

STATE OF LOUISIANA  
SECRETARY OF STATE

JAY DARDENNE  
SECRETARY OF STATE



Commercial  
(225) 925-4704  
(225) 922-0435 Fax

Administrative Services  
(225) 925-4704  
(225) 925-4726 Fax

Uniform Commercial Code  
(225) 922-1193  
(225) 922-0452 Fax

**TRANSMITTAL INFORMATION  
For All Business Filings**

Please indicate below the level of service requested, payment and contact information

Routine

Expedite \$30  
24 hour processing

Check or Money Order Enclosed

Credit Card Number: \_\_\_\_\_

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

\_\_\_\_\_  
Business Name (List **exactly** as it appears in documents)

\_\_\_\_\_  
Name of person filing document (evidence of filing will be mailed to this person, at address below)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Email address

**NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.**

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8585 Archives Ave., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)

Jay Dardenne  
Secretary of State



# APPLICATION FOR A STATE CABLE & VIDEO FRANCHISE (R.S. 45:1361)

Return to: **Commercial Division**  
**P.O. Box 94125**  
**Baton Rouge, LA 70804-9125**  
**Phone (225) 925-4704**  
**Web Site: [www.sos.louisiana.gov](http://www.sos.louisiana.gov)**

CHECK ONE: ( ) Original Filing      ( ) Renewal      ( ) Amendment

\_\_\_\_\_  
Company/Applicant Name

organized under the laws of the state of \_\_\_\_\_, county/parish of \_\_\_\_\_  
hereby agrees to maintain insurance in an amount not less than one million dollars either through a policy of  
public liability insurance or through self-insurance. The applicant agrees to comply with all applicable federal  
and state laws and regulations.

Street address of principal place of business: \_\_\_\_\_  
\_\_\_\_\_

Names of the principal executive officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of municipalities and/or parishes to be served:  
(An addendum may be attached for additional municipalities/parishes.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
To be signed by an officer or general partner

\_\_\_\_\_  
Title and Date

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, personally appeared \_\_\_\_\_,  
to me known to be the person described in and who executed the foregoing instrument, and acknowledged that  
he/she executed it as his/her free act and deed.

\_\_\_\_\_  
Notary Signature