

AFFIDAVIT

State of Louisiana

Parish of St. Bernard

Before me, the undersigned authority, a duly qualified and commissioned Notary Public, personally came and appeared:

_____, OWNER,

who, after being duly sworn, did depose and say that he/she will operate the business known as: _____,

(Trade Name)

located at: _____,

(Business Address – Street, City, State, ZIP Code)

in the Parish of St. Bernard, State of Louisiana.

Signature of Affiant (Business OWNER)

PRINTED Name of Affiant (Business OWNER)

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public

Printed Name: _____

Notary or Bar Roll Number : _____ *Commission expires:* _____