Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Troy Hebert, Commissioner

Alcoholic Beverage Retail Application Packet
Class A-General ("Bar")

Louisiana Office of Alcohol & Tobacco Control
Troy Hebert, Commissioner

APPLICATION INFORMATION

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

Message of Importance to All Applicants:

Although the state has 35 days to investigate and review all applications, we would like to assure you that it is our goal to issue your permit as quickly as possible. Typically, licensing delays are a result of applicants not carefully reading and completing the application packet or not submitting all required documentation. There are no exceptions to the statutory requirements to obtain an alcoholic beverage permit. As such, please help us in permitting your business quickly by ensuring that you have carefully reviewed the application packet and supplied all necessary documentation. **Please use the enclosed checklist and instructions** to guide you through the application process and feel free to contact us at the number above for additional guidance.

Who Must Complete This Application: Any person, corporation, partnership, LLC or other organization shall complete this application and obtain a permit before selling, offering for sale, serving, storing, handling or otherwise engaging in business any business transaction related to alcoholic beverages. Note: Louisiana issues permits per location; thus a separate alcoholic beverage application (with a separate address) and permit is required for **each** "place of business."

SUBMISSION INFORMATION – ATC LOCATIONS

Applications may be mailed to P.O. Box 66404, Baton Rouge, LA 70896 or submitted in person at our Baton Rouge, New Orleans or Opelousas customer service windows.

Baton Rouge Customer Service Window:
Location: 8585 Archives Avenue Suite 305, Baton Rouge, LA, 70809
Hours of Operation: 8:30 a.m. – 5:00 p.m. l Monday – Friday
Phone: (225) 925-4041

New Orleans Customer Service Window:
Location: 1450 Poydras Street Suite 850, New Orleans, LA 70112
Hours of Operation: 9:00 a.m. – 4:00 p.m. l Monday - Thursday
9:00 a.m. – Noon on Friday
Phone: (504) 568-7028

Opelousas Customer Service Window:
Location: 1638 Creswell Extension #3, Opelousas, LA 70570
Hours of Operation: 9:00 a.m. – 4:00pm l Monday – Thursday
9:00 a.m. – Noon on Friday
Phone: (337) 948-0346

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OVERVIEW OF ITEMS TO SUBMIT WITH APPLICATION

- ✓ Completed and signed application form
- ✓ Proof of publication and newspaper ad
- ✓ Corporate Documents
- ✓ Diagram
- ✓ Local sales tax clearance
- ✓ Application fees
- ✓ Schedule A forms
- ✓ Lease or management agreement
- ✓ Proof of local alcohol permit
- ✓ Fingerprint cards and fees
- ✓ Fingerprint authorization and disclosure forms
- ✓ Schedule F form (if required)
- ✓ Copy of photo ID

INSTRUCTIONS: FOLLOW STEPS 1-4

1

SUBMIT THE NOTICE OF INTENT (NOI) POSTER APPLICATION

❖ **Has the premise you are applying to permit held an alcoholic beverage permit within the last six months?**

- **IF NO** – The NOI application (pages 8-9) must be submitted and you must receive and hang the NOI posters outside the premise permitted in a location visible to the public for **at least 15 days BEFORE submitting** the completed alcoholic beverage application packet.
- **IF YES** – The NOI application (pages 8-9) **AND** your alcoholic beverage application packet can be submitted at the same time – no need to wait 15 days (Note: you must still hang the posters outside the location to be permitted in a location visible to the public for at least 15 days).

❖ Please do **not** submit the NOI application if your business is still under construction.

