



Calcasieu Parish Police Jury
 Division of Planning & Development
 License & Permit Department
 1015 Pithon Street • Lake Charles, LA 70601
 P.O. Box 1583 • Lake Charles, LA 70602
 Phone : (337) 721-3640 www.calcasieu.gov

Schedule A

A schedule "A" must be executed by the manager, owner, each partner, each officer, and every stockholder owning more than 5 percent of the capital stock.

1. Name of owner (individual, partnership, corporation, LLC)			2. Trade name of business		
3. Name of person to be certified			4. Town/city	5. Type of permit applied for	
6. Residence address (street, city, state, zip code)			7. Name and Social Security Number of spouse		
8. Race	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Date of birth	11. Present age	12. Place of birth	
13. Naturalization number, if applicable		14. Social Security Number		15. Your driver's license number & state	
16. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Are you a citizen of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		18. Daytime telephone number ()	
19. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
20. Do you or your spouse own or hold interest in any other business holding a local retail beer and/or liquor permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter permit number _____ 20a. Trade name of business _____ 20b. Location of business (street, city, state zip code) _____					
21. Do you or your spouse own or hold interest in any business holding a wholesaler beer or liquor permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name of business _____					
22. Have you or your spouse ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of the pardon or restoration of rights must be attached to this application.					
23. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Have you or your spouse even 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
25. If the response to Questions 22, 23, or 24 is "yes", list the offense, date, location, and disposition.					
26. Have you or your spouse ever been denied an alcoholic beverage permit? <input type="checkbox"/> Yes <input type="checkbox"/> No					
27. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked within the last two years prior to the filing of this schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No					
28. Have you or your spouse ever used any name(s) other than the one stated above? (Alias, nickname, maiden name) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details as to when and where used.					
29. Is this application being made by you to permit any person other than yourself to secure a beer/liquor permit in your name for his benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Affidavit

I swear that I have read each of the above questions and that the answers that I have given are true and correct to the best of my knowledge; concealment of fact in the above application shall be grounds for revocation of the permits to be issued.

Signature _____ Title _____

Print your name _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

in the parish of _____, State of _____

Notary Public's Signature _____ Print Name of Notary Public _____

