complete Schedule A and suitability pursuant R.S. 26:80 & 26:280.					

PERSONAL HISTORY DISCLOSURE	
26. Does Applicant or Applicant's Spouse own or hold interest in any other business holding an alcoholic beverage, tobacco or consumable hemp permit? If Yes, provide the name of business, business' address and permit number. If necessary, attach documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Is Applicant also applying for a video poker license issued by State Police for the premises of the above referenced business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Is Applicant submitting this application to obtain a permit on behalf of another person, not listed on the application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Does Applicant owe any sales taxes due to the state of Louisiana, including any businesses or legal entity in which applicant is/was an officer, owner, director, member, manager, shareholder, stockholder, or partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete the Section(s) below that pertain to your application(s); write "N/A" in Section(s) that do not apply.

SECTION (1) ALCOHOL: GENERAL QUALIFICATION (R.S. 26:80 AND 26:280)	
30. Have you or your spouse, directly or indirectly through affiliation with a legal entity, been convicted of violating any state or local alcoholic beverage statute, law, rule or regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Have you or your spouse directly or indirectly as a member, officer, managed, or owned interest with any legal entity that had an alcoholic beverage permit revoked with the last two (2) years prior to date of submission of this form? If Yes, attach a detailed explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO



SECTION (1) ALCOHOL: GENERAL QUALIFICATION (R.S. 26:80 AND 26:280)

32. Have you or your spouse ever been denied an alcoholic beverage permit? Yes, attach a detailed explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Have you or your spouse been convicted or has a court judgment been rendered against you involving the sale or service of alcoholic beverages in Louisiana or any other state within the U.S. within the last two (2) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Does Applicant or Applicant's spouse hold any interest, whether directly or indirectly, as officer, director, member, manager, or investor in any of the following permits? ATTACH A DETAILED EXPLANATION. <input type="checkbox"/> RETAIL DEALER <input type="checkbox"/> WHOLESALE DEALER <input type="checkbox"/> MANUFACTURER/SUPPLIER <input type="checkbox"/> OTHER	
35. Does Applicant or Applicant's spouse receive any proceeds or profits from any of the following types of alcoholic beverage outlets? ATTACH DETAILED EXPLANATION. <input type="checkbox"/> RETAIL DEALER <input type="checkbox"/> WHOLESALE DEALER <input type="checkbox"/> MANUFACTURER/SUPPLIER <input type="checkbox"/> OTHER	
36. Does Applicant understand that alcohol permittees are responsible to understand and comply with all alcohol laws and regulations including compliance with alcohol trade practices or tied house rules and regulations as provided by Louisiana Administrative Code, Title 55, section 317 et. seq., which prohibits all alcohol manufacturers and wholesalers to give anything of value unless explicitly enumerated as an exception provided by law or rule?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Does Applicant understand that manufacturers and wholesalers are prohibited from inducing, influencing, whether directly or indirectly, any retailer from selling or serving products to the exclusion of other products including quantity or brand and that retailers are prohibited from accepting such inducement shall be in violation of trade practices or tied house rules and subject to fines, suspension or revocation of permit(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION (2) TOBACCO GENERAL QUALIFICATION (R.S. 26:906)

38. Has Applicant ever been convicted of or found to have violated the unlawful distribution of tobacco, alternative nicotine and/or vapor products to person under the age of twenty-one (21) under R.S. 14:91.6?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Has Applicant violated the terms and provisions of the "Prevention of Youth Access to Tobacco Law" under R.S. 14:91.8?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Has applicant been convicted or found to have violated any provision related to Tobacco Tax as per R.S. 47:841 et seq?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Has Applicant been convicted or found in violation of any tobacco, alternative nicotine, vapor, or other tobacco products law, regulatory statute or rule, including tobacco tax statute or rule? (Notwithstanding any violation adjudicated with LA ATC)	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Has Applicant violated the terms and provisions of the Unfair Sales Law as it applies to tobacco products as provided in R.S. 26:924?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION (3) HEMP GENERAL QUALIFICATION (R.S. 3:1465)

43. Has Applicant ever been convicted, under state or federal law, of a felony within the ten years immediately preceding the date of application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. Has Applicant ever been convicted, under state or federal law, of a drug-related misdemeanor within the two years immediately preceding the date of application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Does Applicant understand that hemp permittees are responsible to understand and comply with all hemp laws and regulations, including the prohibition of selling any and all products that are illegal in the State of Louisiana?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CRIMINAL HISTORY DISCLOSURE (R.S. 26:80 & R.S. 26:280)(R.S. 26:906)(R.S. 3:1485)

46. Have you or your spouse been arrested or convicted of a felony charge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Have you or your spouse been arrested or have been convicted that resulted in adjudication under 893 or 894 Plea, dismissed, pardoned, expunged, adjudicated with plea of guilty, nolo contendere, or no contest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have you or your spouse ever been convicted of solicitation for prostitution, contributing to the delinquency of juvenile, keeping a disorderly place, or dealing in controlled substances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Have you or your spouse been convicted of distributing or possessing with intent to distribute any controlled substances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50. Have you or your spouse owned any interest in any business that previously held a permit with the ATC whereby you or your spouse have been convicted of distributing or possessing with intent to distributing or possessing with intent to distribute controlled dangerous substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Have you or your spouse been convicted for theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
52. Have you or your spouse been convicted for any crime involving false statements or declarations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
53. Have you or your spouse been convicted of gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO



54. Has applicant completed submission for background check or criminal history request check through https://uenroll.identogo.com ? Failure to complete may result in processing delays or up to denial of application.	<input type="checkbox"/> YES <input type="checkbox"/> N/A
55. Has applicant completed and attached a SIGNED copy of the Consent to Criminal History Record Check & Review of Privacy Statement ? Failure to complete or submit to the ATC may result in processing delays or denial of application. <ul style="list-style-type: none"> NOT APPLICABLE to individuals not required by law to submit to criminal history background check. 	<input type="checkbox"/> YES <input type="checkbox"/> N/A

SCHEDULE F – FELONY DISCLOSURE

If APPLICANT responded YES to ANY questions between #38-44 and #46-53? Complete the following section.

Date of Arrest/Conviction	Arrest/Conviction Charge	Jurisdiction/Court Agency	Disposition	Date of Discharge/Disposition

REQUIRED TO ATTACH A COPY OF DISPOSITION FOR EACH ARREST/DISPOSITION LISTED ABOVE. Disposition must be obtained from the Clerk of Court and may include but not limited to court minutes or court order. If applicable, you may obtain a disposition from the District Attorney Office in the parish where the arrest or conviction occurred or a letter from Probation or Parole Office verify completion. Failure to submit the disposition may result in processing delays and/or denial of your application.

PRIOR TO SUBMITTING, ENSURE ALL QUESTIONS ARE COMPLETED AND THAT YOU HAVE ATTACHED A COLORED COPY OF YOUR DRIVER’S LICENSE AND IF APPLICABLE, THE COMPLETED BACKGROUND AUTHORIZATION CONSENT FORM & PRIVACY STATEMENT.

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 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 _____ Title _____ Signature _____

Office Use Only	Notary Only	
	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
Processed by:	Permitted by and date:	Approval By & Date: