



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

Ernest P. Legier, Jr.
Commissioner

Application for Liquor Self Distribution Permit ("M-SD" – Liquor Only)

NOTICE TO APPLICANT: Misstatement or suppression of material facts in this application is GROUNDS FOR DENIAL of this application. Additionally, filing false public records is a violation of Louisiana Revised Statute 14:133 and may result in imprisonment for not more than five (5) years with or without hard labor and/or fines of not more than \$5000.00.

PART I. OWNER'S INFORMATION

1. Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____		
2. Owner/Entity Legal Name: (Name of individual or LLC or Corp.)	3. State of Domicile:	
4. Trade Name (DBA):		
5. Business Physical Address: (Street Number, City, State, Zip Code)		
6. Mailing Address: (If different than business address)		
7. Business Email Address:	8. Business Contact Number:	
9. Federal Employee Identification No. (FEIN):	10. Louisiana State Identification No:	
11. Does Business consent to receive ATC communications, administrative notices, and/or administrative decisions in electronic format via email? If "YES" – list email address: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO

PART II. OWNERSHIP/CORPORATE STRUCTURE

If the applicant is not an individual (sole proprietorship), list the name, title, and percentage of ownership of each person. All *partners, stockholders, officers, directors, members, and/or any person owning more than 5% must submit suitability documents including Schedule A (SA-01), Schedule F (SA-02), and fingerprints with authorization form. **If multiple entities, attach organizational chart.**

EACH PERSON listed below shall be required to submit a completed Schedule A, F and Fingerprint form

Name of Individual	SSN	Type of interest **	% of Interest

Management Information	
12. Is applicant's business to be conducted wholly or partly by one or more managers or other representatives? If YES, each person must submit a completed Schedule A and Schedule F, if applicable. If Yes, Complete Below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manager's Full Name	Title

PART III. MINIMUM REQUIREMENTS

13. Does Applicant hold a current and valid in-state Liquor Manufacturer (M-L) permit? If No, provide date of application submitted. Date of Application: _____ Permit Number: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Does Applicant intend to self-distribute to other retailers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Does Applicant produce liquor through one or more stills located in the manufacturing facility as part of the process of engaging in the material and essential aspects of manufacturing such distilled spirit for human consumption?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Does Applicant operate a manufacturing facility located entirely in the State of Louisiana that produces less than four thousand (4000) gallons of distilled alcoholic liquors annually at the distilling facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Does Applicant understand that distiller must maintain all records and invoices of products self-distributed to retailers and made available to the ATC upon request?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Does Applicant understand that distiller may not self-distribute more than four thousand (4000) gallons of distilled alcoholic liquors per year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Does Applicant understand any products intended for self-distribution must be offered at a standard price to ALL retailers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Does Applicant have an existing distribution agreement with a Louisiana permitted wholesale dealer?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART IV. WAREHOUSE AND DELIVERY EQUIPMENT

21. Does Applicant own or lease warehouse space that shall be maintained separate & segregated from the distillation equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Provide the address of the warehouse space or provide explanation of how products shall be separated and segregated from the brewing facility.	
23. Does distiller own or lease delivery equipment dedicated for the primary use of distribution and delivery of only those products distilled at its manufacturing distillery facility? Attach proof of vehicle delivery equipment.	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Does Applicant understand that manufacturing distiller shall be required to submit monthly reports to ATC of all sales from self-distribution? Monthly reports shall be due on or before the 15 th day of the month.	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Does Applicant understand that any manufacturing distiller that engages in self-distribution shall be subject to Louisiana Administrative Code, Title 55, Part VII Alcohol and Tobacco Control?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Does Applicant understand that all sales of liquor products to retailers are subject to Liquor Credit Laws? Retailers are required to pay for all liquor products within 15 days of delivery and Distiller is required to submit weekly and monthly report of any delinquencies. For additional information related to Cash or Credit Laws, see Louisiana Administrative Code, Title 55, Part VII.	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: Initial application fee is \$1500.00. Self-distribution permits expires December 31st and shall be required to be renewed annually, unless otherwise approved for 2 year renewal.

PART VI - REQUIRED DOCUMENTATION

The following documentation must be submitted with the application. Failure to provide all required documents may significantly delay the processing time and may result in the withholding or denial of the application.

1. If applicant previously entered into a distribution contract with a distributor, provide proof the distribution contract has been terminated. A letter or documentation dated from wholesaler terminating agreement may be submitted as proof.
2. Proof of ownership or lease of delivery equipment dedicated for the primary use of distribution and delivery of only those products. Proof may include lease agreement of vehicle or proof of ownership solely issued to applicant may be submitted.
3. Provide a copy of lease or proof of ownership of warehouse space and diagram of space. Space must be segregated and separate from distillation equipment.

APPLICATION FEES	
<input type="checkbox"/>	Self-Distribution Permit for Beer/Malt Beverages – Application fee
	\$1500.00

Only Personal/Business checks, cashier check, money order, or Credit Cards accepted. NO REFUNDS

WARNING	If Applicant is:	Must Sign Application:
WARNING	Individual /Sole Proprietor	Individual Owner
WARNING	Partnership	Any Partner
WARNING	Limited Liability Company (LLC)	Managing member, member, officer, director
WARNING	Corporation	Officer, Director

Application Affidavit

BY SIGNING BELOW, YOU ARE SWEARING, UNDER OATH, that you have read each of the questions in this application and that all answers are true and correct to the best of your knowledge, that you meet all the qualifications and conditions as set forth under La. R.S. 26:80 and 26:280; that you have complied with the notice requirements contained in La. R.S. 26:77 and 26:277; and that you have no interest in any business that holds a retail or wholesaler’s license issued by the Louisiana Office of Alcohol and Tobacco Control. I also swear (or affirm) that this applicant (except as provided in R.S. 26:85) holds no interest either directly or indirectly in an alcohol retail or wholesale permit other than the type applied for in this application. Applicant understands that his/her is responsible to understand and maintain the requirements related to self-distribution and all alcohol laws applicable to applicant’s business.

Print Name (By Authorized Person Only)

Signature of Authorized Person

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	
Office Use Only	Process by & Date	Permitted by & date	Approval By & Date: