

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

APPLICATION FOR ALCOHOL BEVERAGE SOLICITOR'S PERMIT

APPLICANT INFORMATION

Applicant Name:		
Street Address		
City:	State:	Zip:
Parish:	E-Mail Address:	

FOR OFFICE USE ONLY

Permit Number:

EMPLOYER INFORMATION

Employer Name:		
Employer Street Address		
Employer City:	Employer State:	Employer Zip:
Employer Parish:	Employer E-Mail Address:	

I hereby apply for a solicitor's permit for the calendar year ending December 31, _____ to solicit orders for alcoholic beverages (of an alcoholic content in excess of 6% by volume) as provided by Chapter 1, of Title 26, of the Louisiana Revised Statutes of 1950, as amended, from authorized dealers located in the State of Louisiana to be shipped by the above firm which I represent.

I also certify that I comply with LAC 55: VII.309 (Regulation 5 – Solicitors).

Should permit be granted, I hereby agree to comply with all state laws and regulations affecting the sale and distribution of alcoholic beverages (of an alcoholic content in excess of 6% by volume).

Signature of Applicant

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1) Do You represent more than one wholesale dealer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Is this application being made by you as a subterfuge to permit any person other than yourself to secure a permit from the Office of Alcohol and Tobacco Control, in your name, for his benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REMITTANCE MUST BE IN THE FORM OF A U.S. POSTAL MONEY ORDER, CASHIER'S CHECK, OR CHECK CERTIFIED BY THE BANK ON WHICH IT WAS DRAWN AND PAYABLE TO "LOUISIANA DEPARTMENT OF REVENUE. NO REFUND OF PERMIT FEES WILL BE ISSUED.

MAIL APPLICATIONS TO:

OFFICE OF ALCOHOL AND TOBACCO CONTROL
P.O. BOX 66404
BATON ROUGE, LOUISIANA 70896-6404

THE PERMIT MAY NOT BE FINALLY ISSUED UNTIL A PERIOD OF THIRTY-FIVE (35) DAYS AFTER RECEIVING THE APPLICATION.

NOTE: SCHEDULE A ON REVERSE SIDE OF APPLICATION MUST BE COMPLETELY FILLED OUT AND NOTARIZED.
ANY MIS-STATEMENT OR SUPPRESSION OF FACT IN AN APPLICATION OR ACCOMPANYING AFFIDAVIT SHALL BE GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF PERMIT.

FEE: \$5.00

When a manager or agent is employed, this schedule must be executed by that person, and by each member of a partnership or stockholder of a corporation owning more than five per centum (5%) of capital stock of corporation, which makes application for permit as provided by Chapter 1 and 2, Title 26, of the Louisiana Revised Statutes of 1950 as amended.

This Schedule "A" must be submitted by each applicant

Name of Wholesaler:			
Wholesaler Street Address			
Wholesaler City:	Wholesaler State:	Wholesaler Zip:	
Your Name:			
Residence Street Address			
Residence City:	Residence State:	Residence Zip:	
Driver's License Number:	Social Security Number:	Date of Birth:	Place of Birth:
Sex	Race	Are you a citizen of the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>

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How did you become a citizen?					
Have you resided in Louisiana continuously for a period not less than 2 years, next preceding date of filing this application?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony under the laws of the United States, Louisiana, or of any other state? If yes, a proof of pardon and restoration of citizenship must be submitted with this application? This includes any offense adjudicated under Article 893?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted in the United States, Louisiana or any other state of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place or dealing in narcotics?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had a license or permit to sell or deal in alcoholic beverages issued by the United States, this state or any other state revoked within 5 years prior to this application?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted or had judgment against you involving alcoholic beverages by this state or any other state or the United States within 5 years prior to this application?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted for violating any of the provisions of the liquor or beer? laws of Louisiana?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, is your spouse eligible for a permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full name of spouse:					
Has your spouse ever been denied or had an alcoholic beverage permit?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your spouse hold interest in any establishment holding a state retail permit? If yes, list				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permit Number:	Trade Name:	Type of Interest:	% Equity		
Street:	City:	State:	Zip:		
Have you ever used any other name than the one given herein?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
• If Yes, give details below:					
Name Used:	Place Used:	Dates From _____ to _____			
Is this application being made by you as a subterfuge to permit any person other than yourself to secure a permit from the Office of Alcohol and Tobacco Control in your name for his benefit?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

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AFFIDAVIT

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

I swear (we swear) 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 conditions set out in La. R.S. 26:79, 26:279, and LAC 55:VII.309 and I further swear (or affirm) that I have no interest in any establishment holding a state retail beer or liquor permit other than the type applied for.

Signature

Title

Print/Type Your 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