City of New Orleans REGISTRATION APPLICATION Schedule B

For Office Use Only: Account Number

1 Date of Application Month Day Year

2 Trade Name of Business

3 Business Address (street, route or highway - NOT P.O. Box or general delivery)

4 Name (write first name, middle initial, last name and suffix)

5 Association with Business

6 Home Telephone Number ( )

7 Home Address (street, route or highway - NOT P.O. Box or general delivery)

City State Zip Code

8 Social Security Number — —

9 Date of Birth Month Day Year

10 Place of Birth

11 Driver's License/State ID Number State

12 Gender Male Female

13 Are you a citizen of the United States? Yes No

14 Naturalization Number

15 Marital Status Single Married Widow(er) Divorced Legally Separated

16 Name of your Spouse (husband or wife)

17 Spouse's Date of Birth Month Day Year

18 Is your spouse a citizen of the United States? Yes No

19 Spouse's Place of Birth

20 Previous Home and Business Address(s)

Date From	Date To	Home Address	Trade Name of Business	Business Address

21 Questions

Yes ☐ No ☐ In your connection with the licensed business, are you acting for any third party or have you executed any agreements, verbally or in writing, or counter letters, granting any rights or ownership, or interest, to any other person or persons which are not disclosed in Schedule A of the Registration Application of which this Schedule B is a part?

Yes ☐ No ☐ Have you been convicted of a felony or misdemeanor under the laws of the United States, the State of Louisiana, the City of New Orleans, or of any other State, Sovereignty, Parish, County or Municipality?

Yes ☐ No ☐ Have you been a citizen of the United States and of the State of Louisiana continuously for a period of not less than two (2) years next preceding the date of the filing of this application?

Yes ☐ No ☐ Have you had a license or permit to sell or deal in alcoholic beverages issued by the United States, State of Louisiana, City of New Orleans, or of any other State, Sovereignty, Parish, County or Municipality, revoked within one (1) year prior to the application? If "yes", state what Agency revoked permit and for what reason:

_____

22 Authorization

All information obtained as a result of your acknowledgment below will be used in all areas of this application process and any renewals thereof, including the hearings before the Alcoholic Beverage Control Board, or any appeals therefrom. I hereby authorize and acknowledge by my signature below, that I authorize the Police Department and its agents or employees to release to the Department of Finance and its agents or employees or the Law Department and its agents or employees any information received as a result of this application review including, but not limited to, all police reports, arrest records, whether municipal, state, or federal and any other documentation which make reference to me and is available to the New Orleans Police Department. I do further agree to relieve, release and indemnify the City of New Orleans' Police Department, Department of Finance, Law Department and its agents or employees from any and all liability as a result of the release of this information.

_____ Print Name

_____ Applicant's Signature

23 Acknowledgment

STATE OF LOUISIANA, PARISH OF ORLEANS

Before me, the undersigned Notary Public, personally came and appeared _____, the appearers in the above and foregoing instrument, who declared under oath to me, Notary, that he(she) prepared and signed the above and foregoing Schedule B, and that the instrument is tendered in support of Schedule A of the Registration Application for an alcoholic beverage permit made to the City of New Orleans by the business applicant as stated herein, and that the signature appearing thereon is his(her) own, of his(her) own free and voluntary act, and is for the intent and purposes therein expressed, and that he(she) swears that the information given and all answers therein are true and correct.

Sworn and subscribed before me this _____ day of _____ 20____.

_____ Notary Public