

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 _____ (“Partnership”);
(Title) (Partnership)
2. That _____ is authorized by the Corporation to apply for a Hotel/Motel license
(Operator)
in the name of _____;
(Establishment)
3. That the names under which the Partnership does business, and the names and business addresses of each partner are 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 _____.