



Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Ernest Legier Jr., Commissioner

Alcoholic Beverage Retail Application Packet
Class A-Caterer Independent Concessionaire
Louisiana Office of Alcohol & Tobacco Control
Ernest Legier Jr., 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 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 O customer service windows.

Baton Rouge Customer Service Window:

Location: 7979 Independence Blvd., Suite 101, Baton Rouge, LA 70806
Hours of Operation: 8:00 a.m. – 4:30 p.m. | Monday – Friday
Phone: (225) 925-4041

New Orleans Customer Service Window:

Location: 1450 Poydras Street, Suite 850, New Orleans, LA 70112
Hours of Operation: 8:00 a.m. – 4:00 p.m. | Monday - Friday
O V
Phone: (504) 568-7028

O Customer Service Window:

Location:)) O O
Hours of Operation: 8:00 a.m. – 4:00pm | Monday – Friday
O V
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
- ✓ Application fees
- ✓ Schedule A forms
- ✓ Written concession agreement
- ✓ Proof of local alcohol permit
- ✓ Fingerprint cards and fees
- ✓ Fingerprint authorization and disclosure forms
- ✓ Schedule F form (if required)
- ✓ Colored 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.

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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)?**

ATTACH THE FOLLOWING 10 ITEMS TO YOUR APPLICATION

Refer to Pages 3-6 for detailed information about each of the following required 10 attachments:

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- ✓ Proof of Publication and Newspaper Ad
- ✓ Schedule A Forms
- ✓ Corporate Documents
- ✓ Written Concession Agreement
- ✓ Diagram of Premises
- ✓ Local Alcoholic Beverage Permit
- ✓ Schedule F Forms
- ✓ Fingerprint Cards
- ✓ Application Fees
- ✓ Colored 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 completed (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 or Articles of Organization (obtained from the Secretary of State).
 - Ensure that the entity is registered and “in good standing” with the 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: WRITTEN CONCESSION AGREEMENT**

- Attach a copy of the **signed and dated** concession agreement.
 - Note: the written concession agreement must include a provision that prohibits any party from violating alcoholic beverage control laws.

❖ **ATTACHMENT 5: DIAGRAM**

- Attach a diagram/drawing of the premise to be licensed showing the location of: all entrances, exits, restrooms, bars, tables, kitchen, storage areas, offices, etc.
Note: Diagram must be large enough to be legible, at least 8½" by 11" (letter size).

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

- You must submit proof that you have obtained or applied for 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: 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, expungement, deferred adjudication, etc.
 - Attach court documents (disposition) for all Schedule F forms submitted.



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❖ **ATTACHMENT 8: 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 Form (Page 18)
 - Disclosure Form (Page 19)
 - 2 sets of Fingerprint Cards (can be obtained from ATC, Louisiana State Police (LSP), 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 **\$38.00** per request for state criminal history checks. Fees must be in the form of a money order, cashier's check, or business check 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.



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❖ **ATTACHMENT 9: APPLICATION FEES-CLASS A-CATERER INDEPENDENT CONCESSIONAIRE**

- The fee for a Class A- Caterer Independent Concessionaire permit is **\$2 0.00.**

- 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 10: PHOTO ID**

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

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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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Retail Permit 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: CATERER INDEPENDENT CONCESSIONAIRE

- Issued to applicant that holds a written concession agreement at an arena, stadium, or other type of event venue.
- Applicant must have written agreement to provide food and beverage concession(s) from the owner/operator of the premise, including a provision prohibiting any party to engage in conduct prohibited by alcoholic beverage laws.
- Applicant must not own or manage the premise or be owned by the owner or manager of the premise.
- Applicant cannot receive any monetary benefit from the alcohol industry, except where authorized by law.
- Applicant cannot receive any direct monetary benefit from advertising, promotional, or sponsorship revenues from the premises.
- Applicant is solely responsible to determine the quantity and brand of alcohol.
- Permit does not allow the service of alcohol at a premise whose primary purpose is the sale of food, or any premise that derives more than 75% of gross revenue from on-premise sale of alcohol.



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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 below.

CLASS of Permit

Class A-Caterer Independent Concessionaire

Types of Alcoholic Beverages to Be Sold and Fees

Beer: \$50.00

Liquor: \$50.00

Wine: \$50.00

*Only mark if liquor is not marked

Business and Contact Information

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

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

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: _____

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? _____

Business Phone: _____ Cell Phone: _____ Home: _____

Contact Person: _____ Affiliation with Business: _____

Email Address: _____



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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
 - Certified Checks
 - Business/Personal Checks
- ATC accepts the above forms of payment and the following additional forms of payment at the Regional offices:
 - 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: _____



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Class A-Caterer Independent Concessionaire 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) Contact Name: _____
- 5) Contact Business Phone: (____) ____ - _____
- 6) Official Mailing Address
Street: _____
City/State/Zip: _____
- 7) Contact Cell Phone: (____) ____ - _____
- 8) Contact Email Address: _____
- 9) Parish in which business is located: _____
- 10) Within City Limits? YES NO
- 11) LA State Tax ID Number (10-digits): _____
- 12) How would you like to be notified about permit status? _____
- 13) Does the applicant own the premises to be permitted? YES NO
 - If you answered "No," provide the landlord's contact information below.
 - o Landlord's Name: _____ Phone Number: (____) ____ - _____
 - o Street Address: _____
 - o City/State/Zip: _____

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 more than 5% 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. Have you included the diagram? YES NO



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Class A-Caterer Independent Concessionaire Application Continued

Qualifications

- 17) Has a local (city, town, parish, etc.) alcoholic beverage permit been issued? YES NO
- o If "No" list the date you applied for the permit: ____/____/____
 - o If "Yes," you must submit a copy of your local application with this permit.
- 18) Has the applicant 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
- o *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) Does the applicant hold a written concession agreement to provide food and beverage concession services at an arena, stadium, race track, amphitheater, auditorium, theater, civic center, convention center, or other facility primarily for live artists, theatrical, cultural, educational, charitable, musical, sporting, nationally sanctioned automobile/horse racing, or entertainment events? YES NO
- 20) Is the applicant owned, in whole or in part, by the owner, operator, lessee, subsidiary, agent, or company managing the premise? YES NO
- 21) Does the applicant own or manage the premise, in whole or in part? YES NO
- 22) I understand that the applicant can receive no monetary benefit from any alcoholic beverage manufacturer or wholesaler, including furniture, fixtures, capital improvements, equipment, or supplies, except as allowed by law. YES NO
- 23) I understand that the applicant cannot receive any direct monetary benefit from advertising, promotional, or sponsorship revenue generated from the operation of the premise. YES NO
- 24) I understand that no owner, operator, lessee, subsidiary, agent, or company managing the premise can control the quantity or brand of alcohol bought, sold, or served by the applicant. YES NO
- 25) I understand that this permit does not allow the sale of service of alcohol at a premise where the primary purpose is the sale of food, alcohol, or on a premise that derives 75% or more of its gross revenue from on-premise sale of alcohol. YES NO
- 26) I understand that this business must comply with all provisions of the Louisiana Responsible Vendor & Security Personnel training programs. YES NO
- 27) 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-Caterer Independent Concessionaire Application Continued

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



Ernest P. Legier, Jr., Commissioner

SCHEDULE A FORM INDIVIDUAL SUITABILITY DISCLOSURE FORM

Note: Must be executed by **EACH INDIVIDUAL** manager, owner, partner, financial backer, officer, agent, director, stockholder, member, or any person owning more than 5% of the stock or membership interest in the business.

BUSINESS INFORMATION

1. Business/Entity Legal Name: (Name of individual or business entity)	
2. Trade Name (DBA):	
3. Business Address: (Street Address, City, State, and Zip code)	
4. Business Phone Number:	5. Business Email Address:

INDIVIDUAL INFORMATION

6. Individual Affiliation with Business: <input type="checkbox"/> Manager <input type="checkbox"/> Officer/Member/Director <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____ <input type="checkbox"/> Investor <input type="checkbox"/> Stockholder/Shareholder <input type="checkbox"/> Owner			
7. Full Name		8. Maiden name/alias/nickname/former legal name:	
9. Occupation:		10. Employer:	
11. Date of Birth:	12. Age:	13. Place of Birth:	
14. Business Phone Number:		15. Cell Number:	
16. Email Address:		17. Mailing Address:	
18. Social Security Number:			
19. Race:	20. Gender:	21. Driver's License Number:	22. State of Issuance
23. Is a colored copy of your driver's licensed attached to this form?			<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Have you continuously resided in Louisiana for the last two (2) years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO, enter Naturalization number:			
26. Affiliation with Business: (Job Title/Position)		27. Percentage of Ownership:	

MARITAL/SPOUSAL INFORMATION

P.O. Box 66404, Baton Rouge, LA 70896-6404 * 7979 Independence Boulevard, Suite 101, Baton Rouge, LA 70806
Telephone: (225) 925-4041



Ernest P. Legier, Jr., Commissioner

28. Select Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated	
29. Name of Spouse:	
30. Spouse Maiden Name/Alias (if applicable):	
31. Spouse's Date of Birth:	32. Spouse's Social Security Number:
33. Spouse Driver's License No:	34. State of Issuance:
35. Is the marriage a community property regime? (separation of property agreement) <input type="checkbox"/> YES <input type="checkbox"/> NO	
36. Will Spouse assist in managing Applicant's business? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. Do you or your spouse own or hold interest in any other business holding a state retail alcoholic beverage permit? If yes, provide the following information. If more than one, please attach list. Permit Number: Trade Name: Location address:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

