



FOR OFFICIAL USE ONLY

TABLE A
APPLICATION

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

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