Tobacco Retail Dealer, Vending Machine Operator & Tobacconist Permit Application Packet

Louisiana Office of Alcohol & Tobacco Control
Juana Lombard, Commissioner

APPLICATION INFORMATION

For questions about or assistance with this application contact: (225)925-4041

Who Must Complete This Application: Any person, corporation, partnership, LLC or other organization shall complete this application and obtain a permit before selling or engaging in the business of selling cigarettes, cigars, alternative nicotine products, vapor products or other tobacco products at retail. *Note:* Louisiana issues permits per location; thus a separate tobacco retail dealer application and permit is required for **each** *"place of business."*

Permit Fees

Retail Dealer Permit	$25.00	Special Event Permit	$25.00
Tobacconist Permit	$100.00	Vending Machine Permit	$5.00
Vending Machine Operator Permit	$75.00		

Note: An Additional $50.00 is due for a Responsible Vendor fee if this location does not currently possess a valid alcoholic beverage permit.

Retail Dealer Permit Types

Retail Dealer: includes every dealer other than a wholesale dealer or manufacturer who sells or offers for sale cigars, cigarettes, or other tobacco products. A retail dealer permit shall be issued for each retail outlet where tobacco products are sold or offered for sale either over the counter or by vending machine.

Tobacconist: means any bona fide tobacco retailer engaged in receiving bulk smoking tobacco for the purpose of blending such tobacco for retail sale at a particular retail outlet where fifty percent or more of the total purchases for the preceding twelve months were purchases of tobacco products excluding cigarettes. *Tobacconist does not include businesses primarily engaged in selling roll-your-own tobacco to be used by consumers to make cigarettes.*

Vending Machine: means any mechanical, electric, or electronic self-service device which, upon insertion of money, tokens, or any other form of payment, automatically dispenses tobacco products. A vending machine permit shall be issued to the vending machine operator for each vending machine he operates and such permit shall be affixed to the front surface of the vending machine.

Vending Machine Operator: means any person who controls the use of one or more vending machines as to the supply of cigarettes or any tobacco products in the machine or the receipts from cigarettes vended through such machines. A vending machine operator permit shall be issued to a vending machine operator operating one or more vending machines.

Louisiana Office of Alcohol and Tobacco Control
8585 Archives Ave., Baton Rouge, LA 70809
PO Box 66404, Baton Rouge, LA 70896
(225) 925-4041
www.atc.la.gov

General Definitions

Alternative Nicotine Product: means any non-combustible product containing nicotine that is intended for human consumption, whether chewed, absorbed, dissolved, or ingested by any other means.

Delivery Sale: means any sale of cigarettes to a consumer in the state where either (a) the purchase submits the order for such sale by means of a telephonic or other method of voice transmission, the mails or any other delivery service, or the Internet or other online service, or (b) the cigarettes are delivered by use of the mails or of a delivery service. A sale of cigarettes shall be a delivery sale regardless of whether the seller is located within or without this state. A sale of cigarettes not for personal consumption to a person who is a cigarette wholesale dealer or a cigarette retail dealer shall not be a delivery sale.

Place of Business: means the place where tobacco orders are received, or where the taxable tobacco articles are sold, or if sold by a retail dealer upon a railroad train or on or from any other vehicle, the vehicle on which or from which the taxable articles are sold by the retail dealer. It also includes the establishment where vending machine permits are located.

Stamp: means the impression, device, stamp, label or print manufactured or printed as prescribed by the secretary by the use of which tax levied hereunder is paid. By way of extension, and not limitation, the term "stamp" means any impression or character affixed to or which be stamped upon commodities by metered stamping machine or device by use of which the tax levied hereunder is paid.

Tobacco Product: means any cigar, cigarette, smokeless tobacco or smoking tobacco.

Vapor Product: means any non-combustible product containing nicotine or other substances that employs a heating element, power source, electronic circuit, or other electronic, chemical or mechanical means, regardless of shape size, that can be used to produce vapor from nicotine in a solution or other form. Vapor product includes any electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or similar product or device.

Additional Information

- The business must be located within the State of Louisiana.
- Permits are valid for one year unless the business qualifies for a two year permit in accordance with LAC 55:VII:3109.
- Renewal dates are based on Parish code as listed in LAC 55:VII:3107.
- Retail dealers must purchase all tobacco products from Louisiana licensed wholesale dealers.
- Retail dealers must collect, report and remit sales tax on all sales of tobacco products.
- Delivery sales of cigarettes in and into Louisiana are ***strictly prohibited.***
- All packs of cigarettes sold in Louisiana must bear a Louisiana tax stamp.
- Retail dealers must keep the permit on public display at the place of business.
- Retail permits are non-transferable and non-assignable.
- Retail dealers must comply with R.S. 14:91.6 relative to distribution of tobacco products.
- Retail dealers must comply with the terms of the "Prevention of Youth Access to Tobacco Law" under R.S. 14:91.8.
- Visit www.atc.la.gov for a current version of Louisiana's tobacco laws and regulations.

CHECKLIST OF ITEMS TO SUBMIT WITH APPLICATION

- ✓ If incorporated, your application must include a copy of corporate charter and articles of incorporation.
- ✓ If a partnership, your application must include a copy of the partnership agreement.
- ✓ If an LLC, your application must include a copy of your organizational registration from the Louisiana Secretary of State.
- ✓ Application must be signed by the sole proprietor or by a duly authorized agent, partner or officer.
- ✓ Application must contain your Louisiana Tax ID number (*10-digit number)*.
- ✓ If a tobacconist, attach a list of the name and address of each of your intended suppliers.
- ✓ If any person with an ownership in the business has been convicted of a felony, you must provide a statement of the conviction and must include the charge, date of conviction, date of discharge and state of conviction.
- ✓ If vending machine operator, include a VM device form (included in application packet).

LOUISIANA TOBACCO RETAIL DEALER APPLICATION

Permit #

CLASS

Select the applicable permit classification:

☐ RETAIL DEALER ☐ TOBACCONIST ☐ SPECIAL EVENT
Dates: _____

☐ VENDING MACHINE ☐ VENDING MACHINE (*OPERATOR*)
(Please complete additional form)

OWNER INFORMATION

Type of Ownership: (*circle one*): Individual · Partnership · Corporation · Limited Liability Corporation (LLC)

Applicant Name (*name of individual, partnership, LLC, etc.*): _____

Trade Name: _____

Official Mailing Address (street/city/state/zip): _____

_____

Contact Person: _____ Business Phone: (___) _____ Cell Phone: (___) _____

Email address: _____ Business Website: _____

If the applicant is not an individual, list the name, title, and percentage of ownership for each partner, stockholder, officer or member.

Name: _____ Title: _____ % of ownership: _____
Name: _____ Title: _____ % of ownership: _____
Name: _____ Title: _____ % of ownership: _____

BUSINESS INFORMATION

Physical Address: _____ **Parish:** _____

Alcoholic Beverage Permit # for This Location *(If applicable)*:_____ **LA State Tax ID #** _____

Business Model (*check all that apply)*

☐ Grocery Store ☐ Gas Station Only ☐ Liquor Store ☐ Boat ☐ Train ☐ Hotel/Motel ☐ Vending Machine

☐ Pharmacy ☐ Tobacco Store ☐ Bar/Lounge ☐ Restaurant ☐ Convenience Store ☐ General Merchandise Store

☐ Other (*please explain)*:_____

Applicant Intends to Sell *(check all that apply)*:

☐ Cigarettes ☐ Pipe Tobacco ☐ Roll Your Own Tobacco ☐ Cigars ☐ Smokeless Tobacco ☐ Electronic Cigs/Vapor

Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent been convicted of a felony**?** ☐ **YES** ☐ **NO**

- If **YES**, please explain:_____

Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent ever been convicted of the unlawful distribution of tobacco products to minors? ☐ **YES** ☐ **NO**

- If **YES**, please explain:_____

Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent ever been convicted of failing to post the notice that it is unlawful to sell tobacco products to underage individuals as required under the terms and provisions of the "Prevention of Youth Access to Tobacco Law? ☐ **YES** ☐ **NO**

- If **YES**, please explain:_____

Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent ever been convicted of the unfair sales law as it applies to tobacco products as provided in LA R.S. 51:421? ☐ **YES** ☐ **NO**

- If **YES**, please explain: _____

I verify, that as of the date of this application, I have the right to occupy the property as stated on the application.

☐ **YES** ☐ **NO**

- If **NO**, list date applicant will take possession of the property _____

SWORN STATEMENT/CERTIFICATION OF AUTHENTICITY

I CERTIFY that I am an owner, or duly authorized agent, partner or officer of applicant. I further certify, under the penalties of perjury, that I hereby apply for the tobacco retail permit indicated on this application, that I have fully examined and understand this application and all accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____ Title: _____

Print your Name: _____

Sworn to and Subscribed to me this _____day of _____, 20_____

In the Parish of _____, State of _____

Notary Public's Signature: _____ License Number: _____

Print Name of Notary Public: _____

LOUISIANA OFFICE OF ALCOHOL AND TOBACCO CONTROL
VENDING MACHINE IDENTIFICATION FORM

Please complete for EACH vending machine permit

MACHINE 1

Owner Name:_____ Vending Machine Operator No.:_____
Parish:_____
Name of Business: _____ Where Placed: _____
Business Address: _____ Machine Serial No.: _____

MACHINE 2

Owner Name:_____ Vending Machine Operator No.:_____
Parish:_____
Name of Business: _____ Where Placed: _____
Business Address: _____ Machine Serial No.: _____

MACHINE 3

Owner Name:_____ Vending Machine Operator No.:_____
Parish:_____
Name of Business: _____ Where Placed: _____
Business Address: _____ Machine Serial No.: _____

MACHINE 4

Owner Name:_____ Vending Machine Operator No.:_____
Parish:_____
Name of Business: _____ Where Placed: _____
Business Address: _____ Machine Serial No.: _____

MACHINE 5

Owner Name:_____ Vending Machine Operator No.:_____
Parish:_____
Name of Business: _____ Where Placed: _____
Business Address: _____ Machine Serial No.: _____

MACHINE 6

Owner Name:_____ Vending Machine Operator No.:_____
Parish:_____
Name of Business: _____ Where Placed: _____
Business Address: _____ Machine Serial No.: _____

MACHINE 7

Owner Name:_____ Vending Machine Operator No.:_____
Parish:_____
Name of Business: _____ Where Placed: _____
Business Address: _____ Machine Serial No.: _____

Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

Tobacco Schedule A- Affidavit of Individual Suitability (Page 1 of 3)

Business Information

A Schedule A must be executed by each manager, each owner, partner, financial backer, officer, agent, director, stockholder, or member owning more than 5% of the stock or membership interest in the business.

Owner Name of Business *(individual/partnership/LLC/corporation)*: _____

Trade Name of Business *(dba name)*:_____

Business Phone Number: (_____)_____-_____ Business Email Address: _____

Business Fax Number: (_____)_____-_____

Individual Background Information

NAME (print): _____ [for manager, officer, member, etc]
Last Name First Name Middle Initial

Maiden Name/Aliases/Nickname/Former Legal Names (if any): _____

Occupation: _____ Employer: _____

Date of Birth: ___/_____/_____ Present Age: _____ Place of Birth: _____

Home/Office Phone Number: (_____)_____-_____ Cell Phone Number: (_____)_____-_____

Email Address: _____

Mailing Address: _____
Street

_____
City/State/Zip

Social Security Number: _____-_____-_____ Race: _____ Gender: _____

Driver's License Number: _____ State of Issuance: _____

Affiliation with business: _____ Percentage of ownership: _____
(job title/position)

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Tobacco Schedule A- Affidavit Continued (Page 2 of 3)

Qualifications

*****If you answer "YES" to any of the following questions about your criminal history, you must complete a Schedule F.*****

1. Have you ever been convicted of a felony? YES ☐ NO ☐
   - *This includes an offense adjudicated under Article 893 or 894, dismissals, pardons, expungements, guilty pleas, and pleas of nolo contendere "no contest."*

2. Have you ever been convicted of or found to have violated the unlawful distribution of tobacco products, alternative nicotine products, or vapor products to persons under the age of 18 under R.S. 14:91:6? YES ☐ NO ☐

