

State of Louisiana
Office of Alcohol and Tobacco Control

Jeff Landry
GOVERNOR



Jarrold Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

TOBACCO WHOLESALE DEALER APPLICATION

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

Fees: \$75.00 - Wholesale Dealer Permits are valid for one (1) year and expires on December 31st 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.

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.

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General Definitions

"**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, electronic pipe, or similar product or device. "Vapor product" does not include any of the following:

(a) Product that is a drug pursuant to 21 U.S.C. 321(g)(1).

(b) Device pursuant to 21 U.S.C. 321(h).

(c) Combination product described in 21 U.S.C. 353(g).

C. Whoever violates a provision of this Section shall be fined not less than one hundred dollars nor more than five hundred dollars upon conviction.

Acts 1988, No. 709, §1; Acts 2014, No. 278, §1, eff. May 28, 2014; Acts 2021, No. 403, §1; Acts 2022, No. 34, §1.

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Additional Information

- ❖ 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. 26:91 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.

Tobacco Wholesale Application Checklist

<input type="checkbox"/>	<p>If Applicant is legal entity, submit the corporate documents:</p> <ul style="list-style-type: none"> ❖ 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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	After submitting original bond to LDR excise Tax division, please submit a copy of the bond to the ATC.
<input type="checkbox"/>	Provide a diagram of Applicant's warehouse.
<input type="checkbox"/>	Provide photographs of Applicant's warehouse.
<input type="checkbox"/>	Submit completed suitability of all officers, members, director, or any person owning 5% of greater. Suitability documents include Schedule A/F, if applicable.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Review and ensure the application is signed by an authorized agent, owner, partner, office, or member.

Stamping Designation Checklist

<input type="checkbox"/>	If Applicant is a stamping agent, provide proof of direct purchasing contract(s) with tobacco manufacturer(s), importer(s) or supplier(s).
<input type="checkbox"/>	If applicant is a stamping agent, provide photograph of the stamping machinery to be used in stamping cigarettes.

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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 A/F.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18) Does Applicant hold a valid bond issued by LDR as required by La. R.S. 47:848(A)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19) Does Applicant intend to distribute roll-your-own in Louisiana?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20) Does Applicant intend to engage in interstate business or affix stamps of another state? If Yes, complete exporter section listed below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21) Does Applicant hold a tobacco dealer permit or license in any other states? If Yes, provide list.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23) Does Applicant certify, under the penalty of perjury, to comply fully with the provisions of La. R.S. 13:5077?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stamping Agent		
25) Does Applicant intend to purchase unstamped cigarettes or non-tax paid cigarettes? If no, skip questions 13-18.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26) Has Applicant received authorization from the Department of Revenue to purchase tobacco tax stamps?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27) Provide list of any and all direct purchase contract or agreement with a cigarette manufacturer/importer/sales entity affiliate?		
28) Provide list of any dealers from which applicant intend to or will purchase unstamped cigarettes.		

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Stamping Agent - Continued		
29) Does the Business possess a current and valid direct shipping waiver from the Attorney General?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31) Has applicant completed Schedule D and Schedule E? Please attach.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33) Does Applicant hold a valid bond to engage in interstate business as required by La. R.S. 47:849(C)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vape Products		
36) Does Applicant intend to distribute vape products and/or alternative nicotine products? If Yes, complete the following questions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37) Does Applicant understand all vape products or E-liquids, whether it include nicotine or no nicotine, may not contain cannabis or CBD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38) Does Applicant certify all vape products offered for distribution comply with all federal and state law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39) Does Applicant sell or offer for sale any hemp or hemp derived CBD products?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.		
<ol style="list-style-type: none"> 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/F) & colored driver's licensed. If applicable, Schedule F with disposition. 9) Submit all applicable fees. 		

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Sworn Statement Affidavit

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.

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

Office Use Only

Processed by:

Permitted by and date:

Approval by and date:

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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 TOBACCO SCHEDULE A/F FORM, IF APPLICABLE

Name	Title/Relationship with Business	Percentage % Ownership or Interest

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

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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:		
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: <input type="checkbox"/>
States where products are distributed:		

Supplier's Name:		
Supplier's Address:		
Brand of Product:		
Type of Product:		
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: <input type="checkbox"/>
States where products are distributed:		

Supplier's Name:		
Supplier's Address:		
Brand of Product:		
Type of Product:		
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: <input type="checkbox"/>
States where products are distributed:		

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

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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.

_____	_____
Print Name	Signature
_____	_____
Title	Date

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

Office Use Only	Permit Number:	Processed by & Date Received:	Approval By & Date:
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SCHEDULE E
STAMPING AGENT CIGARETTE DISTRIBUTION INFORMATION

NOTE: FAILURE TO COMPLETELY FILLED OUT ALL FIELDS ON THIS SHCHEDULE 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 Names	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.

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ATC TOBACCO SCHEDULE A-F

Pursuant to Louisiana Revised Statute, Title 26, Section 80, 280, 906, and Title 3, Section 1485, any applicant, including all officers, all directors, all partners, and all stockholders or members owning in the aggregate more than five percent of the stock or of the membership interest in a limited liability company and the person or persons who shall conduct or manage the business shall possess the qualifications required of an applicant are required to complete the form herein.

1) Owner/Legal Entity Legal Name:					
2) Trade Name or "Doing Business As":					
3) Business Physical Address:					
Street:					
City:		State:		Zip:	
4) Full Legal Name:					
First Name:		Middle Name:		Last Name:	
5) Title/Employment Affiliation:			% Ownership Interest		
6) Maiden Name/Alias /Former Legal Name:					
Race:	Gender:	Height:	Weight:	Hair Color:	Eye Color:
7) Date of Birth:			8) Place of Birth:		
9) Social Security Number		10) Driver's License Number:		11) State of Issuance:	
12) Email Address:		13) Business Phone Number:		14) Cell Phone Number:	
15) Mailing Address					
Street Address:					
City:		State:		Zip:	
16) Have you lived continuously in Louisiana for the last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>					
17) Are you a U.S. Citizen? Yes, Native Born Yes, Naturalized-Provide # _____ No, Provide Legal Status:					
18) Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>					
Spouse Information					
19) Full Legal Name:					
First Name:		Middle Name:		Last Name:	
20) Date of Birth:			21) Place of Birth:		
22) Social Security Number		23) Driver's License Number:		24) State of Issuance:	
Race:	Gender:	Height:	Weight:	Hair Color:	Eye Color:
25) Will spouse assist in managing applicant's business? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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ATC TOBACCO SCHEDULE A-F

Criminal Background Information		
26) Has Applicant ever been convicted or pled guilty to a felony or had a felony charge adjudicated under Article 893 or 894?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27) Has Applicant ever had any felony arrest or charge dismissed, pardoned, expunged, or adjudicated with a plea of guilty, nolo contendere or no contest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28) Has Applicant ever been convicted of or found to have violated the unlawful distribution of tobacco, alternative nicotine and/or vaper products to person under the age of eighteen (18) under R.S. 14:91.6?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29) Has Applicant ever violate the terms and provisions of the "Prevention of Youth to Tobacco Law" under R.S. 14:91.8?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30) Has Applicant ever been convicted or found to have violated any provision related to Tobacco Tax as per R.S 47:841 et seq?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31) 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32) Does Applicant owe any taxes due to the state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33) 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SCHEDULE F – FELONY DISCLOSURE				
If APPLICANT responded YES to ANY questions #26 - #33. Complete the following section.				
Date of Arrest/Conviction	Arrest Conviction Charge	Jurisdiction/Court Agency	Disposition	Date of Discharge/Disposition

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ATC TOBACCO SCHEDULE A-F

Premises Qualifications

REQUIRED TO ATTACH A COPY OF DISPOSITION FOR EACH ARREST/DISPOSITION LISTED ABOVE. Disposition must be obtained from the Clerk of Court and may include but not limited to court minutes or court order. If applicable, you may obtain a disposition from the District Attorney Office in the parish where the arrest or conviction occurred or a letter from Probation Parole Office verify completion. Failure to submit the disposition may result in processing delays and/or denial of your application.

PRIOR TO SUBMITTING, ENSURE ALL QUESTIONS ARE COMPLETED AND THAT YOU HAVE ATTACHED A COLORED COPY OF YOUR DRIVER'S LICENSE AND IF APPLICABLE, THE COMPLETED BACKGROUND AUTHORIZATION CONSENT FORM AND PRIVACY STATEMENT.

Sworn Statement 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 the video poker licensing purposes.

 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

Office Use Only

Processed by:

Permitted by and date:

Approval by and date: