

CHECK LIST - Requirements for Stand Alone Caterer's Permit

- Notice of Intent Poster Application (BLUE) (posters MUST hang for 15 days) (NOTARIZED) *if location has not had an alcohol permit there in the past 6 months, you can only submit this form at this time; you must wait 15 days prior to submitting the rest of your paperwork. ***ONLY VALID FOR 90 DAYS***
 - \$50-Beer
 - \$50-Liquor
- Application for Class A- Caterer's Permit
- Schedule A (NOTARIZED) (all officers/members/directors/stockholders owning more than 5% stock, and any managers)
*Question 28 includes nicknames, maiden names of owner/spouse and any previous married names.
- Ads and Proof of Publication (ADS ONLY NEED TO RUN 1 TIME) Ads and must run in a paper that is published in the municipality in which he/she desires to operate his/her business; or in the newspaper published nearest to his place of business. (within same parish), if it is not located in a municipality in which a newspaper is published. ***ONLY VALID FOR 90 DAYS***
- Local Sales Tax Clearance Certificate
- State Sales Tax Clearance Certificate (L.A. Dept. of Revenue)
- Copy of Local Alcohol Permit(s) OR list the date applied for: _____
- Bona fide lease of the property or proof of ownership.
- Fingerprint cards (to be mailed to State Police in Baton Rouge, 38.00 fee per individual) *Anyone who fills out a Schedule A form must be fingerprinted, except spouses and managers.
- If Corporate or LLC ownership:
 - a. Copy of State Charter, or Corporate Certificate.
 - b. Copy of Articles of Incorporation, or Articles of Organization
 - c. Minutes listing current corporate officers and assignment of stock (must equal %100), or operating agreement listing all members and percentage of interest in LLC.
- If PARTNERSHIP ownership:
 - a. Partners must meet residency requirements. Corporations and LLC must submit Louisiana Secretary of State Certificate.
 - b. Copy of notarized partnership agreement, listing all partners, and percentage of ownership in the partnership.
- Fees (A CASHIER'S CHECK, MONEY ORDER, CERTIFIED CHECK OR CREDIT CARD (MasterCard, American Express, and Discover).! CASH IS NOT ACCEPTED.)
 - \$200- Caterer's Permit (Stand Alone Caterer)
 - \$50- Responsible Vendor Fee (ONLY pay this fee if you do NOT currently have a state alcohol permit) ADDING CATERERS PERMIT TO EXISTING PERMIT Application for caterers permit & fee of \$200.00.

Qualifications

Applicants for all state and local alcoholic beverage permits shall meet the following qualifications and conditions under Louisiana Revised Statutes 26:80 and 280::

1. Be a person of good character and reputation, and over 18 years of age.
2. Be a citizen of the United States and the State of Louisiana and a resident of the State of Louisiana continuously for a period of not less than two years next preceding the date of the filing of the application. However, the requirements as to Louisiana citizenship do not apply to wholesalers or retailers who, on or prior to January 1, 1946, held permits for high alcohol content and July 26, 1944, for low alcohol permits.
3. Be the owner of the premises or have a bona fide written lease. In cases in which the applicant holds a bona fide written lease, the name and current address of the lessor shall be shown on the application form filed with the Commissioner. The lease must clearly indicate the effective date.
4. Have not been convicted of a felony under the laws of the United States, the State of Louisiana, or any other state or country.
5. Have not been convicted in this or in any other state or by the United States of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or illegally dealing in controlled or dangerous substances.
6. Have not had a license or permit to sell or deal in alcoholic beverages, issued by the United States or any other states, or by any political subdivision of a state authorized to issue permits or licenses, revoked within two years prior to the application, or been convicted, or had a judgment of court rendered against the applicant involving alcoholic beverages by this or any other state or by the United States for two years prior to the application.
7. Have not been convicted of violating any of the provisions of Title 26 of the Louisiana Revised Statutes.
8. Have not been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of Title 26. If the applicant has been so convicted, the granting of a permit or of a renewal shall be within the discretion of the commissioner.
9. Not be the spouse of a person who does not meet the above-listed qualifications except for the citizenship requirements listed in number 2 above. An alternative is referenced in R.S. 26:80(G) and 280(G).
10. Not owe the state or the local government subdivisions in which the application is made any delinquent sales taxes, penalties, or interest excluding items under formal appeal pursuant to applicable statutes.

PARTNERSHIPS: If the applicant is a partnership or anyone in partnership with or financed by another, all members of the partnership or all the persons furnishing the money shall also possess the qualifications required of the applicant. The application shall name all partners or financial backers and furnish their proper addresses and social security numbers.

CORPORATIONS/LLCs: If the applicant is a corporation or limited liability company (LLC), all officers and directors and all stockholders or members owning in the aggregate more than five percent of the stock or membership interest in a limited liability company and the person or persons who shall conduct or manage the business shall possess the qualifications required of an applicant. However, the requirements as to citizenship and residence do not apply to officers, directors, and stockholders of corporations or membership in an LLC. The corporation or LLC shall either be organized under the laws of the State of Louisiana or qualified to do business within the State of Louisiana.

