

AFFIDAVIT

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared

_____, who after being by me duly sworn, deposed and said that:
(Affiant)

1. He/she is the fully authorized _____ of _____ ;
(Title) (Sole Proprietorship)
2. That _____ is authorized by the Sole Proprietorship to apply for a Hotel/Motel license
(Operator)
in the name of _____ ;
(Establishment)
3. That the names under which the Sole Proprietorship does business, and the name and business address of the natural person who owns, controls, or directs the sole proprietorship is as follows:

Signature of Affiant: _____

Printed Name of Affiant: _____

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE _____ DAY OF _____, 20__.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number
My commission expires _____.