

Office Use Only:



Louisiana Office of Alcohol & Tobacco Control  
www.atc.la.gov

Ernest Legier, Jr.  
Commissioner

### Appointment or Change in Management

**Must be Completed by Owner, Officer, Member, or Other Authorized Personnel listed with ATC**

#### PART ONE – Owner’s Information

1. ATC Permit Number:		
2. Owner Legal Name: (Name of individual or business entity)		
3. Trade Name (DBA):		
4. Business Address:		
5. City:	6. Zip Code:	7. County/Parish:

#### PART TWO – Type of Change in Management

8. Type of Change: <input type="checkbox"/> Add Manager <input type="checkbox"/> Removal of Manager		
9. Name of Manager Appointed/Removed:		
10. Date of Appointment/Removal:		
11. If applicable, describe managerial duties and title:		
12. Has the appointed manager completed a Schedule A – Personal Disclosure Form (SA-01) r and is it attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Initials:
13. Is a colored copy of Manager’s Drivers Licensed attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Initials:

*In accordance with La. R.S. 26:76 & La. R.S. 26:276, I hereby certify 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 am authorized to notify the Louisiana Office of Alcohol and Tobacco Control that the above referenced business did hire or appointed or removed the person listed above.*

\_\_\_\_\_  
Print Name (Owner, Officer, Member)

\_\_\_\_\_  
Signature of Owner, Officer, Member

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

#### Notary Use Only

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

<b>Office Use Only</b>	Process by:	Date Submitted:	Approval By & Date:
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