



TABLE A
APPLICATION

FOR OFFICIAL USE ONLY

A "Table A" must be executed by EACH owner, partner, officer, financial backer, and every stockholder owning more than 5 percent of the capital stock. A "Table A" MUST ALSO be executed by all designated managers.

THIS SECTION TO BE COMPLETED BY OWNER OR MANAGER ONLY:

| | |
|------------------------------------|--|
| Trade Name of Business (dba Name): | Address of Business: |
| Business Phone: () | Owner / Designated Manager's Signature (other than applicant): |

TO BE COMPLETED BY APPLICANT: (MUST attach a copy of the applicant's Drivers' License or state issued ID)

| | | | | | |
|--|---|---|-------------------|---|-----|
| 1. First Name | Middle Name | Last Name | Maiden Name | Alias | |
| 2. Street Address | | | City | State | Zip |
| 3. Phone Number: | | | 4. Email Address: | | |
| 5. Ethnicity: | 6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 7. Age | 8. Date of Birth | 9. Place of Birth (City/State) | |
| 10. Social Security Number | | 11. Driver's license or ID Number | | 12. State issued: | |
| 13. Naturalization Number (if applicable) | | 14. Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> | | 15. Are you a citizen of Louisiana? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 16. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 17. Have you or your spouse ever been convicted of a felony? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 18. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 19. 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? (If yes, explain) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 20. In the last two years, have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

QUESTIONS 21 AND 22 MUST BE ANSWERED BY OWNERS, OFFICERS AND/OR MEMBERS ONLY

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|--|
| 21. FULL LEGAL NAME and SOCIAL SECURITY NUMBER of your SPOUSE |
| 22. Is this application being submitted by <u>YOU</u> to obtain an alcoholic beverage permit, in <u>YOUR</u> name, for the benefit of any <u>OTHER PERSON</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Misstatement or omission of material facts in this "Table A" shall constitute a false statement or representation under Louisiana Revised Statute 14:133 and is grounds for denial of this filing. Conviction of filing false public records, a violation of Louisiana Revised Statute 14:133, may result in imprisonment for not more than five years with or without hard labor and fines of not more than \$5,000 (five thousand dollars), or both.

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. 26:80 and 26:280. I understand that a criminal history will be conducted to determine my qualifications.

APPLICANT'S Signature _____ **Title** _____

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 _____ Printed Name of Notary Public _____

FOR DESIGNATED MANAGER'S ONLY: In lieu of Notarized Affidavit, APPLICANT must appear, IN PERSON, at the Office of Alcohol and Noise Control (ANC)

ANC AUTHORIZED SIGNATURE: _____ DATE: _____

Initial's/ Date: _____ APPROVED DENIED

Rev. 09/2025