



Louisiana Office of Alcohol & Tobacco Control
www.atc.la.gov

Juana Lombard
Commissioner

Schedule A Individual Suitability Disclosure Form

Note: Must be executed by **EACH INDIVIDUAL** manager, owner, partner, financial backer, officer, agent, director, stockholder, member, or any person owning more than 5% of the stock or membership interest in the business.

PART ONE – Business Information

1. Business/Entity Legal Name: (Name of individual or business entity)	
2. Trade Name (DBA):	
3. Business Address: (Street Address, City, State, and Zip code)	
4. Business Phone Number:	5. Business Email Address:

PART TWO –Individual Information

6. Individual Affiliation with Business: <input type="checkbox"/> Manager <input type="checkbox"/> Owner <input type="checkbox"/> Officer/Member/Director <input type="checkbox"/> Other: _____ <input type="checkbox"/> Investor <input type="checkbox"/> Stockholder/Shareholder			
7. Print Name:		8. Maiden name/alias/nickname/former legal name:	
9. Occupation:		10. Employer:	
11. Date of Birth: ____/____/____	12. Age:	13. Place of Birth:	
14. Office Phone Number:		15. Cell Number:	
16. Email Address:		17. Mailing Address:	
18. Social Security Number: ____/____/____			
19. Race:	20. Gender:	21. Driver's License Number:	22. State of Issuance
23. Is a colored copy of your driver's licensed attached to this form?			<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Have you continuously resided in Louisiana for the last two (2) years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO, enter Naturalization number: _____			

PART THREE Individual's Spouse Information

26. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated		
27. Name of Spouse:		
28. Spouse Maiden Name/Alias (if applicable):		
29. Spouse's Date of Birth:	30. Spouse's Social Security Number:	
31. Spouse Driver's License:	32. State of Issuance	
33. Is the marriage a community property regime?		<input type="checkbox"/> YES <input type="checkbox"/> NO



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34. Will Spouse assist in managing Applicant's business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Do you or your spouse own or hold interest in any other business holding a state retail alcoholic beverage permit? If yes, provide the following information. If more than one, please attach list. Permit Number: _____ Trade Name: _____ Location address: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART FOUR – Individual Qualifications

36. Is the applicant applying for a video poker license issued by Louisiana State Police?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Do you or your spouse own or hold interest in any business holding an alcoholic beverage manufacturer, supplier, wholesaler or distributor permit? If "YES," list name of business below or attached detailed explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Do you or your spouse own or hold interest in any business holding an alcoholic beverage manufacturer, supplier, wholesaler, distributor or solicitor alcohol permit? If "YES," list name of business below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Is this application being submitted by you to obtain an alcoholic beverage permit in your name for the benefit of any other person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Does Applicant understand her/she may not directly or indirectly hold overlapping ownership interest in the manufacture or wholesale tier?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Does Applicant understand that it is prohibited for a person to hold ownership in a retail outlet, and/or wholesaler or manufacturer alcohol permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Does Applicant understand that manufacturers and/or wholesalers are prohibited from providing a retailer with anything of value unless explicitly enumerated as an exception under the law or regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Does Applicant understand that manufacturers and wholesalers are prohibited from inducing or otherwise influencing, directly or indirectly a retailer from selling and/or serving its products to the exclusion, in whole or in part, of products of other manufacturers and/or wholesalers including but not limited to illegally influencing the retailer in any way regarding the quality or brand of alcoholic beverage bought or sold by retailer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. Does Applicant understand that retailers are prohibited from accepting or requiring any such inducement or other influence; and anyone found in violation of the unfair trade market laws or regulations of the State of Louisiana, the United States, or any other state may subject their permit to monetary penalties, suspension and/or revocation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART FIVE – Individual Criminal Background Information

45. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage statute, rule or ordinance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
46. Have you or your spouse had any license or permit to sell or deal in alcoholic beverages revoked within the last two (2) years prior to filing this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Have you or your spouse ever been denied an alcoholic beverage permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have you or your spouse ever been arrested for a felony charge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Have you or your spouse ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50. Have you or your spouse ever had a conviction adjudicated under 893 or 894, dismissed, pardoned, expunged, pled guilty or pled nolo contendere or "no contest"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Have you or your spouse ever been convicted of solicitation for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in controlled dangerous substances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
52. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
53. Have you or your spouse been convicted or has a judgment of court rendered against you involving the sale or service of alcoholic beverage by this or any other state or in the U.S. within the last two (2) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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54. Have you or your spouse ever been convicted in this or in any other state in the U.S. of theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
55. Have you or your spouse ever been convicted in this or in any other state in the U.S. of any crime involving false statements or declarations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Have you or your spouse ever been convicted in this or in any other state in the U.S. of gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART SIX – Disclosure of Other Interest in Alcohol Industry & Unfair Business and Trade Practices

57. Does Applicant and/or Applicant's spouse hold any ownership interest in an alcoholic beverage retail, wholesale, distributor or manufacturer/supplier permit? If Yes, attach detailed explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
58. Does Applicant understand it is prohibited to directly or indirectly have any overlapping ownership or any other prohibited relationship between those engaged in the business related to the alcoholic beverage industry such as engaging as a retailer/wholesaler, retailer/manufacturer*, or wholesaler/manufacturer.	<input type="checkbox"/> YES <input type="checkbox"/> NO
59. Does Applicant or spouse receive any proceeds or profits from any alcoholic beverage retailer, wholesaler or manufacturer? If Yes, provide additional details below or attached detail explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
60. Does Applicant understand that alcoholic beverage manufacturers and/or wholesalers are prohibited from providing an alcohol retailer with anything of value unless explicitly enumerated as an exception as provided by law or regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
61. Does Applicant understand that manufacturers and wholesalers are prohibited from inducing or otherwise influencing, directly or indirectly, a retailer from selling and/or serving its products to the exclusion, in whole or in part, of products of other manufacturers and/or wholesalers, including but not limited to influencing the retailer in any way regarding the quality or brand of alcoholic beverages bought or sold by the retailer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
62. Does Applicant understand that retailers are prohibited from accepting or requiring any such inducement or other influence and anyone found in violation of the trade practices laws and regulation of the State of Louisiana, is subject to penalties, suspension or revocation of its permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART SEVEN – Sworn Statement

Application 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 forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.

Print Name

Title

Signature

Notary

Sworn to and subscribed to me on this _____ day of _____, 20____, in the parish/county of _____, State of _____

Name of Notary Public

Signature of Notary Public

Office Use
Only

Process by:

Permitted by and date:

Approval By & Date: