

AFFIDAVIT

REQUEST FOR REPLACEMENT LICENSE AND/OR PERMIT

CITY OF NEW ORLEANS/DEPARTMENT OF FINANCE

STATE OF LOUISIANA  
PARISH OF ORLEANS

Personally came and appeared before me, the undersigned authority, \_\_\_\_\_  
\_\_\_\_\_ who, upon being duly sworn and says:

That a license and/or permit issued to operate a \_\_\_\_\_ in the  
City of New Orleans at \_\_\_\_\_ was (circle one) lost,  
stolen, mutilated, etc. if other (explain) \_\_\_\_\_  
\_\_\_\_\_.

PERTINENT INFORMATION

Name of Business \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Expiration Date: \_\_\_\_\_

License # / Permit #: \_\_\_\_\_

Phone Number: Business \_\_\_\_\_ Home \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AFFLIANT

SWORN TO AND SUBSCRIBED BEFORE ME ON

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

19 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC