



John Bel Edwards

State of Louisiana
Department of Revenue
Office of Alcohol and Tobacco Control



Juana Lombard
Commissioner

STATEMENT OF CORRECTION

Permit Number

By signing below, I do solemnly swear or affirm the following:

1. The attached documentation is corrected to reflect true and accurate information which should have been included in the original retail documentation submitted to the Office of Alcohol and Tobacco Control.
2. I am an authorized representative permit holder indicated below;
3. On behalf of the permit holder indicated below, I respectfully request that you accept the corrections to the attached documentation;
4. I hereby swear or affirm that the erroneous/omitted information submitted in the original documentation was submitted as the result of an honest mistake, without any intention whatsoever to communicate false information to the Office of Alcohol and Tobacco Control;
5. I understand that filing any document containing inaccurate information with the Office of Alcohol and Tobacco Control may result in revocation of any/all permits issued from the Office of Alcohol and Tobacco Control to the undersigned business and subjects any/all applicant(s) to imprisonment for up to five (5) years with or without hard labor or fines of up to \$5,000.00 or both.

Print Name of Person Correcting Document

Owner Name as listed on permit (individual, partnership, corporation, LLC)

Trade Name as listed on permit

Location Address

Signature

Date

IMPORTANT: This form must be completed and returned by mail with the corrected documentation within seven (7) calendar days from the date of receipt. Failure to return these documents may subject the permit holder to suspension or revocation of any/all permit(s) issued thereto and a fine in the amount of \$500.00.