3. Have you ever been convicted of or found to have violated the provisions of the "Prevention of Youth Access to Tobacco Law" by failing to post the notice that it is unlawful to sell tobacco products, alternative nicotine products, or vapor products to underage individuals under R.S. 14:91.8? YES ☐ NO ☐

4. Have you ever been convicted of or found to have violated the unfair sales law as it applies to tobacco products as provided in R.S. 51:421 et seq? YES ☐ NO ☐

5. Have you ever been convicted of or found to have violated any tobacco, alternative nicotine product or vapor product regulatory statute, or rule, including a tobacco tax statute or rule? YES☐ NO ☐

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Tobacco Schedule A - Affidavit Continued (Page 3 of 3)

Affidavit

I swear that I have read each of the above questions and the answers that I have given are true and correct to the best of my knowledge; and that I meet the qualifications and conditions set out in R.S. 26:901 et seq.

_____ _____
Signature of Applicant Title

_____
Print/Type Applicant's Name

For NOTARY Use Only

Sworn to and subscribed to me this _____day of _____, 20_____,

In the parish/county of _____, State of _____.

_____ _____
Notary Public's Signature Print Name of Notary Public

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Schedule F

This form must be completed by any applicant who has been convicted of a felony and seeks lawful issuance of an alcoholic beverage permit under the provisions of R.S. 26:80(f) and/or 26:280(f). Applicant attests that the felony was not a crime of violence as defined in LA R.S. 14:2(13), and that 10 years or more have passed between the date of this application and the successful completion of any sentence, deferred adjudication, or period of probation, parole, and the final discharge of the defendant. Applicant is required to submit official documentation of pardon, restoration of rights, or official certification that 10 years or more has passed since successful completion of any sentence, deferred adjudication, or period of probation or parole and the final discharge of the defendant at the time of application.

CRIMES OF VIOLENCE

A CRIME OF VIOLENCE IS DEFINED IN LA R.S. 14:2(13) AS ANY OF THE BELOW-LISTED CRIMES.

IF YOU HAVE BEEN CONVICTED OF ANY OF THE BELOW LISTED CRIMES, YOU WILL NOT QUALIFY FOR AN ALCOHOLIC BEVERAGE PERMIT.

1. **SOLICITATION FOR MURDER**
2. **FIRST DEGREE MURDER**
3. **SECOND DEGREE MURDER**
4. **MANSLAUGHTER**
5. **AGGRAVATED BATTERY**
6. **SECOND DEGREE BATTERY**
7. **AGGRAVATED ASSAULT**
8. **MINGLING HARMFUL SUBSTANCES**
9. **AGGRAVATED OR FIRST DEGREE RAPE**
10. **FORCIBLE OR SECOND DEGREE RAPE**
11. **SIMPLE OR THIRD DEGREE RAPE**
12. **SEXUAL BATTERY**
13. **SECOND DEGREE SEXUAL BATTERY**
14. **INTENTIONAL EXPOSURE TO AIDS VIRUS**
15. **AGGRAVATED KIDNAPPING**
16. **SECOND DEGREE KIDNAPPING**
17. **SIMPLE KIDNAPPING**
18. **AGGRAVATED ARSON**
19. **AGGRAVATED CRIMINAL DAMAGE TO PROPERTY**
20. **AGGRAVATED BURGLARY**
21. **ARMED ROBBERY**
22. **FIRST DEGREE ROBBERY**
23. **SIMPLE ROBBERY**
24. **PURSE SNATCHING**
25. **EXTORTION**
26. **ASSAULT BY DRIVE-BY SHOOTING**
27. **AGGRAVATED CRIME AGAINST NATURE**
28. **CARJACKING**
29. **ILLEGAL USE OF WEAPONS OR DANGEROUS INSTRUMENTALITIES**
30. **TERRORISM**
31. **AGGRAVATED SECOND DEGREE BATTERY**
32. **AGGRAVATED ASSAULT UPON A PEACE OFFICER WITH A FIREARM**
33. **AGGRAVATED ASSAULT WITH A FIREARM**
34. **ARMED ROBBERY;USE OF FIREARM; ADDITIONAL PENALTY**
35. **SECOND DEGREE ROBBERY**
36. **DISARMING OF A PEACE OFFICER**
37. **STALKING**
38. **SECOND DEGREE CRUELTY TO JUVENILES**
39. **AGGRAVATED FLIGHT FROM AN OFFICER**
40. **BATTERY OF A POLICE OFFICER**
41. **TRAFFICKING OF CHILDREN FOR SEXUAL PURPOSES**
42. **HUMAN TRAFFICKING**
43. **HOME INVASION**
44. **DOMESTIC ABUSE AGGRAVATED ASSAULT**
45. **VEHICULAR HOMICIDE, WHEN OPERATOR'S BAC EXCEEDS .20**

