

**State of Louisiana**  
Office of Alcohol and Tobacco Control

**Jeff Landry**  
GOVERNOR

**Chad M. Brown**  
COMMISSIONER



**SCHEDULE D STAMPING AGENT CERTIFICATION**

Applicant certifies that business has been approved and designated as a stamping agent and that pursuant to La. R.S. 26:906H, Applicant understands and shall comply with the all following provisions:

- Applicant shall only Affix stamps as set forth in R.S. 47:843(D).
- Applicant shall pay to the state all taxes applicable under R.S. 47:841 et seq. on cigarettes it sells or present documentation demonstrating that such taxes were paid prior to the sale.
- Applicant shall provide complete and accurate reports as required by this Chapter, R.S. 13:5071 et seq., or R.S. 47:841 et seq. and certify monthly that it has complied with all requirements therein.
- Applicant shall comply generally with all other provisions set forth in R.S. 47:841 et seq.
- Applicant shall consent to the jurisdiction of the state to enforce the requirements of Title 26 and waive any claim of sovereign immunity to the contrary.
- Applicant shall waive all confidentiality laws as necessary to permit the commissioner to create and make available the list described in R.S. 26:921(B) and to share information reported under the law with the taxing or law enforcement authorities
- Applicant for a stamping agent designation located outside the state shall appoint an agent in the state for service of process in connection with enforcement of this Chapter and the provisions of La. R.S. 13:5061 et seq. and R.S. 47:841 et seq.

**Sworn Statement/Certification of authenticity**

BY SIGNING BELOW, YOU ARE SWEARING, UNDER OATH, that you have read each of the questions in this application packet, and that all answers are true and correct to the best of your knowledge, that you have no pending application for this location, and that you are not using this special event permit in place of a bona fide license or for unlawful purpose.

_____	_____
<b>Print Name</b>	<b>Signature</b>
_____	_____
<b>Title</b>	<b>Date</b>

**Notary Use Only**

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
in the parish/county of \_\_\_\_\_, State of \_\_\_\_\_

_____	_____
<b>Notary Public's Signature</b>	<b>Print Name of Notary Public</b>

<b>Office Use Only</b>	<b>Permit Number:</b>	<b>Processed by &amp; Date Received:</b>	<b>Approval By &amp; Date:</b>
------------------------	-----------------------	--	--------------------------------