

State of Louisiana  
Office of Alcohol and Tobacco Control

JEFF LANDRY  
GOVERNOR



RICHARD NELSON  
SECRETARY

ERNEST P. LEGIER, JR.  
ATC COMMISSIONER

**TOBACCO WHOLESALE DEALER PERMIT  
APPLICATION PACKET**

For questions about our assistance with this application, contact: (225) 925-4041

**Who Must Complete this application?**

Every person who sells or is about to engage in the business of selling at retail, at wholesale, or by vending machine, or is about to engage in the business of receiving unstamped and/or non-tax paid tobacco products, vapor products, or alternative nicotine products or who is engaged in the business of receiving stamped cigarettes at wholesale or any or all of the articles taxed in accordance with Title 47 of the Louisiana Revised Statutes of 1950, shall first apply to and obtain from the office a permit for **each** place of business and each vending machine.

**Permit Fees**

Every person who sells or is about to engage in the business of selling at retail, at wholesale, or by vending machine, or is about to engage in the business of receiving unstamped and/or non-tax paid tobacco products, vapor products, or alternative nicotine products or who is engaged in the business of receiving stamped cigarettes at wholesale or any or all of the articles taxed in accordance with Title 47 of the Louisiana Revised Statutes of 1950, shall first apply to and obtain from the office a permit for **each** place of business and each vending machine.

**Fees: \$75.00** - Wholesale Dealer Permits are valid for one (1) year and expires on December 31<sup>st</sup> of each year.

**Tobacco Wholesale Dealer Permit Classifications**

**Wholesale Dealer:** means a dealer whose principal business is that of a wholesaler, who sells cigarettes, cigars, other tobacco products, vapor products, or alternative nicotine products to retail dealers for the purpose of resale, who is a bona fide wholesaler, and fifty percent of whose total tobacco, vapor, and alternative nicotine sales are to retail stores other than its own or those of its subsidiaries or parent companies within Louisiana. Wholesale dealer shall include any person in the state who acquires cigarettes solely for the purpose of resale in vending machines, provided such person services fifty or more cigarette vending machines in Louisiana other than his own, and a Louisiana dealer who was affixing cigarette and tobacco stamps as of January 1, 1974. If any person is engaged in the business of making sales at both wholesale and retail, "wholesaler" shall apply only to the wholesale portion of the business.

**Stamping Agent:** means a dealer that is authorized to affix tax stamps to packages or other containers of cigarettes under R.S. 47:843 et seq. or any dealer that is required to pay the excise tax or tobacco tax imposed pursuant to R.S. 47:841 et seq. on cigarettes. A stamping agent designation shall be issued to a dealer that engages in the business of purchasing unstamped or non-tax paid cigarettes that meets all the requirements of a wholesale dealer as defined by Title 26, the provision of R.S. 26:906(H) and any rules or regulations issued in connection therewith. **Note:** applicant must qualify as a tobacco wholesale dealer to be eligible to receive a stamping agent designation.

**Exporter License:** means the stamping agent designation as set forth in R.S. 26:902(2)(a). The holder of a valid stamping designation that engages in interstate business or affixes tax stamps of another state shall first obtain an exporter license allowing it to purchase or possess unstamped or non-tax paid cigarettes. **Note:** applicant must qualify as a tobacco wholesale dealer and as a stamping agent to be eligible to receive an exporter license.

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## General Definitions

**"Sales Entity Affiliate"** means any entity that sells cigarettes that it acquires directly from a manufacturer or importer and is affiliated with that manufacturer or importer as established by documentation received directly from that manufacturer or importer to the satisfaction of the attorney general. Entities are affiliated with each other if one, directly or indirectly through one or more intermediaries, controls or is controlled by or is under common control with the other.

**"Sale" or "sell"** means any transfer, exchange, or barter in any manner or by any means for any consideration. The term shall include distributing or shipping product in connection with a sale. References to a sale "in" or "into" a state refer to the state of the destination point of the product in the sale, without regard to where title was transferred. References to sale "from" a state refer to the sale of cigarettes that are located in that state to the destination in question without regard to where title was transferred.

**"Sell at retail", "sales at retail", and "retail sale"** means any transfer for valuable consideration, made in the ordinary course of trade or in the usual conduct of the seller's business, of title to tangible movable property to the purchaser.

**"Sell at wholesale", "sales at wholesale", and "wholesale sales"** mean any transfer for valuable consideration, made in the ordinary course of trade or the usual conduct of the seller's business, of title to tangible movable property to the purchaser for purposes of resale.

**"Self-service display"** means any display that contains tobacco products, alternative nicotine products, or vapor products, and is located in an area openly accessible to the retail dealer's customers and from which such customers can readily access tobacco products, alternative nicotine products, or vapor products without the assistance of a salesperson. A display case that holds tobacco products, alternative nicotine products, or vapor products behind locked doors does not constitute a self-service display for purposes of this Chapter.

**"Smoking tobacco"** includes granulated, plug cut, crimp cut, ready rubbed, and any other kind and form of tobacco prepared in such manner as to be suitable for smoking in pipe or cigarette.

**"State directory"** or "directory" means the directory compiled by the attorney general under R.S. 13:5073, or, in the case of reference to another state's directory, the directory compiled under the similar law in that other state.

**"Tobacco product"** means any cigar, cigarette, smokeless tobacco, or smoking tobacco.

**"Trade discount"** means any discount immediately recognized by a wholesale dealer from the manufacturer, importer, or sales entity affiliate or by a retail dealer from a manufacturer, importer, sales entity affiliate, or wholesale dealer. Trade discount does not include any off-invoice allowances that a wholesale dealer is required, either directly or indirectly, to pass on to a retail dealer or any rebates or coupons as defined in this Chapter that a wholesale or retail dealer is required to offer to the end consumer, but is reimbursed for, either directly or indirectly, by either the manufacturer, importer, sales entity affiliate, or wholesale dealer.

**"Vapor product"** means any non-combustible product containing nicotine or other substances that employs a heating element, power source, electronic circuit, or other electronic, chemical or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine or other substances. "Vapor product" includes any electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device and any vapor cartridge or other container of nicotine in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo,

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**Additional Information**

**APPLICABLE TO ALL WHOLESALE DEALERS**

- ❖ Wholesale Dealers must comply with the provisions of R.S. 13:5071 et seq., R.S. 26:901 et seq., R.S. 47:841 et seq. and all regulations promulgated in accordance therewith.
- ❖ Wholesale Dealers shall remit all mandated excise taxes.
- ❖ Wholesale Dealers shall verify that tobacco products, alternative nicotine and vapor products are distributed only to retail dealers holding a valid and current tobacco retail dealer permit.
- ❖ Wholesale Dealers shall immediately notify the ATC, LDR, and the AG office of any changes in their contact information, including but not limited to email address, mailing address, phone number, fax number etc.
- ❖ If Wholesale Dealer is located outside of Louisiana, Applicant must appoint a representative inside of Louisiana to receive service of process.
- ❖ Violation of provisions set forth in R.S. 13:5071 et seq., R.S. 2691 et seq., or R.S. 47:841 et seq. may result in the suspension or revocation of a dealer's permit(s) and/or assessment of a monetary penalty.

**WHOLESALE DEALERS OF CIGARETTES:**

- ❖ Wholesale dealers of cigarettes shall verify the manufacturer and brand family of any cigarettes distributed in Louisiana are listed on the State Directory.
- ❖ Wholesale dealers of cigarettes shall verify that all cigarette packs distributed in Louisiana are affixed with a Louisiana tax stamp prior to distribution.
- ❖ Wholesale dealers of cigarettes must maintain all unstamped cigarettes in a bonded warehouse and must keep any interstate stock in a separate part of the building.
- ❖ Wholesale dealers of cigarettes must sell its cigarettes from this state into another state only if it first affixes the stamp required by the other state to the package containing the cigarettes.

**For additional information and the most current version of Louisiana law and regulations:**

**Visit: [www.atc.la.gov](http://www.atc.la.gov)**

Louisiana Office of Alcohol and Tobacco Control  
7979 Independence Blvd. Suite 101, Baton Rouge, LA 70806  
P.O. Box 66404, Baton Rouge, LA 70896  
(225) 925-4041  
[www.atc.la.gov](http://www.atc.la.gov)

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**TOBACCO WHOLESALE APPLICATION CHECKLIST**

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If Applicant is legal entity, submit the corporate documents:

- ❖ **Corporation:** Copy of Corporate Charter, Articles of Incorporation and certificate from Secretary of your state of Domicile, and proof business is authorized to do business in Louisiana.
- ❖ **LLCs:** Copy of organization registration from the Louisiana Secretary of State.
- ❖ **Partnership:** Copy of partnership agreement.

Each and every registered tobacco dealer in cigars, cigarettes, and smoking tobacco shall furnish to the secretary, who is charged with the duty of collecting the tax levied by this Chapter, a bond in the minimum amount of two thousand five hundred dollars (\$2500.00), guaranteeing the payment of all taxes and penalties levied by this Chapter. Accordingly, and as required by LA. R.S. 47:848A and 849C, Applicant shall submit original bond to the excise tax division of the Louisiana Department of Revenue.

After submitting original bond to LDR excise Tax division, please submit a copy of the bond to the ATC.

Provide a diagram of Applicant's warehouse.

Provide photographs of Applicant's warehouse.

Submit completed suitability of all officers, members, director, or any person owning 5% or greater. Suitability documents include Schedule A, Schedule F, if applicable.

Review application and ensure all questions are fully completed and all forms and fees are submitted. Failure to submit all required documents or fees may cause delay or denial of your application.

Review and ensure the application is signed by an authorized agent, owner, partner, office, or member.

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**STAMPING DESIGNATION CHECKLIST**

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If Applicant is a stamping agent, provide proof of direct purchasing contract(s) with tobacco manufacturer(s), importer(s) or supplier(s).

If applicant is a stamping agent, provide photograph of the stamping machinery to be used in stamping cigarettes.

Should you have any questions, please contact at the agency at (225) 925-4041.

[www.atc.la.gov](http://www.atc.la.gov).

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**TOBACCO WHOLESALE DEALER APPLICATION**

**NOTICE TO APPLICANT:** Misstatement or Suppression of material facts in this application is GROUNDS FOR DENIAL of this application. Additionally, filing false public records is a violation of Louisiana Revised Statute 14:133 and may result in imprisonment for not more than five (5) years with or without hard labor and/or fines of not more than \$5000.00.

PERMIT CLASS TYPE	
<input type="checkbox"/> TOBACCO WHOLESALE DEALER (T-WD) <input type="checkbox"/> STAMPING AGENT (T-WD-SP) <input type="checkbox"/> EXPORTER LICENSE (T-WD-SP-EX)	
CHECK THE TYPE(S) OF PRODUCTS BUSINESS DISTRIBUTES	
<input type="checkbox"/> CIGARETTES <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> ROLL YOUR OWN (RYO) <input type="checkbox"/> CIGARS <input type="checkbox"/> SMOKELESS TOBACCO <input type="checkbox"/> VAPOR PRODUCTS <input type="checkbox"/> ALTERNATIVE NICOTINE <input type="checkbox"/> OTHER: _____	

OWNERSHIP 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. Applicant Legal Name: (Name of individual, LLC, or Corporation)	
3. Trade Name (D/B/A):	
4. Business Physical Warehouse Address: (Street address, City, Zip code)	
5. Mailing Address: (If different from physical address)	6. Business Website:
7. Primary Business Email Address:	8. Business Contact Number: <input type="checkbox"/> Cell <input type="checkbox"/> Business
9. Federal Employee Identification No. (FEIN)	10. Louisiana State Identification No.
11. Contact Information for Service of Process in Louisiana (Must include name, address, and phone number)	
12. Does Business consent to receive ATC communications, administrative notices, and/or administrative decisions in electronic format via email?  If YES, provide email:	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Management Information	
13. Is applicant's business to be conducted wholly or partly by one or more managers, agents, or other representatives? If YES, complete below and submit a completed Schedule A & F for each person, and attach a colored copied of manager's driver's license.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manager's Full Name	Title

BUSINESS INFORMATION (Must be completed by all applicants)	
14. Has Applicant or any owner, member, officer, director, partner, or any person with interest in business that you represent have been convicted of any felony? If yes, submit Schedule F.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Have Applicant or any owner, member, officer, director, partner, or any person with interest in business that you represent ever been convicted of a violation of Chapter 8 of Title 47 of the revised statutes? If yes, provide an explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Is Applicant's principle business to sell cigarettes, cigars, tobacco, other tobacco, vape products or nicotine products to other retail dealers for the purpose of resale?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Does Applicant sell at least fifty percent (50%) of its' total tobacco, vape products and alternative nicotine product to other retail dealers that is no to owned by permittee or its parent or subsidiary company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Does Applicant hold a valid bond issued by LDR as required by La. R.S. 47:848(A)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Does Applicant intend to distribute roll-your-own in Louisiana?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Does Applicant intend to engage in interstate business or affix stamps of another state? If Yes, complete exporter section listed below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Does Applicant hold a tobacco dealer permit or license in any other states? If Yes, provide list.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Does Applicant, its affiliates, or its subsidiaries own or hold a permit with any retail locations? If yes, list below or attach a list.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Does Applicant certify, under the penalty of perjury, to comply fully with the provisions of La. R.S. 13:5077?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Does Applicant waive any confidentiality laws as necessary to permit the commissioner to create and make available the directory required by La. R.S. 26:921(c)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STAMPING AGENT	
25. Does Applicant intend to purchase unstamped cigarettes or non-tax paid cigarettes? If no, skip questions 13-18.	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Has Applicant received authorization from the Department of Revenue to purchase tobacco tax stamps?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Provide list of any and all direct purchase contract or agreement with a cigarette manufacturer/importer/sales entity affiliate?	

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**STAMPING AGENT**

28. Provide a list any dealers from which applicant intend to or will purchase unstamped cigarettes.	
29. Does the Business possess a current and valid direct shipping waiver from the Attorney General?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Does Business certify that it shall maintain complete and accurate reports as required by R.S. 13:5071 et seq. or R.S. 47:841 and certified monthly that Business shall complied with all requirements therein?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Has applicant completed Schedule D and Schedule E? Please attach.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EXPORTER DESIGNATION**

32. Does Applicant engage in or intend to engage in the interstate business of cigarettes and/or affix stamps of another state? If no, please skip question 19-21.	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Does Applicant hold a valid bond to engage in interstate business as required by La. R.S. 47:849(C)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Does Applicant certify that it will only purchase or possess any cigarettes or roll-your-own of a manufacturer or brand family not listed on the state directory solely for sale or transfer into another state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Does Applicant certify that all cigarette inventory purchased or possessed for transportation into another state shall be maintained in a separate and distinct area within its warehouse?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**VAPE PRODUCTS**

36. Does Applicant intend to distribute vape products and/or alternative nicotine products? If Yes, complete the following questions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Does Applicant understand all vape products or E-liquids, whether it include nicotine or no nicotine, may not contain cannabis or CBD?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Does Applicant certify all vape products offered for distribution comply with all federal and state law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Does Applicant sell or offer for sale any hemp or hemp derived CBD products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Does Business understand it is prohibited to sell or offer for sale any hemp or hemp derived CBD products that are inhalable, that can be smoked, are edibles, and food or beverage product.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**REQUIRED DOCUMENTS**

**The following documents must be attached to renewal application. Failure to submit the following documents may result in denial of Business' application. Applicant shall not be processed without application fees. No refunds upon submission.**

1. Completed application. All questions must be completed.
2. Attach completed Schedule B;
3. Attach completed Schedule C;
4. Attach Proof of a valid surety bond on file with the Louisiana Department of Revenue. (if applicable)
5. Attach diagram and pictures of warehouse space.
6. If stamping agent, attach completed Schedule D;
7. If stamping agent, attach completed Schedule E.
8. Submit Suitability documents (Schedule A) & colored driver's licensed. If applicable, Schedule F with disposition.
9. Submit all applicable fees.

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**SWORN STATEMENT OR CERTIFICATE OF AUTHENTICITY**

I certify that I am an owner or duly authorized agent, partner, officer, or applicant. I further certify under the penalties of perjury, that I hereby apply for the tobacco wholesale dealer permit as required by Title 26 of the Louisiana Revised Statutes. I certify that I understand it is illegal to sell tobacco, other tobacco, alternative nicotine, or vape products to persons under the age of eighteen pursuant to La. R.S. 14:91.8. I further certify that I have fully examined and understand this application and all accompanying documents and to the best of my knowledge and belief, my answers are true, correct and complete.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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

**Office Use**

Permit No:

Processed by & Date Received:

Approval By & Date:





Ernest P. Legier, Jr., Commissioner

**SCHEDULE B**

**TOBACCO WHOLESALE DEALER: OWNERSHIP INFORMATION**

**Instructions:** If applicant is not an individual, list the name, title and percentage of ownership for each owner, partner, stockholder, officer, director, member, member manager, or financial backer. If any percentage of ownership is held by a corporation, LLC, or limited partnership, those entities should be listed below. Applicant should also list any authorized agents or representative of the business and include title of authority.

