

Mandeville, LA Occupational License License Application
 Schedule A
 9618 Jefferson Highway, Suite D #334
 Baton Rouge, LA 70809
 Phone 800-556-7274



**Schedule "A" To Accompany Liquor License Application
 Must be Notarized**

Where a manager or agent is employed this schedule must be executed by that person, and by each member of a partnership or stockholder of a corporation owning more than five per cent (5%) of capital stock of corporation, or any financial backer of the business which make application for license as provided for by Chapter 2, Title 26, of the Louisiana Revised Statutes of 1950, as amended.

1. Trade Name of Business _____

2. What is your name? _____

3. Residence address? _____
Resident Address City State Zip

4. Date of Birth _____ Place of Birth _____

5. Sex _____ Race _____ Driver License# _____ State _____

6. Are you a citizen of the United States and the State of Louisiana and over 21 years of age? _____

7. Have you resided in the State of Louisiana continuously for a period of not less than two (2) years next preceding the date of filing this application? _____

8. Have you been convicted of a felony under the laws of the United States, the State of Louisiana or any other state or country? _____

9. Have you been convicted in this or any other state or by the United States or any other country of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place or illegal dealing in narcotics? _____

10. Have you been convicted or had judgment against you involving alcoholic beverages by this state or any other state or the United States within five (5) years prior to the date of this application? _____

11. Have you had a certification of qualification to dispense alcoholic beverages issued by any other parish, municipality or state suspended or revoked? _____

12. If married is husband or wife eligible for license? _____

13. Have you or your spouse any interest in an establishment holding a current liquor license? _____
 If so, list the following:

Trade Name	Address	Kind of Business	License #	%Owned
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14. Have you ever used any other name than the one given herein? _____

Name	Placed Used	Date
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AFFIDAVIT

I swear (or affirm), that I have read each of the questions in this Schedule AA@ and that the answers which I have given are true and correct to the best of my knowledge, that I meet the qualifications and conditions set out in LA R.S. 26:279; and I further swear (or affirm) that I have no interest in any establishment holding a Liquor License other than the type required for the operation of the above captioned business. It is understood that any misstatement or suppression of fact in an application or Schedule AA@ affidavit is a ground for denial of a license.

Subscribed and sworn to me before this _____ day of _____, 20_____.

Notary Public

Signature of Applicant

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.