

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

**TOBACCO RETAIL DEALER, VENDING MACHINE OPERATOR & TOBACCONIST
PERMIT APPLICATION**

APPLICATION INFORMATION

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

Who Must Complete This Application: Any person, corporation, partnership, LLC or other organization shall complete this application and obtain a permit before selling or engaging in the business of selling cigarettes, cigars, alternative nicotine products, vapor products or other tobacco products at retail. Note: Louisiana issues permits per location; thus, a separate tobacco retail dealer application and permit is required for each "place of business."

Permit Fees:

Retail Dealer Permit	\$25.00	Special Event Permit	\$25.00
Tobacconist Permit	\$100.00	Vending Machine Permit	\$ 5.00
Vending Machine Operator Permit	\$75.00		

Note: An Additional \$50.00 is due for a Responsible Vendor fee if this location does not currently possess a 1 a/id alcoholic beverage permit.

Retail Dealer Permit Types

Retail Dealer: includes every dealer other than a wholesale dealer or manufacturer who sells or offers for sale cigars, cigarettes or other tobacco products. A retail dealer permit shall be issued for each retail outlet where tobacco products are sold or offered for sale either over the counter or by vending machine.

Tobacconist: means any bona fide tobacco retailer engaged in receiving bulk smoking tobacco for the purpose of blending such tobacco for retail sale at a particular retail outlet where fifty percent or more of the total purchases for the preceding twelve months were purchases of tobacco products excluding cigarettes. Tobacconist does not include businesses primarily engaged in selling roll-your-own tobacco to be used by consumers to make cigarettes.

Vending Machine: means any mechanical electric, or electronic self-service device which, upon insertion of money, tokens, or any other form of payment, automatically dispenses tobacco products. A vending machine permit shall be issued to the vending machine operator for each vending machine he operates and such permit shall be affixed to the front surface of the vending machine.

Vending Machine Operator: means any person who controls the use of one or more vending machines as to the supply of cigarettes or any tobacco products in the machine or the receipts from cigarettes vended through such machines. A vending machine operator permit shall be issued to a vending machine operator operating one or more vending machines.

GENERAL DEFINITIONS

Alternative Nicotine Product: means any non-combustible product containing nicotine that is intended for human consumption, whether chewed, absorbed, dissolved, or ingested by any other means.

Delivery Sale: means any sale of cigarettes to a consumer in the state where either (a) the purchaser submits the order for such sale by means of a telephonic or other method of voice transmission, the mails or any other delivery service, or the Internet or other online service, or (b) the cigarettes are delivered by use of the mails or of a delivery service. A sale of cigarettes shall be delivery sale regardless of whether the seller is located within or without this state. A sale of cigarettes not for personal consumption to a person who is a cigarette wholesale dealer or a cigarette retail dealer shall not be a delivery sale.

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GENERAL DEFINITIONS

Place of Business: means the place where tobacco orders are received, or where the taxable tobacco articles are sold, or if sold by a retail dealer upon a railroad train or on or from any other vehicle, the vehicle on which or from which the taxable articles are sold by the retail dealer. It also includes the establishment where vending machine permits are located.

Stamp: means the impression, device, stamp, label or print manufactured or printed as prescribed by the secretary by the use of which tax levied hereunder is paid. By way of extension and not limitation, the term "stamp" means any impression or character affixed to or which be stamped upon commodities by metered stamping machine or device by use of which the tax levied hereunder is paid.

Tobacco Product means any cigar, cigarette, smokeless tobacco or smoking tobacco.

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 size, that can be used to produce vapor from nicotine in a solution or other form. Vapor product includes any electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe or similar product or device.

Additional Information

- The business must be located within the State of Louisiana.
- Permits are valid for one year unless the business qualifies for a two-year permit in accordance with LAC 55:VII:3109.
- Renewal dates are based on Parish code as listed in LAC 55:VII:3107.
- Retail dealers must purchase all tobacco products from Louisiana licensed wholesale dealers. Retail dealers must collect, report and remit sales tax on all sales of tobacco products.
- Delivery sales of cigarettes in and into Louisiana are strictly prohibited.
- All packs of cigarettes sold in Louisiana must bear a Louisiana tax stamp. Retail dealers must keep the permit on public display at the place of business. Retail permits are non-transferable and non-assignable.
- Retail dealers must comply with R.S. 14:91.6 relative to distribution of tobacco products.
- Retail dealers must comply with the terms of the "Prevention of Youth Access to Tobacco Law" under R.S. 14:91.8.
- Visit www.atc.la.gov for a current version of Louisiana's tobacco laws and regulations.

CHECKLIST OF ITEMS TO SUBMIT WITH APPLICATION

- ✓ If incorporated your application must include a copy of corporate charter and articles of incorporation.
- ✓ If a partnership, your application must include a copy of the partnership agreement.
- ✓ If an LLC your application must include a copy of your organizational registration from the Louisiana Secretary of State.
- ✓ Application must be signed by the sole proprietor or by a duly authorized agent, partner or officer.
- ✓ Application must contain your Louisiana Tax ID number (10-digit number).
- ✓ If a tobacconist, attach a list of the name and address of each of your intended suppliers.
- ✓ If any person with an ownership in the business has been convicted of a felony you must provide a statement of the conviction and must include the charge, date of conviction, date of discharge and state of conviction.
- ✓ If vending machine operator, include a VM device form (included in application packet).

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APPLICATION CLASS			
RETAIL DEALER: <input type="checkbox"/>	TOBACCONIST: <input type="checkbox"/>	SPECIAL EVENT <input type="checkbox"/>	
VENDING MACHINE: <input type="checkbox"/>	VENDING MACHINE (OPERATOR): <input type="checkbox"/>	Date: _____	
(Please complete additional form)			
OWNER INFORMATION			
Type of Ownership: (check one)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation (LLC)
Applicant Name (name of individual, partnership, LLC, etc.):			
Trade Name:			
Mailing Address:			
Mailing Street:			
Mailing City:	Mailing State:	Mailing Zip:	
Contact Person:	Business Phone:	Cell Phone:	
Email Address:		Business Website:	
If the applicant is not an individual, list the name, title, and percentage of ownership for each partner, stockholder, officer or member.			
Name	Title	% of ownership	
BUSINESS INFORMATION			
Business Physical Address:			
Business Street:			
Business City:	Business State:	Business Zip:	
Alcoholic Beverage Permit # for This Location (if applicable):		LA State Tax ID:	

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BUSINESS INFORMATION		
Business Model (check all that apply)		
Grocery Store <input type="checkbox"/> Gas Station Only <input type="checkbox"/> Liquor Store <input type="checkbox"/> Boat <input type="checkbox"/> Train <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Vending Machine <input type="checkbox"/> Pharmacy <input type="checkbox"/> Tobacco Store <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Restaurant <input type="checkbox"/> Convenience Store <input type="checkbox"/> General Merchandise Store <input type="checkbox"/> Other <input type="checkbox"/> : _____		
Applicant Intends to Sell Cigarettes <input type="checkbox"/> Pipe Tobacco <input type="checkbox"/> Roll Your Own Tobacco <input type="checkbox"/> Cigars <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Electronic Cigs/Vapor <input type="checkbox"/>		
Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent been convicted of a felony? • If YES , please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent ever been convicted of the unlawful distribution of tobacco products to minors? • If YES , please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent ever been convicted of failing to post the notice that it is unlawful to sell tobacco products to underage individuals as required under the terms and provisions of the "Prevention of Youth Access to Tobacco Law"? • If YES , please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you or any owner, member, officer or director of the partnership, corporation, or LLC that you represent ever been convicted of the unfair sales law as it applies to tobacco products as provided by LA R.S. 51:421? • If YES , please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I verify, that as of the date of this application, I have the right to occupy the property as stated on the application. • If NO , list the date applicant will take possession of the property:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Sworn Statement/Certification of Authenticity

I CERTIFY that I am owner, or duly authorized agent, partner or officer of applicant. I further certify, under the penalties of perjury, that I hereby apply for the tobacco retail permit indicated on this application, that I have fully examined and understand this application and all accompanying documents, and to the best of my knowledge and belief, it true, correct and complete.

Signature Title

Print/Type Your Name

Signature Title

Print your Name: _____

Sworn to and subscribed to me this _____ day of _____, 20 _____,

In the parish of _____, State of _____,

Notary Public's Signature: _____ License Number: _____

Print Name of Notary Public: _____

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LOUISIANA OFFICE OF ALCOHOL AND TOBACCO CONTROL VENDING MACHINE IDENTIFICATION FORM

MACHINE 1	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	

MACHINE 2	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	

MACHINE 3	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	

MACHINE 4	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	

MACHINE 5	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	

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MACHINE 6	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	
MACHINE 7	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	
MACHINE 8	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	
MACHINE 9	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	
MACHINE 10	
Owner Name:	Vending Machine Operator Number:
Parish:	Name of Business:
Where Placed:	Business Address:
Machine Serial Number:	

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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: Single Married Widowed Divorced					
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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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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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:

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A NOTE FROM THE LOUISIANA OFFICE OF ALCOHOL AND TOBACCO CONTROL

As the agency tasked with regulating alcoholic beverage and tobacco commodities, one of our main goals here at ATC is to promote awareness and understanding throughout the industry of the Alcoholic Beverage and Tobacco Laws and Regulations. As such, we feel that it may be helpful to provide you with a few commonly un-known or misunderstood provisions of law. Please read the following.

- Licensed Louisiana retail dealers of alcohol and tobacco products can only purchase their inventory from licensed Louisiana wholesale dealers.
- 6% price mark-up provisions apply to alcohol and tobacco products.
- Permits are issued per location address and only one alcoholic beverage permit can be issued to an address (i.e. you cannot have two classes permits at one address).
- **Public habitable area** means publicly accessible space, within a structure, which is permanent in nature, is in compliance with applicable building codes, is fully enclosed and climate controlled.
- Employees selling or serving alcoholic beverage and tobacco products must obtain a Responsible Vendor Certification within 45 days of employment.
- Retail dealers are required to maintain alcoholic beverage and tobacco invoices as well as employee records on the licensed premise at all times.
- Managers must be registered and certified by ATC. It is important to supply a Schedule A/F form on all appointed managers.
- ATC is authorized to accept documentation and provide information to anyone registered with a business. As such, it is imperative, for the safety you business information, to maintain current ownership and management records with ATC.
- Smoking is not allowed on my areas of Class B, C (package stores), or AR premise (restaurant).
- Placing signs provided by wholesalers/suppliers outside your business is prohibited (this also includes utility items as table umbrellas).
- The sale of single cigarettes is prohibited.

A complete copy of the Alcoholic Beverage and Tobacco laws and regulations can be downloaded from ATC website at www.atc.louisiana.gov. We are always happy to assist you with any questions or concerns at (225) 925-4041. Additionally, we encourage you to help us promote responsible business practices by reporting violations of the alcoholic beverage and tobacco laws to our complaint line at (225) 925-4070.