**EACH PERSON LISTED BELOW MUST COMPLETE A SCHEDULE A FORM AND SCHEDULE F, IF APPLICABLE**

Name	Title/Relationship with Business	Percentage % of Ownership or Interest

**\*Example of Title or Relationship with Business:** Owner, Officer, Manager, CEO, CFO, Stockholder, Shareholder, partner, director, investor.

Ernest P. Legier, Jr., Commissioner

**SCHEDULE C**

**TOBACCO WHOLESALE DEALER: SUPPLIER AND PRODUCT LIST**

**Instructions:** Applicants for a tobacco wholesale dealer permit shall list the name and address of each supplier of tobacco, other tobacco, alternative nicotine and/or vape products it intends to distribute. **Applicant shall identify the type of product as cigarettes, cigars, roll your own (“RYO”), pipe tobacco, hookah product, other tobacco product, alternative tobacco, or vape product and include all states where the products will be distributed.**

Supplier’s Name	
Supplier’s Address	
Brand of Product	
Type of Product	<input type="checkbox"/> CIGARETTE <input type="checkbox"/> SMOKELESS TOBACCO <input type="checkbox"/> ROLL YOUR OWN <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> ALTERNATIVE NICOTINE <input type="checkbox"/> VAPOR PRODUCTS <input type="checkbox"/> CIGARS <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> HOOKAH TOBACCO
States where products are distributed	

Supplier’s Name	
Supplier’s Address	
Brand of Product	
Type of Product	<input type="checkbox"/> CIGARETTE <input type="checkbox"/> SMOKELESS TOBACCO <input type="checkbox"/> ROLL YOUR OWN <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> ALTERNATIVE NICOTINE <input type="checkbox"/> VAPOR PRODUCTS <input type="checkbox"/> CIGARS <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> HOOKAH TOBACCO
States where products are distributed	

Supplier’s Name	
Supplier’s Address	
List All Brand of Product	
Type of Product	<input type="checkbox"/> CIGARETTE <input type="checkbox"/> SMOKELESS TOBACCO <input type="checkbox"/> ROLL YOUR OWN <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> ALTERNATIVE NICOTINE <input type="checkbox"/> VAPOR PRODUCTS <input type="checkbox"/> CIGARS <input type="checkbox"/> PIPE TOBACCO <input type="checkbox"/> HOOKAH TOBACCO
States where products are distributed	

**IF YOU NEED TO REPORT ADDITIONAL SUPPLIERS, PLEASE SUBMIT ADDITIONAL COMPLETED SCHEDULE C FORM.**



Ernest P. Legier, Jr., 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 OR CERTIFICATE OF AUTHENTICITY**

I certify that I am an owner or duly authorized agent, partner, officer, or applicant. I further certify under the penalties of perjury, that I hereby certify that as a designated stamping agent, the Applicant shall comply with all provisions listed above. I further certify that I have fully examined and understand this application and certify to the best of my knowledge and belief, my answers are true, correct and complete.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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

Office Use

Permit No:

Processed by & Date Received:

Approval By & Date:



Office of Alcohol Tobacco Control

Ernest P. Legier, Jr., Commissioner

**SCHEDULE E**

**STAMPING AGENT CIGARETTE DISTRIBUTION INFORMATION**

**NOTE:** FAILURE TO COMPLETELY FILLED OUT ALL FIELDS ON THIS SHCEDULE MAY RESULT IN THE DELAY OR DENIAL OF ISSUANCE OF YOUR PERMIT. LIST ALL TYPES AND BRANDS OF CIGARETTES APPLICANT INTENDS TO DISTRIBUTE.

Cigarette Brand Name	Source of Supply (Name & Address)	Does Applicant have a Direct Purchase Agreement with Supplier?	Is products Stamped or Unstamped ?	List all States where you distributed this brand.



Ernest P. Legier, Jr., Commissioner

## TOBACCO SCHEDULE A FORM INDIVIDUAL SUITABILITY DISCLOSURE FORM

**Note:** Must be executed by **EACH INDIVIDUAL** manager, owner, partner, financial backer, officer, agent, director, stockholder, member, or any person owning more than 5% of the stock or membership interest in the business.

