



Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

H&M 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: _____ (job title/position) Percentage of ownership: _____



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

****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

Qualifications



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H&VW 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