2

COMPLETE THE ALCOHOLIC BEVERAGE APPLICATION

❖ **Have you double-checked your application (pages 10-11) to verify that ALL fields are complete, all questions have been answered and the application is signed and notarized (page 12)?**

3

ATTACH THE FOLLOWING 11 ITEMS TO YOUR APPLICATION

Refer to Pages 3-6 for detailed information about each of the following required 11 attachments:

- ✓ Proof of Publication and Newspaper Ad
- ✓ Schedule A Forms
- ✓ Corporate Documents
- ✓ Lease or Management Agreement
- ✓ Diagram of Premises
- ✓ Local Alcoholic Beverage Permit
- ✓ Local Sales Tax Clearance
- ✓ Schedule F Forms
- ✓ Fingerprint Cards
- ✓ Application Fees
- ✓ Copy of Photo ID

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❖ ATTACHMENT 1: PROOF OF PUBLICATION & NEWSPAPER AD

- A proof of publication letter from the city or parish newspaper where the business will be located; **and**
- A copy of the ad that ran in the newspaper (see sample below). Note: The ad is only required to run one time and is valid for 90 days.

Sample Newspaper Legal Notice Publication

ABC Inc. d/b/a ABC Mart is applying to the Office of Alcohol & Tobacco Control of the State of Louisiana for a permit to sell beverages of high and low alcohol content at retail in the Parish of East Baton Rouge at the following address:
1234 Safe Street, Suite A, Baton Rouge, LA, 70809
ABC Inc.
ABC Mart
Members: John Doe and Jane Doe

❖ ATTACHMENT 2: SCHEDULE A FORMS

- The application must include a complete (signed and notarized) Schedule A form (Pages 13-15) for **EACH** owner, partner, officer, and/or member owning more than 5% **AND** for all appointed managers.

❖ ATTACHMENT 3: CORPORATE DOCUMENTS

- The documents required depend on the type of legal entity applying:
  - **If the applicant is a CORPORATION OR LLC:**
    - Attach a copy of the Articles of Incorporation (obtained from the Secretary of State).
    - Ensure that the entity is registered and "in-good standing" with the LA Secretary of State.
  - **If the applicant is a PARTNERSHIP**
    - Attach a notarized Partnership Agreement.
  - **If applicant is ANY OTHER LEGAL ENTITY**
    - Attach a copy of the business' paperwork as filed with the LA Secretary of State.
  - **If the applicant is a SOLE PROPRIETOR (AN INDIVIDUAL):**
    - No corporate documents are required.

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❖ **ATTACHMENT 4: LEASE OR MANAGEMENT AGREEMENT**

- **If the applicant DOES NOT own the premise to be permitted:**
  - Attach a copy of the **signed and dated** lease or management agreement.
    - Note: the lease or management agreement must be between the landowner and applicant; not an individual member/shareholder/partner, etc.
- **If the applicant DOES own the premise to be permitted:**
  - Check yes to question number 9 on Page 10 of this packet.

❖ **ATTACHMENT 5: DIAGRAM**

- Attach a diagram/drawing of the premises to be licensed showing the location of: all entrances, exits, restrooms, bars, tables, kitchen, storage areas, offices, etc. **Note: Diagram must be 8 ½ " by 11" (letter size).**

❖ **ATTACHMENT 6: LOCAL ALCOHOLIC BEVERAGE PERMIT**

- You must submit proof that you have obtained a **local** alcoholic beverage permit **prior to** receiving your official state permit. Note: we will issue you a temporary permit **valid for 35 days** if you meet all other qualifications, but have not obtained the local permit.

❖ **ATTACHMENT 7: LOCAL SALES TAX CLEARANCE**

- Attach a valid Local Sales Tax Clearance Certificate obtained from your local taxing authority.
  - Contact information for your local sales tax office is available at **www.laota.com** under Jurisdiction list.
    - Note: a **STATE** sales tax clearance is NOT needed. ATC will utilize the State Tax ID number provided on your application form to verify that you have a valid State sales tax clearance.

❖ **ATTACHMENT 8: SCHEDULE F FORM (if applicable)**

- A Schedule F form is only required to be submitted by any person completing a Schedule A form **IF** either:
  - The person completing the Schedule A has been convicted of a felony; **or**
  - The spouse of the person completing the Schedule A has been convicted of a felony
    - **NOTE:** you must disclose all felony convictions EVEN IF you have received a pardon, expungment, deferred adjudication, etc.
- Attach court documents (disposition) for all Schedule F forms submitted.

