



SCHEDULE "A"

FOR OFFICE USE ONLY			
Permit Year	JP Tax ID	Class	Type

Schedule A

Every manager, owner, partner, corporate officer, and stockholder owning more than 5 percent of the capital stock must complete this schedule.

1. Trade name of business		2. Name of owner		
3. Business location (street/city/state/zip)				
4. Name of person completing this schedule	5. Daytime phone number () -	6. Home phone number () -	7. Other phone number () -	
8. Residence address (street/city/state/zip)				
9. Date of Birth	10. Place of birth	11. Naturalization number, if applicable	12. Race	13. Sex <input type="checkbox"/> M <input type="checkbox"/> F
14. Social Security Number	15. Your Drivers License number and State	16. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		19. Name of Spouse
20. Spouse's Date of Birth	21. Spouse's drivers license number and state	22. Spouse's place of birth		
23. Spouse's Social Security Number	24. Spouse's Race	25. Spouse's Naturalization number, if applicable		
26. Have you or your spouse ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
27. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? <input type="checkbox"/> Yes <input type="checkbox"/> No				
28. Have you or your spouse ever been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No				
29. Have you or your spouse ever been denied, or had revoked, an alcoholic beverage permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
30. If the response to Question 26, 27, 28, or 29 is "yes" state the offense, date, location and disposition.				
31. Have you or your spouse ever had any name(s) other than the one stated above? (official name change, maiden name, aliases) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____				
32. Is this application being made by you to permit any person other than yourself to secure a beer/liquor permit in your name for his/her benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 out in R.S. 26:80 and 280.

Signature

Print your name

Title

Sworn to and subscribed before me this _____ day of _____, 20 _____

In the Parish of _____, State of _____

Notary Public's Signature

Print Name of Notary Public

To be completed by the Jefferson Parish Sheriff's Office Records Division or other Law Enforcement Agency.

I _____, Records Division Law Enforcement Officer, verify that affiant has answered all applicable questions and has been fingerprinted and photographed.

Signature _____ Date _____
Law Enforcement Officer