QUALIFICATION

38. Is the applicant applying for a video poker license issued by Louisiana State Police?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Is this application being submitted by you to obtain an alcoholic beverage permit in your name for the benefit of any other person?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If you answered YES to any question listed below, a Schedule F Form must be completed.
Applicant must attach a disposition of each arrest.**

CRIMINAL BACKGROUND INFORMATION

40. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage statute, rule or ordinance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Have you or your spouse had any license or permit to sell or deal in alcoholic beverages revoked within the last two (2) years prior to filing this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Have you or your spouse ever been denied an alcoholic beverage permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Have you or your spouse ever been arrested for a felony charge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. Have you or your spouse ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Have you or your spouse ever had a conviction adjudicated under 893 or 894, dismissed, pardoned, expunged, pled guilty or pled nolo contendere or "no contest"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
46. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have you or your spouse been convicted or has a judgment of court rendered against you involving the sale or service of alcoholic beverage by this or any other state or in the U.S. within the last two (2) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Have you or your spouse ever been convicted in this or in any other state in the U.S. of theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Have you or your spouse ever been convicted in this or in any other state in the U.S. of gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISCLOSURE OF OTHER INTEREST IN ALCOHOL INDUSTRY



Office of Alcohol Tobacco Control

Ernest P. Legier, Jr., Commissioner

& UNFAIR BUSINESS AND TRADE PRACTICES

52. Does Applicant understand it is prohibited to directly or indirectly have any overlapping ownership or any other prohibited relationship between those engaged in the business related to the alcoholic beverage industry such as engaging as a retailer/wholesaler, retailer/manufactur*, or wholesaler/manufactur.	<input type="checkbox"/> YES <input type="checkbox"/> NO
53. Does Applicant or applicant's spouse receive any proceeds or profits from any alcoholic beverage retailer, wholesaler or manufacturer? If Yes, provide additional details below or attached detail explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
54. Does Applicant understand that alcoholic beverage manufacturers and wholesalers are prohibited from providing an alcohol retailer with anything of value unless explicitly enumerated as an exception as provided by law or regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
55. Does Applicant understand 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 influencing the retailer in any way regarding the quality or brand of alcoholic beverages bought or sold by the retailer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Does Applicant understand that retailers are prohibited from accepting or requiring any such inducement or other influence and anyone found in violation of the trade practices laws and regulation of the State of Louisiana, is subject to penalties, suspension or revocation of its permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SWORN STATEMENT/AFFIDAVIT

I swear that I have read each of the above questions and that 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 forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.

Print Name

Signature

Title

Date

Notary

Sworn to and subscribed to me on this _____ day of _____, 20_____, in the parish/county of _____, State of _____

Name of Notary Public

Signature of Notary Public

Office Use Only

Process by:

Permitted by and date:

Approval By & Date:



Ernest P. Legier, Jr., Commissioner

**SCHEDULE F FORM
CRIMINAL HISTORY DISCLOSURE FORM**

Who is required to complete?

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. 14:2B, 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.

If you have been convicted of a crime of violence as defined in La. R.S. 14:2B, you will not qualify for an alcoholic beverage permit. See ATC’s website for additional information and see frequently asked questions at www.atc.la.gov or definition of crime of violence at Legis.La.Gov.

BUSINESS INFORMATION		
1. Business Legal Name: (Name of individual or business entity)		
2. Trade Name (DBA):		
3. Business Address:		
4. City:	5. Zip Code:	6. County/Parish:

INDIVIDUAL INFORMATION			
7. Affiliation with Business:			
8. Print Name:		9. Maiden name/alias/nickname/former legal name:	
10. Date of Birth:		11. Place of Birth:	
12. Business Phone Number:		13. Cell Number:	
14. Email Address:		15. Mailing Address:	
16. Social Security Number:			
17. Race:	18. Gender:	19. Driver’s License Number:	20. State of Issuance

Office Use Only:



Ernest P. Legier, Jr., Commissioner

HISTORY OF ARREST AND CONVICTION

Arrest Charge/Conviction (Statute)	Date of Arrest of Conviction	Jurisdiction/Court Agency	Date of Discharge or Disposition

APPLICANT MUST ATTACH A DISPOSITION OF EACH ARREST AND/OR CONVICTION LISTED ABOVE. FAILURE TO SUBMIT A DISPOSITION MAY RESULT IN PROCESSING DELAYS OR DENIAL.