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❖ ATTACHMENT 9: FINGERPRINT CARDS

- Attach the following documents for **EACH** owner, officer, director, member, and person owning more than 5% interest or more of the stock in a corporation:
  - Authorization Forms (Page 18)
  - Disclosure Forms (Page 19)
  - 2 sets of Fingerprint Cards (can be obtained from ATC, Louisiana State Police or your local police department or sheriff's office)
  - Fingerprint Submission Certification Form for ATC, if submitting fingerprints electronically at an authorized location. (Page 20) **Note: only 1 copy of this form is required for each set of prints.**
- Authorization and Disclosure forms are utilized to request and obtain criminal history information. Please ensure that each form is filled out correctly and completely. Forms must be typed or printed, excluding signatures.

➢ If you currently hold a valid permit with ATC and have submitted prints within the last 5 years, you are not required to submit fingerprints; however, our office must be provided with the permit number or business name of the aforementioned current permit.

- **Fingerprint Fees and Acceptable Forms of Payment**
  - The fee is **$42.50** per request for state criminal history checks. Fees must be in the form of a money order, cashier's check, or business checks made payable to:
    Louisiana Department of Public Safety or **Louisiana State Police**
  - **NO PERSONAL CHECKS WILL BE ACCEPTED.**

- **Electronic Fingerprint Submission:** If an applicant decides to get electronic fingerprints completed at the State Police Headquarters in Baton Rouge, an additional and separate **$10.00** fee is required. Each applicant must provide a valid picture form of identification at the time of fingerprinting.
  - If you submit fingerprints electronically, you must provide ATC with the verification form (Page 20).

- **Fingerprint Legal Notices**
  - Title 28 Code of Federal Regulations (CFR) 50.12(b) and the rules promulgated by the Bureau of Criminal Identification and Information require that records obtained be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies or other authorized entities.
  - 5 U.S.C. 552a and the rules promulgated by the Bureau of Criminal Identification and Information require that agencies maintain a system of records which establishes appropriate administrative, technical and physical safeguards to ensure the security and confidentiality of records.
  - The Compact Council best business practices guidelines and the rules promulgated by the Bureau of Criminal Identification and Information are meant to ensure that an individual requesting fingerprint submission is the actual subject of the record search.
  - Notice: All fingerprints will be submitted to the FBI for the purpose of obtaining a national background check.

For any further assistance with fingerprints, please call LSP at (225) 925-1886.

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❖ **ATTACHMENT 10: APPLICATION FEES – CLASS A- General**

- **If applying for BEER ONLY (low content: 6% and lower by volume) = $120.00**
- **If applying for BEER & LIQUOR (low and high content: 6% and higher by volume)**
  - IF business is located **outside** incorporated city limits: = **$220.00**
  - IF business is located **inside** incorporated city limits: = **$320.00**
- Note: A $50 Responsible Vendor fee is required for each permitted establishment (this fee has been calculated into the totals listed above).
- Fees are processed immediately upon receipt. If your application is rejected or denied, **fees will NOT be returned or refunded.**

❖ **ATTACHMENT 11: PHOTO ID**

- COLORED copy of Driver's License or government-issued ID

4 SUBMIT THE COMPLETED APPLICATION AND ATTACHMENTS

❖ Submit the signed and completed application with the attachments by mail or to one of our customer service windows listed on Page 1 of this application packet.

ADDITIONAL INFORMATION

❖ **RETAIL KEG REGISTRATION**

- LA R.S. 26:306 requires all retailers of keg beer sold for consumption off the premise must maintain documentation of those sales for a period of **SIX months**. The retail keg registration forms are available online at **www.atc.la.gov.** If you do not comply with the enclosed law, you will be jeopardizing your license.

❖ Contact Carrie Guillot at (225)925-4043 or carrie.guillot@atc.la.gov with questions about the retail keg registration reporting requirements.

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Louisiana Office of Alcohol and Tobacco Control
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Retail Permit Information

Permit Class Information

When deciding which class and type of permit best suits your business model, please refer to the Law Book available on the ATC website. Some helpful information is contained below, but ATC advises you to refer to the particular statute for a complete listing of requirements.

CLASS A-General: LA R.S.26:71.1 (*high content)* and LA R.S. 26:271 (*low content)*

- Alcohol is sold for on-premises consumption.
- An establishment equipped with a permanent wet bar, non-moveable sink and back-bar, or similar equipment for public display and to inform the public of brands and flavors offered for sale.
- Staffed by a bartender whose primary duty is to open and/or prepare beverage alcohol products for consumption on the premises by paying customers, or prepared with an appropriate lid or cover on the container for take-out service.
- Meets all local zoning requirements as set forth by the state and by parishes and municipalities where the Class A general retail outlet is located.
- No person under 18 allowed on premises, except as provided by LA R.S. 26:90(A) (8) (a).
- Able to accommodate 25 patrons.
- Contain no less than 375 feet of public habitable floor area.

Class A-Restaurant: LA R.S. 26:71.1(2) (A), 26:73

- Issued to a facility that meets the definition of a restaurant establishment, including the following:
  - A place of business whose average monthly revenue from food and nonalcoholic beverages exceeds 50% of its total average monthly revenue from the sale of food, nonalcoholic beverages, and alcoholic beverages.
  - Serves food on all days of operation.
  - Maintains separate sales figures for alcoholic beverages.
  - Operates a fully equipped kitchen used for the preparation of uncooked foods for service and consumption for such foods on premises.
  - Has a public habitable floor area of no less than 500 square feet.

Class B Package Store LA R.S. 26:2/26:241(13)

- Sells alcoholic beverages in factory sealed containers for transportation and consumption off the premises.
- No person is allowed to tamper with or otherwise disrupt the manufacturer's seal on or about the licensed premises.
- Contains 500 square feet of public habitable floor area.

Class C-Package Store: LA R.S. 26:71.2 *(high content;* 26:271(*low content*); LAC 55: VII: 327

- Alcoholic beverages are the principle commodity sold for off-premises consumption.
- Does not offer to sell, sell, or otherwise distribute motor fuel.
- Sells alcoholic beverages, including frozen specialty beverages, in closed containers prepared for transportation and consumption off premises only.
- Has a public habitable floor space of no less than 1,000 square feet
- Does not allow any person under the age of 18 to enter, visit, or loiter in or about the licensed establishment.
- Does not employ anyone under the age of 18.
- Does not allow the consumption of any alcoholic beverage for any purpose or reason on or about the licensed premises, unless and except otherwise provided for in this Title.
- Does not permit the mixing of alcoholic beverages or the sale and/or service of mixed alcoholic beverages on the premises of the licensed establishment; however, the mixing of frozen specialty beverages may be permitted according to LAC 55: VII: 327 (*for more information on this statute and all others referenced, refer to the law book).*

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Louisiana Office of Alcohol and Tobacco Control
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Notice of Intent Poster Application

General Information

Notice of Intent Posters (NOI posters) are required for ALL retail alcoholic beverage permits. NOI posters are valid for 90 days from the date of issuance and must be submitted to ATC as follows:

- **Existing Business**
  - If there has been an alcoholic beverage permit at the location within the previous 6 months, submit your NOI application and your completed alcoholic beverage application packet to ATC at the same time.
- **New Business**
  - If there has not been an alcoholic beverage permit at the location within the previous 6 months.
    - Upon submitting your NOI application, you will receive the NOI poster(s) which must be displayed in your business for at least 15 days **before** you may submit your completed alcoholic beverage application packet.

Permit Class, Type, and Fees

Please select the class and type of permit. *If you do not know which class of permit you should mark, please read the "Retail Permit Information" with the corresponding statutes on the previous page to determine which class is suitable for your business model.*

CLASS of Permit

☐ **Class A-General**; *LA R.S. 26:71.1(1)/271.1(1)*

☐ **Class A-Restaurant**; *LA R.S. 26:73(c)/273(c)*

☐ **Class A-Caterer**; *LAC 55: VII: 325*

☐ **Class B-Package Store** *LA R.S. 26:2(13); 241(13)*

☐ **Class C-Package Store** *LA R.S. 26:71.2(13)/271.2*

Types of Alcoholic Beverages to Be Sold and Fees

☐ **Beer: $50.00**

☐ **Liquor: $50.00**

☐ **Light Wine: $50.00**
*Only mark if liquor is *not* marked
*For Class A-Restaurant *only*

Business and Contact Information

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

Owner Name: _____
(*name of individual, partnership, corporation, or LLC*)

Trade Name: _____

Business Address: Street _____
City _____ State _____
Zip Code _____ Parish _____

Mailing Address: Same as business address? ☐ YES ☐ NO (*if "no" complete below address information*)
Street _____
City _____ State _____
Zip Code _____ Parish _____

LA State Tax ID Number: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

Contact Person: _____ Affiliation with Business: _____

Email Address: _____

Has this location held a valid state-issued beer/liquor permit within the last 6 months? ☐ YES ☐ NO
If "YES", what was the trade name of the business?
_____

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Notice of Intent Poster Application Continued

Payment Information

Read the following payment information carefully to ensure your payment is timely received.

- NO REFUNDS will be made once this application packet and fees have been reviewed by this office.
- ATC accepts the following forms of payment via mail:
  - Money orders
  - Cashier's Checks
  - Certified Checks
- ATC accepts the above forms of payment and the following additional forms of payment at the Baton Rouge office:
  - Cash
  - Credit cards, including MasterCard, American Express, Visa, and Discover
- Mail fully completed forms, all supporting documents, and application fees to:
  Louisiana Office of Alcohol and Tobacco Control
  P.O. Box 66404
  Baton Rouge, LA 70896-6404

Affidavit

Affidavit

I swear that I am authorized to sign on behalf of the applicant business, and that the information reported on this document is true and accurate to the best of my knowledge.

_____ _____
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

For Office Use Only

Poster Serial No.:_____
Date Issued_____
Receipt #:_____
Issued By: _____

Poster Serial No.:_____
Date Issued_____
Receipt #:_____
Issued By: _____

Poster Serial No.:_____
Date Issued_____
Receipt #:_____
Issued By: _____

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Class A-General Application

Notice to Applicants

Misstatement or suppression of material facts in this application is GROUNDS FOR DENIAL of this permit. Additionally, filing false public records is a violation of Louisiana Revised Statute 14:133 and may result in imprisonment for not more than (5) years with or without hard labor and/or fines of not more than $5,000.

Location Information

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

2) Trade Name of Business *(d/b/a):* _____

3) Location/Physical Address

Street: _____

City/State/Zip: _____

4) Official Mailing Address

Street: _____

City/State/Zip: _____

5) Parish in which business is located: _____

6) Within City Limits? YES ☐ NO ☐

7) LA State Tax ID Number (10-digits): _____

8) How would you like to be notified about permit status? _____

9) Does the applicant own the premises to be permitted? YES ☐ NO ☐
- If you answered "No," provide the landlord's contact information below.
  - Landlord's Name: _____ Phone Number: (_____) _____-_____
  - Street Address: _____
  - City/State/Zip: _____

10) Contact Name: _____

11) Contact Business Phone: (_____) _____-_____

12) Contact Cell Phone: (_____) _____-_____

13) Contact Email Address: _____

Ownership Information

14) Type of Ownership:

If the applicant is not an individual, list the name, title, and percentage of ownership for each partner, stockholder, officer or member. All partners, stockholders, officers or members holding 5% or more stock must submit a Schedule A (Pages 13-15).

Name: _____ Title: _____ % of ownership: _____

Name: _____ Title: _____ % of ownership: _____

Name: _____ Title: _____ % of ownership: _____

15) List all managers or authorized representatives for this business, including general managers:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Diagram

16) A detailed and exact diagram of the premises must be submitted. The diagram must include all entrances, exits, restrooms, bar(s), tables, kitchen, storage, offices, *and* all locations of video poker devices. Only letter-sized (8 ½ x 11) or legal-sized (8 ½ x 14) diagrams will be considered. Have you included the diagram? YES ☐ NO ☐

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Class A-General Application Continued

Premises Qualifications

17) Has a local (city, town, parish, etc.) alcoholic beverage permit been issued? YES ☐ NO ☐
   - *If "No," list the date you applied for the permit: ____/_____/_____*
   - *If "Yes," you must submit a copy of your local application with this permit.*

18) Have you submitted a Notice of Intent(NOI) poster application, received and posted the NOI poster in plain view outside the premises for (15) consecutive days? YES ☐ NO ☐
   - *If the location has not been permitted within the last (6) months, and your NOI posters have not been posted for (15) consecutive days, your application packet will be rejected and will not be processed.*

19) Do you have a valid health permit from the Department of Health and Hospitals? YES ☐ NO ☐
   - *If "Yes," list the expiration date: _____/_____/_____*
   - *The Department of Health and Hospitals can be contacted at (225) 342-9500.*

20) Is this business equipped with a permanent wet bar, non-movable sink and back-bar or similar equipment for public brand display as required by LA R.S. 26:71.1(1) (b) /271.1(1) (a)? YES ☐ NO ☐

21) Will this business be staffed by a bartender whose primary duty is to open and/or prepare alcoholic beverage products for on-premises consumption or packaged appropriately for takeout service as required by LA R.S. 26:71.1(b)/271.1(b)? YES ☐ NO ☐

22) I understand that no one under the age of 18 may be employed or allowed on the premises at any time. YES ☐ NO ☐

23) I understand that if there are any frozen drink machines, slush machines, blenders or other type of dispensing/mixing system where the identity of the trademarked alcohol brands are lost in preparation, the business must list the trademarked brands on the machine or system in accordance with the Truth In Labeling law in Louisiana Administrative Code 55:VII.303. YES ☐ NO ☐

24) Is this location at least 300 feet from any public playground, public library, correctional facility, church, school, synagogue or day care center as required by LA R.S. 26:81(C)/281(C)? YES ☐ NO ☐

25) Does this location maintain at least 375 square feet of permanent enclosed space within the structure that is accessible to patrons, excluding restricted spaces such as employee areas, restrooms, closets, storage/utility rooms, porches, patios, etc.? YES ☐ NO ☐

26) Is all construction and/or remodeling of the premises to be licensed complete? YES ☐ NO ☐
   a. If "No," provide an estimated completion date: _____/_____/_____
   b. *This application will be denied if construction/remodeling are not fully complete at the time of inspection.*

27) I understand that this business must comply with all provisions of the Louisiana Responsible Vendor & Security Personnel training programs. YES ☐ NO ☐

28) I understand that no one person holding an ownership interest in this business can also hold an interest in an alcoholic beverage wholesaler/distributor or manufacturer/supplier. YES ☐ NO ☐

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Class A-General Application- Affidavit

Sworn Statement

I understand that manufacturers and/or wholesalers are prohibited from providing a retailer with anything of value unless explicitly enumerated as an exception in The Alcoholic Beverage Control Law or these regulations and that manufacturers and wholesalers are prohibited from inducing or otherwise influencing, directly or indirectly, a retailer from selling and/or serving its products to the exclusion, in whole or in part, of products of other manufacturers and/or wholesalers including but not limited to illegally influencing the retailer in any way regarding the quality or brand of alcoholic beverages bought or sold by the retailer. I further understand that retailers are prohibited from accepting or requiring any such inducement or other influence; and anyone found in violation of the market practices laws and regulations of the State of Louisiana, the United States or any other state, their permit(s) is subject to suspension, revocation and/or assessment of a fine or other penalty provided by law.

