

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

APPLICATION FOR CHANGE IN LOCATION

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) Trade Name (DBA):				
4) PRIOR Business Physical Address:				
PRIOR Business Street:				
PRIOR Business City:	PRIOR Business State:	PRIOR Business Zip:		
5) Business New Physical Address:				
Business New Physical Street:				
Business New Physical City:	Business New Physical State:	Business New Physical Zip:		
6) Business Email Address:		7) Business Contact Number:		
8) Does Business consent to receive 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**

9) Provide date of proposed change. _____			
10) Has the applicant submitted an application for a Notice of Intent poster for the new location(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INT _____
11) Has applicant posted the NOI poster at the new premises to be licensed for at least fifteen (15) days prior to the location change?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INT _____
12) If No, has the new premises previously been licensed with the same type and class alcohol permit within six (6) months from the date of this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INT _____
13) Has applicant attached to application proof that a newspaper ad has been published in the local newspaper?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INT _____
14) Has applicant attached to application a copy of a bona fide lease or proof of ownership of new location?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INT _____
15) Has applicant attached proof of a valid local alcohol beverage permit or proof of application for local alcohol permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INT _____
16) Has applicant submit all applicable fees related to application? See below	YES <input type="checkbox"/>	NO <input type="checkbox"/>	INT _____

PART THREE – Current Ownership Structure
List all Current Owners, Officers, Members, Directors, Stockholders, Shareholders, and /or Managers. If applicable, please attach Organization Chart.

Name	Title:	% of Ownership

PART FOUR – Applicable Fees

Change in Location Fee – reissuance of permit:	\$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			
<p>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</p>			
<p>_____</p> <p>Print Name (By Authorized Person Only)</p>		<p>_____</p> <p>Signature of Authorized Person</p>	
<p>_____</p> <p>Title</p>		<p>_____</p> <p>Date</p>	
Notary			
For NOTARY Use Only			
<p>Sworn to and subscribed to me this _____ day of _____, 20_____,</p>			
<p>In the parish/county of _____, State of _____,</p>			
<p>_____</p> <p>Notary Public's Signature</p>		<p>_____</p> <p>Print Name of Notary Public</p>	
Office Use Only	Permit Number	Processed by & Date	Issued by and Date