



City Living Country Charm

Alcohol Beverage Control
 13600 Aydell Lane *P.O. Box 217
 Walker, LA 70785
 Telephone (225) 665-4356

SCHEDULE A FORM

1. Full Legal Name		2. Residence Address (Street/City/State/Zip)		
3. Race	4. Sex ____ Male ____ Female	5. Age	6. Date of Birth	7. Place of Birth (City/State)
8. Driver's License Number & State		9. Naturalization # (If Applicable)		
10. Are you a Citizen of the United States? ____ Yes; ____ No		11. Are you a citizen of Louisiana? ____ Yes; ____ No		12. Daytime Phone # & Cell # () ()
13. Have you continuously resided in Louisiana for the past two years?		____ Yes; ____ No		
14. Full Legal Name of your Spouse:		____ Yes; ____ No		
15. Have you or your spouse ever been convicted of a felony?		____ Yes; ____ No		
16. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? ____ Yes; ____ No				
17. 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 filing this schedule? ____ Yes; ____ No				
18. If the response to questions 15, 16, or 17 is "Yes", state the offense, date, location, and disposition. Also, a copy of the pardon or restoration of rights must be attached.				
19. List any other alcohol outlets wherein you hold an interest:				
<u>Name</u>		<u>Address</u>		<u>Percent of Interest</u>
<p>ANY MISSTATEMENT OR CONCEALMENT OF FACT IN AN APPLICATION SHALL BE GROUNDS FOR SUSPENSION OR REVOCATION ACTION BY THE PROPER AUTHORITIES.</p> <p>_____ being first duly sworn under oath, deposes and says he/she has read each of the questions to which he/she made answer and that said answers in each instance are true and correct and that in accordance with Chapter 3 of the Town of Walker's Code of Ordinances, as applicant for a license to sell, dispense or deliver alcoholic beverages, that appearer is required to sign this statement acknowledging that appearer is fully cognizant of the laws pertaining to the sale, dispensing or delivering of alcoholic beverages to minors.</p> <p>Signature of Applicant _____ Date: _____</p>				

A "Schedule A" form must be executed by EACH owner, manager, partner, officer, financial backer, and every stockholder owning more than 5 percent of capital stock.