BY SIGNING BELOW, YOU ARE SWEARING, UNDER OATH, that you have read each of the questions in this application packet, and that all answers are true and correct to the best of your knowledge; that you meet the qualifications and conditions of R.S. 26:80 and 280; that you have complied with the notice requirements contained in R.S. 26:77 and 277; and that you have no interest in any business that holds a wholesaler's or manufacturer's license issued by the Louisiana Office of Alcohol and Tobacco Control. You are also swearing, under oath that pursuant to La. R.S. 26:934, you have read and understand the responsible vendor handbook and any amendments thereto, that you understand your obligations as an alcoholic beverage permit holder under the responsible vendor program, and that you have enrolled in the program. The responsible vendor handbook and amendments are available for download at www.atc.la.gov.

If Applicant Is…		Who Must Sign
• Individual	→	Individual Owner
• Partnership	→	Partner
• Corporation	→	Officer/Director
• LLC	→	Officer/Director/Member

_____ Signature

_____ Title

_____ Print/Type Your Name

Notary

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 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.

Trade Name of Business *(d/b/a name)*: _____

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

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

Have you continuously resided in Louisiana for the last (2) years? Yes ☐ NO ☐

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

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

Were you born in the United States? YES ☐ NO ☐
If "No," enter naturalization number:_____

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

Relationship Status: _____

If Married… Name of Spouse: _____ Spouse Maiden Name/Aliases (if any): _____

Spouse Date of Birth: _____/_____/_____ Spouse Social Security Number:_____-_____-_____

Spouse Driver's License Number: _____

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Schedule A Affidavit Continued (Page 2 of 3)

Qualifications

1. Is the applicant listed also applying for a video poker license issued by Louisiana State Police? YES ☐ NO ☐

2. Do you or your spouse own or hold interest in any other business holding a state **retail** beer and/or liquor permit? If you or your spouse is an officer, member, or partner in another entity that maintains a state alcohol permit, answer "YES" and complete the following questions. If there is more than one business, attach a list disclosing each.

   YES ☐ NO ☐

   - *If "YES," enter permit number*:_____
   - *Trade Name of Business:*_____
   - *Location Address*: _____
     _____

3. Do you or your spouse own or hold interest in any business holding an alcoholic beverage manufacturer/supplier permit? YES ☐ NO ☐
   - *If "YES," enter the name of the business:*_____

4. Do you or your spouse own or hold interest in any business holding an alcoholic beverage wholesale permit or solicitors permit? YES ☐ NO ☐
   - *If "YES," enter the name of the business*:_____

5. Is this application being submitted by you to obtain an alcoholic beverage permit in your name for the benefit of any other person? YES☐ NO ☐

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

6. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage regulatory statute, rule, or ordinance? YES ☐ NO ☐
7. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked within the last (2) years prior to the filing of this Schedule A? YES☐ NO ☐
8. Have you or your spouse ever been denied an alcoholic beverage permit? YES ☐ NO☐
9. Have you or your spouse 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."*
10. Have you or your spouse ever been convicted of solicitation for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in controlled dangerous substances? YES ☐ NO ☐
11. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance classified in Schedule I of R.S. 40:964 on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the business? YES ☐ NO ☐
12. Have you or your spouse been convicted or had a judgment of court rendered against you involving alcoholic beverages by this or any other state, or by the U.S. within the last (2) years? YES ☐ NO ☐
13. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of theft? YES ☐ NO ☐
14. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of any crime involving false statements or declarations? YES☐ NO☐
15. Have you or your spouse ever been convicted, in this or in any other state in the U.S., of gambling? YES ☐ NO ☐

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Schedule A Affidavit Continued (Page 3 of 3)

Sworn Statement

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. 26:80 and 26:280. I consent to this information being shared with Louisiana State Police for video poker licensing purposes.