MANAGERS, AGENTS, SERVANTS, EMPLOYEES AND REPRESENTATIVES: If the applicant's business is to be conducted wholly or partly by one or more managers, agents, servants, employees, or other representatives, those persons shall also possess the qualifications required of the applicant.

FINGERPRINTS: Must be submitted to the Department of Public Safety, Criminal Records Division, by all persons who are required to possess these qualifications. **All fingerprints will be submitted to FBI for national background check.**

IMPORTANT NOTICE: If the applicant or any other person required to have the same qualifications does not possess the required qualifications, the permit may be denied.

For further instructions, see attached application.



Office Use Only
Permit Class and Number

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

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

Types of Alcoholic Beverages to Be Sold and Fees

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

Beer: \$50.00

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

Liquor: \$50.00

Class A-Caterer; LAC 55: VII: 325

Wine: \$50.00

**Only mark if liquor is not marked*

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

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: _____

LOUISIANA DEPARTMENT OF REVENUE OFFICE
OF ALCOHOL AND TOBACCO CONTROL P.O.
BOX 66404
BATON ROUGE, LOUISIANA 70896-6404
TELEPHONE (225) 925-4041 – FAX (225) 925-9874

APPLICATION FOR CATERER'S PERMIT

INSTRUCTIONS: APPLICATION MUST BE COMPLETE WITH PROPER FEES OF \$200 ATTACHED. PLEASE TYPE OR PRINT IN INK.

Owner name (individual partnership, LLC, Corporation) _____ Trade Name _____

Mailing Address PO Box, /Street/City/State/Zip _____ Phone No. _____

Location Address PO Box/Street/City/State/Zip _____ Parish _____
DO YOU HAVE AN CURRENT CLASS A OR B PERMIT? YES NO

IF YES, PERMIT NUMBER? _____ EXPIRATION DATE? _____

IF NO:

(1) DO YOU OPERATE A FULLY-EQUIPPED KITCHEN? YES NO

(2) DO YOU DERIVE 70 PERCENT OF YOUR GROSS ANNUAL REVENUE FROM THE SALE OF FOOD OR
FOOD- RELATED PRODUCT? YES NO

(3) DO YOU DERIVE 40 PERCENT OF YOUR GROSS REVENUE PER EVENT FROM THE SALE OF FOOD
OR FOOD-RELATED PRODUCT? YES NO

(4) DO YOU MAINTAIN SEPARATE SALES FIGURES FOR ALCOHOLIC BEVERAGES? YES NO

(5) HAVE YOU INCLUDED AN ADDITIONAL \$50 FEE FOR THE RESPONSIBLE VENDOR PROGRAM?
 YES NO

***COMPLETED SCHEDULE A FORMS MUST ALSO BE EXECUTED AND SUBMITTED BY THE MANAGER,
OWNER, EACH PARTNER, EACH OFFICER, AND STOCKHOLDER OWNING MORE THAN 5 PERCENT OF
THE CAPITAL STOCK.

AFFIDAVIT

This affidavit must be signed by owner, if individual ownership; authorized partner, if partnership; or authorized official if corporation or LLC. It is understood any misstatement or suppression of fact in this application or accompanying documents is grounds for denial.

I swear (or affirm) that I have read each of the questions in this application and that the answers which I have given are true and correct to the best of my knowledge and that I meet the qualifications and will abide by the conditions set forth in R.S. 26:80 and 280, and LAC 55:VII.325; and I further swear (or affirm) that I have no interest in any entity holding a state wholesale beer or liquor permit.

Applicant's Signature: _____

Title: _____

Print/Type your name: _____

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

In the parish of _____, State of _____

Notary Public's Signature: _____

Print Name of Notary Public: _____



Office Use Only
Permit Class and Number

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

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: _____ (job title/position) Percentage of ownership: _____

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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Ernest Legier Jr., Commissioner

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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Ernest Legier Jr., Commissioner

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

Sworn Statement

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



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

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



Office Use Only
Permit Class and Number

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

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.

Affidavit

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

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

<i>THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED, OR REQUIRED, THERE IS AN ADDITIONAL \$12.00 FEE</i>	
<i>**FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**</i>	
<i>****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****</i>	
<i>****PLEASE PRINT****</i>	
<u>OFFICE OF ALCOHOL AND TOBACCO CONTROL</u> FACILITY OR AGENCY	<u>ATC CERTIFICATION DIVISION</u> FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE
<u>PO BOX 66404</u> MAILING ADDRESS	<u>NA</u> SIGNATURE OF AUTHORIZED REPRESENTATIVE
<u>BATON ROUGE LA 70896</u> CITY STATE ZIP CODE	<u>(225) 925-4041</u> FACILITY OR AGENCY PHONE NUMBER
	<u>NA</u> FACILITY EMAIL ADDRESS

APPLICANT'S FULL NAME: <i>(Last, First, Middle)</i>		
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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Louisiana Office of Alcohol and Tobacco Control
Ernest Legier Jr., Commissioner

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



Office Use Only
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Louisiana Office of Alcohol and Tobacco Control
Ernest Legier Jr., 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 Administering Fingerprints)

(Print Name)

(Address of location where fingerprints were submitted)

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

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. Did you know...

- 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.