### BUSINESS INFORMATION

1. Business/Entity Legal Name: (Name of individual or business entity)	
2. Trade Name (DBA):	
3. Business Address: (Street Address, City, State, and Zip code)	
4. Business Phone Number:	5. Business Email Address:

### INDIVIDUAL INFORMATION

6. Individual Affiliation with Business: <input type="checkbox"/> Manager <input type="checkbox"/> Officer/Member/Director <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____ <input type="checkbox"/> Investor <input type="checkbox"/> Stockholder/Shareholder <input type="checkbox"/> Owner			
7. Full Name	8. Maiden name/alias/nickname/ former legal name:		
9. Date of Birth:	10. Age:	11. Place of Birth:	
12. Business Phone Number:	13. Cell Number:		
14. Email Address:	15. Mailing Address:		
16. Social Security Number:			
17. Race:	18. Gender:	19. Driver's License Number:	20. State of Issuance
21. Is a colored copy of your driver's licensed attached to this form?			<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Have you continuously resided in Louisiana for the last two (2) years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO, enter Naturalization number:			
24. Affiliation with Business: (Job Title/Position)	25. Percentage of Ownership:		

### MARITAL/SPOUSAL INFORMATION

26. Select Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated
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Ernest P. Legier, Jr., Commissioner

**MARITAL/SPOUSAL INFORMATION**

27. Name of Spouse:	28. Spouse Maiden Name/Alias (if applicable):
29. Spouse's Date of Birth:	30. Spouse's Social Security Number:
31. Spouse Driver's License No:	32. State of Issuance:
33. Will Spouse assist in managing Applicant's business?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

**If you answered YES to any question listed below, a Schedule F Form must be completed.**

**CRIMINAL BACKGROUND INFORMATION**

34. Has Applicant ever been convicted or pled guilty to a felony or had a felony charge adjudicated under Article 893 or 894?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Has Applicant ever had any felony arrest or charge dismissed, pardoned, expunged, or adjudicated with a plea of guilty, nolo contendere or no contest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Has Applicant ever been convicted of or found to have violated the unlawful distribution of tobacco, alternative nicotine and/or vapor products to person under the age of eighteen (18) under R.S. 14:91.6?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Has Applicant ever violate the terms and provisions of the "Prevention of Youth Access to Tobacco Law" under R.S. 14:91.8?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Has applicant ever been convicted or found to have violated any provision related to Tobacco Tax as per R.S. 47:841 et seq?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Has Applicant ever been convicted or found in violation of any tobacco, alternative nicotine, vapor, or other tobacco products regulatory statute or rule, including tobacco tax statute or rule?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Does Applicant owe any sales taxes due to the state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Has Applicant violated the terms and provisions of the Unfair Sales Law as it applies to tobacco products as provided in R.S. 26:924?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SWORN STATEMENT/AFFIDAVIT**

*I swear that I have read each of the above questions and that the answers that I have given are true and correct to the best of my knowledge and that I meet the qualifications and conditions set forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.*

Print Name

Signature

Title

Date

**Notary**

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

Office Use Only

Process by:

Permitted by and date:

Approval By &amp; Date:



Ernest P. Legier, Jr., Commissioner

**SCHEDULE F FORM  
CRIMINAL HISTORY DISCLOSURE FORM**

**Who is required to complete?**

This form must be completed by any applicant who has been convicted of a felony and seeks lawful issuance of an alcoholic beverage permit under the provisions of R.S. 26:80(f) and/or 26:280(f). Applicant attests that the felony was not a crime of violence as defined in LA R.S. 14:2B, and that 10 years or more have passed between the date of this application and the successful completion of any sentence, deferred adjudication, or period of probation, parole, and the final discharge of the defendant. Applicant is required to submit official documentation of pardon, restoration of rights, or official certification that 10 years or more has passed since successful completion of any sentence, deferred adjudication, or period of probation or parole and the final discharge of the defendant at the time of application.

If you have been convicted of a crime of violence as defined in La. R.S. 14:2B, you will not qualify for an alcoholic beverage permit. See ATC's website for additional information and see frequently asked questions at [www.atc.la.gov](http://www.atc.la.gov) or definition of crime of violence at <https://www.legis.la.gov/Legis/Law.aspx?d=78337>.