_____ _____
Signature of Applicant Title

_____
Print/Type Applicant's Name

Notary

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(12) 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 MUR**
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 RAPE**
10. **FORCIBLE RAPE**
11. **SIMPLE 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. **AGGRAVATED INCEST**
41. **BATTERY OF A POLICE OFFICER**
42. **TRAFFICKING OF CHILDREN FOR SEXUAL PURPOSES**
43. **HUMAN TRAFFICKING**
44. **HOME INVASION**

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Schedule F Continued

Business

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

Type of Ownership (*check 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: _____

Charge and statute number: _____

Date of Conviction: _____ Date of Final Discharge: _____

_____

Affidavit

AFFIDAVIT

I affirm that I have been convicted of a felony, which is not considered a crime of violence as defined in LA R.S. 14:2(12) and that ten or more years have elapsed since the completion of sentence or final discharge. A copy of official documentation attesting to this fact 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

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FINGERPRINT AUTHORIZATION FORM

SUBMIT TO: **Louisiana State Police**
Bureau of Criminal Identification and Information
PO Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS $26. FOR FBI PROCESSING, WHERE AUTHORIZED, OR REQUIRED, THERE IS AN ADDITIONAL $16.50 FEE ***FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY*** *****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION***** *****PLEASE PRINT*****	
OFFICE OF ALCOHOL AND TOBACCO CONTROL ***FACILITY OR AGENCY***	*ATC CERTIFICATION DIVISION* ***FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE***
PO BOX 66404 ***MAILING ADDRESS***	*NA* ***SIGNATURE OF AUTHORIZED REPRESENTATIVE***
BATON ROUGE LA 70896 ***CITY STATE ZIP CODE***	*(225) 925-4041* ***FACILITY OR AGENCY PHONE NUMBER***
	NA ***FACILITY EMAIL ADDRESS***

APPLICANTS FULL NAME: *(Last, First, Middle)*		
****PRINT-USE INK-INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE****		
APPLICANT'S SIGNATURE:		
APPLICANT'S SOCIAL SECURITY NUMBER:	***DATE OF BIRTH:***	
DRIVERS LICENSE NUMBER & STATE:	***RACE:***	***SEX:***
POSITION OR LICENSE APPLIED FOR:		
AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION		
By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.		

Request For: OFFICE OF ALCOHOL AND TOBACCO CONTROL

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FINGERPRINT DISCLOSURE FORM

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
PO BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST

AGENCY
OFFICE OF ALCOHOL AND TOBACCO CONTROL

NAME (LAST, FIRST, MIDDLE): _____

DATE OF BIRTH: _____

RACE: _____

SEX: _____

SOCIAL SECURITY NUMBER: _____

*******DO NOT WRITE BELOW THIS LINE*******

(For Bureau of Criminal Identification and Information Use Only)

NOTICE: *The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.*

CRIMINAL HISTORY DETERMINATION

☐ **RAPSHEET ATTACHED**

☐ **RESPONSE BELOW**

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Troy Hebert, Commissioner

ELECTRONIC FINGERPRINT SUBMISSION CERTIFICATION FORM

SUBMIT TO: Louisiana Office of Alcohol and Tobacco Control

All persons submitting fingerprints electronically shall submit this certification form to ATC with your application for an alcoholic beverage permit. ATC will not process the application without verification that all required fingerprints have been submitted.

I, _____ (print name), hereby certify that I am applying for an alcoholic beverage permit with the Louisiana Office of Alcohol & Tobacco Control (ATC), that I have submitted my fingerprints electronically at an office provided by Louisiana State Police (LSP), and that I have submitted the necessary authorization form to allow ATC to receive the results of my criminal background report from the FBI and LSP as mandated by LA R.S. 26:80.

_____ _____
(Signature of Applicant) *(Date of fingerprint submission)*

_____ _____
(Signature of Employee Receiving Fingerprints) *(Print Name)*

_____
(Address of location where fingerprints were submitted)

****This form should be submitted to **ATC ONLY** and should **not** be submitted to Louisiana State Police****

There is a $10.00 fee for submitting fingerprints electronically, which should be paid in the form of a money order or cashier's check only.

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