



Mike Tregre  
 Sheriff & Ex Officio  
 Tax Collector

# St. John the Baptist Parish Sheriff's Office Occupational License Division

**Operated by ACI St John, LLC**

1704 Chantilly Drive, LaPlace, LA 70068

P. O. Bpx 2066, LaPlace, LA 70069

Ph: (985) 359-6600 Fax: (985) 359-6602

## SCHEDULE A

A Schedule "A" must be executed by the manager, owner, each partner, each officer, director and every stockholder owning more than 5% (five percent) of the capital stock

1. Legal Name of Business		2. Trade Name of Business:	
3. Name of person to be certified (Enter Full Legal Name):		4. Telephone Number: Work: _____ Home: _____	
5. Residence Address (street/city/state/ZIP):		6. Race:	7. Sex:
8. Date of Birth	9. Present Age	10. Place of Birth	11. Naturalization Number (If applicable)
12. Social Security Number: _____		13. Driver's License Number & State: _____	
14. Are you a legal citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. Are you a citizen of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Name, Social Security Number and Date of Birth of SPOUSE:	
17. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Do you or your spouse own or hold interest in any other business holding a state retail beer and/or liquor permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter permit number: _____			
18a. Trade Name of Business: _____			
18b. Location Address (street/city/state/ZIP): _____			
Note: If this person is an Officer, Member, or Partner in another entity that maintains a state alcohol permit, answer "yes" and list the business above. If there is more than one business, attach a list disclosing each.			
19. Do you or your spouse own or hold interest in any business holding a wholesale permit or solicitors permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the name of business: _____			
20. Have you or your spouse ever been convicted of a felony? This includes any offense adjudicated under Article 893. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Schedule "F" as provided by this office.			
21. 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 narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. 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			
23. 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			
24. Have you or your spouse ever been denied an alcoholic beverage permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. If the response to Questions 20 and 21 is "yes" state the offense, date, location and provide certified copies of the disposition to include documents relative to felony pardons. If the response to Questions 22, 23 and 24 is "yes", state the offense, date and location. Apply attachments to this document if necessary.			
26. Have you or your spouse ever had or used any name(s) other than the one stated above? (Official name change, maiden name, alias, nickname, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____			
27. 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/her benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Affidavit</u>			
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.			
Signature: _____		Title: _____	
Print/Type your name: _____			
Sworn to and subscribed before me on this the _____ day of _____, 20_____			
In the Parish of _____		State of _____	
Notary Public's Signature: _____		Print Name of Notary Public: _____	