Sworn Statement and 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 forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.

Print Owner/Officer/Member Name

Title

Signature of Owner/Officer/Member

Date

Notary

Sworn to and subscribed to me on this _____ day of _____, 20____, in the parish/county of _____, State of _____

Name of Notary Public

Signature of Notary Public

Office Use Only

Process by: _____

Date Submitted: _____

Approval By & Date: _____

ATN: _____

SID: _____

RAPSHEET DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.

APPLICANT NAME: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ BIRTH STATE: _____

SOCIAL SECURITY NUMBER: _____ DRIVER LICENSE/ID: _____

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

CRIMINAL HISTORY DETERMINATION

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

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 an arrest or conviction information not available in our database.

RAPSHEET ATTACHED

RESPONSE BELOW



BACKGROUND CHECK AUTHORIZATION FORM - ATC

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****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****

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

()
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For:

X LOUISIANA ALCOHOL AND TOBACCO CONTROL – LA920980Z (ATC)

APPLICANTS FULL NAME: _____
****PRINT – USE INK**** LAST FIRST MIDDLE

*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: ____ / ____ / ____ RACE ____ SEX ____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

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. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696 (ATC)

Revised 6/8/2022



Ernest P. Legier, Jr., Commissioner

CRIMES OF VIOLENCE

A "Crime of Violence" as defined in La. R.S. 14.2B includes any crimes listed below. If you have been convicted of any of the felonies listed below, you shall be disqualified for an alcoholic beverage permit.

- | | |
|--|---|
| (1) Solicitation for murder. | (46) Vehicular homicide, when the operator's blood alcohol concentration exceeds 0.20 percent by weight based on grams of alcohol per one hundred cubic centimeters of blood. |
| (2) First degree murder. | (47) Aggravated assault upon a dating partner. |
| (3) Second degree murder. | (48) Domestic abuse battery punishable under R.S. 14:35.3(M)(2) or (N). |
| (4) Manslaughter. | (49) Battery of a dating partner punishable under R.S. 14:34.9(L)(2) or (M). |
| (5) Aggravated battery. | (50) Violation of a protective order if the violation involves a battery or any crime of violence as defined by this Subsection against the person for whose benefit the protective order is in effect. |
| (6) Second degree battery. | (51) Criminal abortion. |
| (7) Aggravated assault. | (52) First degree feticide. |
| (8) Repealed by Acts 2017, No. 281, §3. | (53) Second degree feticide. |
| (9) Aggravated or first degree rape. | (54) Third degree feticide. |
| (10) Forcible or second degree rape. | (55) Aggravated criminal abortion by dismemberment. |
| (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) Repealed by Acts 2017, No. 281, §3. | |
| (26) Assault by drive-by shooting. | |
| (27) Aggravated crime against nature. | |
| (28) Carjacking. | |
| (29) Repealed by Acts 2017, No. 281, §3. | |
| (30) Terrorism. | |
| (31) Aggravated second degree battery. | |
| (32) Aggravated assault upon a peace officer. | |
| (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) Repealed by Acts 2014, No. 602, §7, eff. June 12, 2014. | |
| (41) Battery of a police officer. | |
| (42) Trafficking of children for sexual purposes. | |
| (43) Human trafficking. | |
| (44) Home invasion. | |
| (45) Domestic abuse aggravated assault. | |



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ELECTRONIC FINGERPRINT CERTIFICATION FORM

Notice: In lieu of submitting fingerprint cards, Applicants for Alcohol or Tobacco permits may complete electronic fingerprints at the Louisiana State Police Headquarter, located at 7919 Independence Blvd, Baton Rouge, LA 70806. Applicants completing electronic fingerprints is required to remit the additional electronic submission fee and this completed form to the ATC.

**** IF APPLICANT SUBMITTED FINGERPRINTS ELECTRONICALLY****

Please submit:
ELECTRONIC SUBMISSION FEE: \$10.00

SUBMIT CERTIFICATION FORM: LOUISIANA OFFICE OF ALCOHOL TOBACCO CONTROL
7979 INDEPENDENCE BLVD., SUITE 101
BATON ROUGE, LA 70806

SUBMIT FEE TO LSP: \$10.00 for electronic submission of fingerprints directly to Louisiana State Police

***Money Orders or Cashier's Check ONLY.
**This fee is in addition to the background processing fee of \$39.25

WHEN TO SUBMIT: If applicant submit fingerprints electronically, a complete copy of this certification form must be submitted with application. 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 and 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 and La. R.S. 26:280.

Applicant's Signature

Date of Fingerprint Submission

Signature of Employee Administering Fingerprints

Print Name of Employee

Address of Location where Fingerprints were submitted