State of Louisiana
Office of Alcohol and Tobacco Control

Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

APPLICATION FOR CHANGE IN OWNERSHIP

Office Use Only:	Date Application Submitted:
	Completed Application Date:

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:	
8) Does Business consent to receive ATC communications, administrative notices, and/or administrative decisions in electronic format via email? If "YES" – list email address: _____			

PART TWO – Type of Change in Ownership			
9) Type of Change: ◯ Add Owner ◯ Add Officer ◯ Add Director ◯ Add Member ◯ Add Partner ◯ Removal of person ◯ Add/Remove Other: _____			
10) Name of Person related to Change:			
11) Percentage of Ownership:	12) Title of Person:	13) Date of Appointment or Removal:	

PART THREE – Form Requirement Checklist			
14) Is Form Schedule A/F Personal Disclosure Form (SCH A) completed by EACH PERSON, new owner, officer, director, member, partner, stockholder, shareholder, or any other person as required under La. R.S. 26:80 & 26:280 and is each completed copy attached?	YES ◯	NO ◯	INT _____
15) Is colored copy of Driver's License attached for EACH PERSON, owner, member, director, officer, or any other person as required by law?	YES ◯	NO ◯	INT _____
16) Is ATC Fingerprint Authorization Form completed by EACH PERSON and attached in additional with all fingerprint ($39.25)? Visit https://atc.la.gov/permits/background-check-information/%20%20%20 for details.	YES ◯	NO ◯	INT _____
17) Is a copy of Applicant's Corporate Documents attached including Articles of Incorporation or Article of Organization as obtained from Secretary of State, notarized partnership agreement, or any other agreement or forms filed with Secretary of State?	YES ◯	NO ◯	INT _____
18) Is a record of meeting minutes appointing new officers, directors, or board members with a listing of each person's title attached?	YES ◯	NO ◯	INT _____
19) If applicable, is the resignation letter regarding all resigning officers and/or directors attached?	YES ◯	NO ◯	INT _____
20) If applicable, is the Act or Bill of Sale regarding the stock or membership transfer attached?	YES ◯	NO ◯	INT _____
21) If applicable, is an amended lease attached? Only required if change in ownership is 100%.	YES ◯	NO ◯	INT _____
22) Has local licensing authority been notified of all ownership changes and is proof attached?	YES ◯	NO ◯	INT _____

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PART FOUR – Current Ownership Structure List all Current Owners, Officers, Members, Directors, Stockholders, Shareholders, and /or Managers. If applicable, please attach Organization Chart.		
Name	Title:	% of Ownership

	IF APPLICANT IS:	MUST SIGN APPLICATION:
WARNING & SIGNATURE	Individual /Sole Proprietor	Individual Owner
	Partnership	Any Partner
	Limited Liability Company (LLC)	Managing member, member, officer, director
	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 wholesale's or manufacturer 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 certify you understand the information provided in the responsible vendor handbook and any amendments thereto, that you understand your obligations as an alcoholic beverage permit holder 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.louisiana.gov

_____ _____

Print Name (By Authorized Person Only) **Signature of Authorized Person**

_____ _____

Title **Date**

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 Number	Processed by & Date	Issued by and Date