State of Louisiana
Office of Alcohol and Tobacco Control

In-State Manufacturer Information Sheet

La R.S. 26:2(11) defines a manufacturer as *"any person who, other than a wine producer, who personally or through any agent whatever engages in the making, blending, rectifying, or processing of any alcoholic beverage in Louisiana; engages in the making, blending, rectifying, or processing any alcoholic beverage outside of Louisiana for sale in Louisiana; or engages in the business of supplying alcoholic beverages to licensed wholesale dealers in Louisiana."*

Steps to become a licensed Louisiana Manufacturer of alcoholic beverages:

1. Obtain the appropriate federal permit from TTB. Please contact TTB at www.ttb.gov.
2. Obtain the appropriate surety bond from the Louisiana Department of Revenue. Please contact the Department of Revenue (225)219-7656.
3. Register Product Labels online, view information at www.atc.la.gov/productlabeling.php
4. Complete Louisiana Application www.atc.la.gov
   a. Permit fees ($1000).
   b. Schedule A and copy of driver's license for each applicant
   c. Fingerprints and fees
      Include a business check, money order, or cashier's check for $38.00 made out to Louisiana State Police for each set of fingerprints submitted.
   d. Attach a copy of a bonafide lease or proof of ownership of the premises to be licensed.
   e. Attach a copy of all corporate documentation and proof of registration and good standing with the Louisiana Secretary of State.
   f. Attach proof of lease or ownership of delivery equipment.
   g. Attach proof of contract or agreement with at least one alcoholic beverage distributor.
   e. Attach a diagram of the premises to be licensed.
   f. Attach an in-depth description of the business model that clearly describes the production process and equipment utilized.
5. Obtain a local alcohol beverage manufacturer permit (parish or city).
6. Obtain all required occupational and health licenses (state and local).
7. Ensure that bottle sizes and packaging comply with La. R.S. 26:351.

A current version of the Louisiana Alcoholic Beverage Control Law can be viewed on our website at www.atc.la.gov by clicking on the link labeled "law book" on the legal and prosecution division page

Louisiana Office of Alcohol & Tobacco Control

In-State Supplier Information Sheet

La R.S. 26:2(11) defines a manufacturer as *"any person who, other than a wine producer, who personally or through any agent whatever engages in the making, blending, rectifying, or processing of any alcoholic beverage in Louisiana; engages in the making, blending, rectifying, or processing any alcoholic beverage outside of Louisiana for sale in Louisiana;* ***or engages in the business of supplying alcoholic beverages to licensed wholesale dealers in Louisiana.****"*

Steps to become a licensed Louisiana Supplier of alcoholic beverages:

1. Obtain the appropriate federal permit from TTB. Please contact TTB at www.ttb.gov.

2. Obtain the appropriate surety bond from the Louisiana Department of Revenue. Please contact the Department of Revenue (225)219-7656.

3. Register Product Labels online, view information at www.atc.la.gov/productlabeling.php

4. Complete Louisiana Application www.atc.la.gov

   a. Permit fees ($1000).

   b. Schedule A and copy of driver's license for each applicant

   c. Fingerprints and fees
      Include a business check, money order, or cashier's check for $38.00 made out to Louisiana State Police for each set of fingerprints submitted.

   d. Attach a copy of a bonafide lease or proof of ownership of the premises to be licensed.

   e. Attach a copy of all corporate documentation and proof of registration and good standing with the Louisiana Secretary of State.

   f. Attach an in-depth statement of Supplier's intended operations within Louisiana (statement should indicate by whom/how the alcoholic beverages supplied will be delivered to Louisiana licensed wholesale dealers, the role of the supplier in the transaction, whether the in-state supplier will ever take possession of the product prior to distribution to a wholesale dealer in the state, whether Supplier will receive payments for the alcoholic beverages from the wholesale dealers, etc.

   g. Attach a signed statement that Supplier will only supply the products of alcoholic beverage manufacturers holding either a valid Louisiana In-State or Out-of-State alcoholic beverage manufacturer permit.

5. Obtain a local alcoholic beverage manufacturer permit (parish or city – if required).

6. Ensure that bottle sizes and packaging comply with La. R.S. 26:351.

A current version of the Louisiana Alcoholic Beverage Control Law can be viewed on our website at www.atc.la.gov by clicking on the link labeled "law book" on the legal and prosecution division page

12072006

OFFICE OF ALCOHOL AND TOBACCO CONTROL
LOUISIANA DEPARTMENT OF REVENUE
P.O. BOX 66404
BATON ROUGE, LOUISIANA 70896-6404
TELEPHONE (225) 925-4041 – FAX (225) 925-7652

Application for High Alcohol Content Manufacturer's/Supplier's Permit

Permit to be issued for the year ending December 31, 20____
Permit to be issued to: _____

Trade Name (if any): _____

Mailing Address: _____

Location Address: _____

Location Parish: _____ Phone Number: _____

1. Ownership: ☐Individual ☐Partnership ☐Corporation ☐LLC

2. If other than Individual ownership, show State of Domicile: _____

3. Is the application for permit for same business or for a new business? ☐Same Business ☐New Business

4. Has applicant filed with local authorities for a high alcohol content manufacturer's permit? ☐YES ☐NO

5. Does this applicant's operation meet the definition of a "manufacturer" as provided in R.S. 26:2(10)? ☐YES ☐NO

6. If a partnership or corporation, list below names, addresses, and percentage of business owned by each partner or stockholder. A Schedule "A" form must be attached for each partner or each stockholder owning more than 5% of the stock. Also, any financial backers of the business must be listed and a Schedule "A" form submitted.

Name of Person	Address	*Kind of Interest	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Partner, Member, Stockholder, or Financial Backer

7. Is applicant's business to be conducted wholly or partly by one or more managers, agents, or other representatives? ☐YES ☐NO

**If yes, such persons shall also possess the same qualifications of the applicant and a Schedule "A" form must be submitted on each.

**As to partners, members, stockholders, managers, agents, representatives, or other associated individuals, a Schedule "A" form must be furnished for such additional personnel as any changes occur.

8. List below alcoholic beverages to be handled and source supply:

Brand Name	Distillery/Winery	City and State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete remainder of form on reverse.

Required

A. An Alcoholic Beverage Tax Surety Bond in accordance with the provisions of La. R.S. 226:348 must be furnished in the same name and address as the permit.
B. This application must be signed by the owner if individual ownership, authorized partner if a partnership, or an authorized agent or officer if a corporation or LLC.
C. The person (manager, stockholder, partner, broker) signing this application must fill out and sign a Schedule "A" form.

Affidavit

I swear (or affirm) that I have read each of the questions in this application and that the answers that I have given are true and correct to the best of my knowledge. I also swear (or affirm) that this applicant (except as provided in R.S. 26:85) holds no interest either directly or indirectly in a high alcohol content permit other than the type applied for in this application.

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: _____

In addition to other penalties, failure to file application before beginning business or for renewal of permit not later than November 1 of each year will incur penalties of five percent (5%) for each additional thirty days or fraction thereafter.
Fee $1,000.00

For Office Use Only		
Permit Number	**Sequence Number**	**Fee**
		Penalty
		Total

Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, 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.

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

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

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

Business Fax Number: (____)_____-_____

Individual Background Information

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

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

Occupation: _____ Employer: _____

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

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

Email Address: _____

Mailing Address: _____
Street

_____
City/State/Zip

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: _____

Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control

Juana Lombard, 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 the sale or service of 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 ☐

Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

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

Office Use Only
Permit Class and Number

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

Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control

Juana Lombard, Commissioner

Schedule F Continued

Business

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

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

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

Individual Background Information

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

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

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

Social Security Number: _____-_____-_____

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

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

Charge/Conviction

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

Charge and statute number: _____

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

Charge and statute number: _____

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

Affidavit

AFFIDAVIT

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

_____ _____ _____
Signature Print/Type Name Title

For NOTARY Use Only

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

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

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

Office Use Only ***Permit Class and Number***

Louisiana Office of Alcohol and Tobacco Control

Juana Lombard, 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

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS $26. FOR FBI PROCESSING, WHERE AUTHORIZED, OR REQUIRED, THERE IS AN ADDITIONAL $12.00 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***

APPLICANT'S 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

Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, 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
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, 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.

Louisiana Office of Alcohol & Tobacco Control · 7979 Independence Blvd., Suite 101 · Baton Rouge LA, 70806 · PO Box 66404 · Baton Rouge LA, 70896

A Note from the Louisiana Office of Alcohol & Tobacco Control

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

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

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