



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

Ernest Legier, Jr.
Commissioner

APPLICATION FOR NOTICE OF INTENT POSTER

NOI POSTERS ARE REQUIRED FOR ALL RETAIL ALCOHOLIC BEVERAGE PERMITS AND ARE VALID FOR UP TO NINETY (90) DAYS FROM THE DATE OF ISSUANCE

PART ONE: NEW OR EXISTING BUSINESS

1. Is applicant's taking over an existing alcohol retail outlet establishment or a location that held a valid alcohol permit within the previous six (6) from the date of this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If YES, provide date of ownership transfer? Applicant may submit completed alcoholic beverage retail application at same time as NOI application.	Date:
3. If NO, does applicant understands that upon submission of this NOI application, an NOI poster issued by ATC shall be required to be displayed on the premise to be licensed for a period of no later than fifteen (15) days PRIOR to submitting an alcoholic beverage retail application with the ATC.	Initial:

PART TWO: CLASS OF PERMIT & TYPE OF ALCOHOL

Please select the class and type of permit. For additional information on types of class and types of permits, see "Retail Permit Information."

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| <input type="checkbox"/> CLASS A – General (AG) | <input type="checkbox"/> High Content > 6% Beer/Malt Beverages |
| <input type="checkbox"/> CLASS A – Restaurant (AR) | <input type="checkbox"/> Low Content < 6% Beer/Malt Beverages |
| <input type="checkbox"/> CLASS A – Stand Alone Caterer | <input type="checkbox"/> Liquor / Spirit |
| <input type="checkbox"/> CLASS B – Package Store | <input type="checkbox"/> Wine |
| <input type="checkbox"/> CLASS C – Package Store | |
| <input type="checkbox"/> CLASS A – Independent Concessionaire Caterer | |

PART THREE – BUSINESS 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. Business/Owner Legal Name: (Name of individual or LLC or Corporation)	3. State of Domicile:
4. Trade Name (DBA):	
5. Business Physical Address: (Address, City, State, Zipcode)	
6. Business Email Address:	7. Business Primary Number
8. Federal Employee Identification No. (FEIN)	9. Louisiana State Identification No.
10. Briefly Describe Business plan: (i.e. restaurant. Bar, nite-club, convenient store etc.)	

11. Please indicate how Business would like to receive communication from ATC and whether contact information shall only apply to initial application process or business primary contact information including but not limited to all other future communication from ATC.

EMAIL: _____ APPLICATION ONLY PRIMARY
 PHONE: _____ APPLICATION ONLY PRIMARY
 MAIL: _____ APPLICATION ONLY PRIMARY

12. Contact Person Information: (Name, Affiliation, Phone Number, and/or Email)

PART FOUR – FEES

\$50.00 – If applicant intends to offer ONE type of alcohol (i.e. BEER ONLY, WINE ONLY, or LIQUOR ONLY)

\$100.00 – If applicant intends to offer TWO or MORE types of alcohol (i.e. BEER and WINE or BEER & LIQUOR)

Read the following information carefully to ensure payment and applicable fees are received timely and accurately.

- INCOMPLETE APPLICATION including failure to submit the applicable fees shall be denied.
- NO REFUNDS will be made once an application and fees are received by the ATC.
- ACCEPTABLE PAYMENT FORMS: Money orders, cashier checks, Business or Personal Checks*
- CREDIT CARDS are acceptable at each regional office: Mastercard, Visa, American Express, and Discover
- SUBMISSION: All completed application may be submitted directly to any ATC offices or by mail:

MAIL TO:
 Louisiana Office of Alcohol and Tobacco Control,
 P.O. Box 66404, Baton Rouge, LA 70896-6404.

I, under penalty of law, 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 sign on behalf of applicant's business.

 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

<i>Office Use Only</i>	Poster Serial No.:	Date issued	Receipt No.	Issued by:
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