

**Your Claim Form Must Be Received by Email or  
Postmarked On or Before June 30, 2026**

**Louisiana Bar Owners COVID-19 Litigation**  
*City Bar, Inc. v. Edwards, No. C-703353*  
19th Judicial District Court, East Baton Rouge Parish (Div. 22)

**Claim Form**

**(NOTE: A separate Sworn Proof of Claim Form MUST be completed for each claimant)**

**GENERAL CLAIM FORM INFORMATION**

If you or your business owned or held an active class A-General permit issued by the Louisiana Office of Alcohol and Tobacco Control pursuant to La. R.S. 26:71.1(1) between July 13, 2020 (the effective date of Proclamation 89 JBE 2020) and May 26, 2021 (the expiration date of Proclamation 79 JBE 2021) and suffered lost revenue as a result of Executive Orders relating to the sale of alcohol, you could receive monetary benefits from a class action settlement.

\*Please read the full notice of this settlement at [www.LABarSettlement.com](http://www.LABarSettlement.com) carefully before completing this Claim Form.

\*To participate, you must fill this claim form out completely and mail it to **LA Bar Owners COVID-19 Settlement Claims, P.O. Box 1669, Baton Rouge, LA 70821** or email it to [info@LABarSettlement.com](mailto:info@LABarSettlement.com).

This Claim form must be received via email or postmarked no later than **June 30, 2026**.

If you provide incomplete or inaccurate information, your claim may be denied.

\*Keep a copy of your completed Claim Form for your records. Any proof of ownership, identification documentation, or other documents you submit with your Claim Form cannot be returned.

**Part 1: Class Member Information**

Type or print neatly in blue or black ink.

\_\_\_\_\_  
First Name of the Person Completing the Claim Form

\_\_\_\_\_  
Last Name of the Person Completing the Claim Form

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Entity/Business (Bar) Name

\_\_\_\_\_  
"Doing Business As" (DBA) Name

LDR Acct. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Louisiana Department of Revenue Account # for Sales Tax Purposes (13 Digits)

Due to the estimated claim award, you must provide your SSN/TIN to satisfy tax reporting obligations.

**Provide the EIN/TIN for the business (bar).**

**Sole Proprietor:**

Provide Social Security Number:

-   -

**Other Business Entities:** Provide your Federal Taxpayer Identification Number:

-

**Contact Information:**

\_\_\_\_\_  
Current Mailing Address: Number and Street or P.O. Box (This is where a settlement check would be mailed.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Parish: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Day): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

(NOTE: A separate Sworn Proof of Claim Form MUST be completed for each claimant)

## Part 2: Eligibility Questions

1. Did you own or hold an active class A-General permit issued by the Louisiana Office of Alcohol and Tobacco Control pursuant to La. R.S. 26:71.1(1) between July 13, 2020 (the effective date of Proclamation 89 JBE 2020) and May 26, 2021 (the expiration date of Proclamation 79 JBE 2021)?

Yes  No

*No: If you checked "No", you are not eligible to participate in this settlement.*

*Yes: Please complete the remaining sections of the Claim Form including attaching the correct supporting documents.*

2. Did your business experience a decrease in revenue or no change in revenue from June 2020 to July 2020? (for example, if your business generated \$5,000 in revenue in June 2020 and \$2,000 in revenue in July 2020, your business experienced a decrease in revenue)

Yes  No

*No: If you checked "No", you are not eligible to participate in this settlement.*

*Yes: Please complete the remaining sections of the Claim Form including attaching the correct supporting documents.*

3. Is your business located in Orleans Parish?

Yes  No

*Yes: If you checked "Yes", you are still be eligible to participate in this settlement.*

**You are eligible for payment only if you answered "Yes" for Questions 1 and 2.**

## Part 3: Claim Information

The Payment Allocation Formula is based on monthly revenue data from July 2019 to May 2021. The Settlement Administrator will use monthly revenue data reported by the Louisiana Department of Revenue ("LDR") for sales tax purposes to calculate your settlement award using the Payment Allocation Formula. If you believe the monthly sales tax revenue data reported by LDR may be incorrect or fails to capture all sources of revenue for your bar, you may submit additional documentation along with your claim reflecting your monthly revenues from July 2019 to May 2021.

If no additional documentation is submitted with your claim form, your allocation of the settlement will be based exclusively on the monthly sales tax revenue data reported by LDR. To submit additional information for the Settlement Administrator to consider as part of your claim, you should download and complete Attachment A from [www.LABarSettlement.com](http://www.LABarSettlement.com) and also submit any relevant supporting documentation.

## Part 4: Attestation and Signature

I hereby swear and affirm, under penalty of perjury, that all of the foregoing information is true and correct. I understand that my Claim Form may be subject to audit, verification, and Court review and that I may be required to provide additional information to establish that my claim is valid. I also understand that by submitting this claim, I am releasing all Released Claims, as detailed in the Settlement Agreement and Long Form Notice, available for review at [www.LABarSettlement.com](http://www.LABarSettlement.com).

\_\_\_\_\_  
Entity/Business (Bar) Name

\_\_\_\_\_  
"Doing Business As" (DBA) Name

\_\_\_\_\_  
Printed Name of Class Member Representative

\_\_\_\_\_  
Signature of Class Member Representative

\_\_\_\_\_  
Title of Class Member Representative

\_\_\_\_\_  
Date

## REMINDER CHECKLIST

**Before submitting this Claim Form, please make sure you:**

1. Complete all fields in the Part 1 and Part 2 sections of this Claim Form.
2. If you choose to submit additional information in addition to the monthly revenue data reported by the LDR for sales tax purposes, complete Attachment A and also submit any relevant supporting documentation.
3. Sign the Attestation under penalty of perjury in Part 4. You must sign the Attestation to be eligible to receive benefits.
4. Keep a copy of your Claim Form and supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please mail this Claim Form via Certified Mail, Return Receipt Requested.
6. If your contact information changes, please email your new contact information to [info@LABarSettlement.com](mailto:info@LABarSettlement.com).

**Keep a copy of your Claim Form for your records.**