



Office of Alcoholic Beverage Control
13600 Aydell Lane * P.O. Box 217
Walker, LA 70785
Telephone: 225-665-4356 Facsimile: 225-664-0140

MANAGER APPOINTMENT FORM

This is to swear that _____,
that being owner and operator of the place of business known as _____,
located at _____ has appointed _____
as manager of the listed business.

It is the request of the below signed affiant that this affidavit be made a part of the original and/or
renewal application for alcohol licenses at this location.

Owner/ Operator

Manager