BUSINESS INFORMATION		
1. Business Legal Name: (Name of individual or business entity)		
2. Trade Name (DBA):		
3. Business Address:		
4. City:	5. Zip Code:	6. County/Parish:

INDIVIDUAL INFORMATION			
7. Affiliation with Business:			
8. Print Name:		9. Maiden name/alias/nickname/former legal name:	
10. Date of Birth:		11. Place of Birth:	
12. Business Phone Number:		13. Cell Number:	
14. Email Address:		15. Mailing Address:	
16. Social Security Number:			
17. Race:	18. Gender:	19. Driver's License Number:	20. State of Issuance

Office Use Only:



Ernest P. Legier, Jr., Commissioner

**HISTORY OF ARREST AND CONVICTION**

Arrest Charge/Conviction (Statute)	Date of Arrest of Conviction	Jurisdiction/Court Agency	Date of Discharge or Disposition

**APPLICANT MUST ATTACH A DISPOSITION OF EACH ARREST AND/OR CONVICTION LISTED ABOVE. FAILURE TO SUBMIT A DISPOSITION MAY RESULT IN PROCESSING DELAYS OR DENIAL.**

**Sworn Statement and Affidavit**

*I swear 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 meet the qualifications and conditions set forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.*

\_\_\_\_\_  
Print Owner/Officer/Member Name                      Title                      Signature of Owner/Officer/Member

\_\_\_\_\_  
Date

**Notary**

*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>	Process by:	Date Submitted:	Approval By & Date:





Ernest P. Legier, Jr., Commissioner

**CRIMES OF VIOLENCE**

**A "Crime of Violence" as defined in La. R.S. 14.2B includes any crimes listed below. If you have been convicted of any of the felonies listed below, you shall be disqualified for an alcoholic beverage permit.**

- |  |   |
|--|---|
| (1) Solicitation for murder.                                 | (46) Vehicular homicide, when the operator's blood alcohol concentration exceeds 0.20 percent by weight based on grams of alcohol per one hundred cubic centimeters of blood.                           |
| (2) First degree murder.                                     | (47) Aggravated assault upon a dating partner.  |
| (3) Second degree murder.                                    | (48) Domestic abuse battery punishable under R.S. 14:35.3(M)(2) or (N).   |
| (4) Manslaughter.  | (49) Battery of a dating partner punishable under R.S. 14:34.9(L)(2) or (M).  |
| (5) Aggravated battery.                                      | (50) Violation of a protective order if the violation involves a battery or any crime of violence as defined by this Subsection against the person for whose benefit the protective order is in effect. |
| (6) Second degree battery.                                   | (51) Criminal abortion.   |
| (7) Aggravated assault.                                      | (52) First degree feticide.   |
| (8) Repealed by Acts 2017, No. 281, §3.                      | (53) Second degree feticide.  |
| (9) Aggravated or first degree rape.                         | (54) Third degree feticide.   |
| (10) Forcible or second degree rape.                         | (55) Aggravated criminal abortion by dismemberment.   |
| (11) Simple or third degree rape.                            |   |
| (12) Sexual battery.   |   |
| (13) Second degree sexual battery.                           |   |
| (14) Intentional exposure to AIDS virus.                     |   |
| (15) Aggravated kidnapping.                                  |   |
| (16) Second degree kidnapping.                               |   |
| (17) Simple kidnapping.                                      |   |
| (18) Aggravated arson.                                       |   |
| (19) Aggravated criminal damage to property.                 |   |
| (20) Aggravated burglary.                                    |   |
| (21) Armed robbery.  |   |
| (22) First degree robbery.                                   |   |
| (23) Simple robbery.   |   |
| (24) Purse snatching.  |   |
| (25) Repealed by Acts 2017, No. 281, §3.                     |   |
| (26) Assault by drive-by shooting.                           |   |
| (27) Aggravated crime against nature.                        |   |
| (28) Carjacking.   |   |
| (29) Repealed by Acts 2017, No. 281, §3.                     |   |
| (30) Terrorism.  |   |
| (31) Aggravated second degree battery.                       |   |
| (32) Aggravated assault upon a peace officer.                |   |
| (33) Aggravated assault with a firearm.                      |   |
| (34) Armed robbery; use of firearm; additional penalty.      |   |
| (35) Second degree robbery.                                  |   |
| (36) Disarming of a peace officer.                           |   |
| (37) Stalking.   |   |
| (38) Second degree cruelty to juveniles.                     |   |
| (39) Aggravated flight from an officer.                      |   |
| (40) Repealed by Acts 2014, No. 602, §7, eff. June 12, 2014. |   |
| (41) Battery of a police officer.                            |   |
| (42) Trafficking of children for sexual purposes.            |   |
| (43) Human trafficking.                                      |   |
| (44) Home invasion.  |   |
| (45) Domestic abuse aggravated assault.                      |   |