Office Use Only
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Louisiana Office of Alcohol and Tobacco Control
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Schedule F Continued

Business

Date of Application: ___/____/_____ Trade Name *(d/b/a name)*: _____

Type of Ownership (*circle one):* Individual * Partnership * Corporation * Limited Liability Corporation (LLC)

Owner Name (*name of individual, partnership, etc.):*_____

Individual Background Information

NAME (print): _____ Aliases *(If any)*: _____
Last Name First Name Middle Initial

Date of Birth: ___/_ ___/_____ Present Age: _____ Sex: _____ Race: _____

Identification Number *(driver's license number, state ID card, etc.)*:_____

Social Security Number: _____-_____-_____

Home Phone: (_____)_____-_____ Cell Phone: (_____)_____-_____

Affiliation with business (*job title/position):*_____

Charge/Conviction

YOU MUST ATTACH A COURT RECORD OF THE DISPOSITION OF EACH CHARGE/CONVICTION

Charge and statute number: _____

Date of Conviction: _____ Date of Final Discharge: _____
Jurisdiction (Name of Court/Agency):_____

Charge and statute number: _____

Date of Conviction: _____ Date of Final Discharge: _____
Jurisdiction (Name of Court/Agency):_____

Affidavit

AFFIDAVIT

I affirm that the above information is true and correct to the best of my knowledge, and that a copy of official documentation regarding the disposition of each charge/violation is attached.

_____ _____ _____
Signature Print/Type Name Title

For NOTARY Use Only

Sworn to and subscribed to me this _____day of _____, 20_____,

In the parish/county of _____, State of _____.

_____ _____
Notary Public's Signature Print Name of Notary Public

A Note from the Louisiana Office of Alcohol & Tobacco Control

As the agency tasked with regulating alcoholic beverage and tobacco commodities, one of our main goals here at ATC is to promote awareness and understanding throughout the industry of the Alcoholic Beverage and Tobacco Laws and Regulations. As such, we feel that it may be helpful to provide you with a few commonly un-known or misunderstood provisions of law. Please read the following.

- Licensed Louisiana retail dealers of alcohol and tobacco products can only purchase their inventory from licensed Louisiana wholesale dealers.
- 6% price mark-up provisions apply to alcohol and tobacco products.
- Permits are issued per location address and only one alcoholic beverage permit can be issued to an address (i.e. you cannot have two classes of permits at one address).
- **Public habitable area** means publicly accessible space, within a structure, which is permanent in nature, is in compliance with applicable building codes, is fully enclosed and climate controlled.
- Employees selling or serving alcoholic beverage and tobacco products must obtain a Responsible Vendor Certification within 45 days of employment.
- Retail dealers are required to maintain alcoholic beverage and tobacco invoices as well as employee records on the licensed premise at all times.
- Managers must be registered and certified by ATC. It is important to supply a Schedule A on all appointed managers.
- ATC is authorized to accept documentation and provide information to anyone registered with a business. As such, it is imperative, for the safety your business information, to maintain current ownership and management records with ATC.
- Smoking is not allowed on any areas of a Class B, C (package stores), or AR premise (restaurant).
- Placing signs provided by wholesalers/suppliers outside your business is prohibited (this also includes utility items such as table umbrellas).
- The sale of single cigarettes is prohibited.

A complete copy of the Alcoholic Beverage and Tobacco laws and regulations can be downloaded from the ATC website at www.atc.la.gov. We are always happy to assist you with any questions or concerns at (225)925-4041. Additionally, we encourage you to help us promote responsible business practices by reporting violations of the alcoholic beverage and tobacco laws to our complaint line at (225)925-4070.