

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

NOTIFICATION OF TRADE NAME CHANGE

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) Business Physical Address:			
Business Street:			
Business City:	Business State:	Business Zip:	
4) Business Email Address:		5) Business:	
6) Does Business consent to receive ATC communications, administrative notices, and/or administrative decisions in electronic format via email? If “YES” – list email address: _____		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		INT _____	

PART TWO – Requirements *Note: Failure to attach all documentation shall delay the process

7) Provide date of proposed change:			
8) Provide new Trade Name:			
9) Has applicant submitted all applicable fees related to application? See below.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		INT _____	

PART THREE – Applicable Fees

Trade Name Change Fee – reissuance of permit fee	\$10.00
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	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
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Office Use Only	Permit Number	Processed by & Date	Issued by and Date
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