

## Louisiana Office of Alcohol & Tobacco Control

### Alcoholic Beverage Wholesale Dealer Information Sheet

Applicants seeking to become a wholesale dealer of any alcoholic beverages (other than malt beverages) must provide the following:

1. Proof of the appropriate federal permit from United States Alcohol and Tobacco Tax and Trade Bureau. Please contact TTB at (225)231-6620. Website is [www.ttb.gov](http://www.ttb.gov).
2. Proof of the appropriate surety bond from the Louisiana Department of Revenue. Please contact the Department of Revenue, Excise Division @ (225)219-7656.
3. Completed Louisiana Liquor Wholesale Dealer Application [www.atc.la.gov](http://www.atc.la.gov):
  - a. Permit fees (\$2500.00)
  - b. Schedule A forms to be provided on all officers, directors, owners, members, stockholder's owning more than 5% interest, and managers
  - c. Schedule F form if applicable (i.e. for persons who have been convicted of a felony).
  - d. Fingerprints to be submitted on all officers, directors, owners, members and stockholder's owning more than 5% interest
    - a. Each set of fingerprints must include two fingerprint cards, an authorization form, a disclosure form and \$38.00 in the form of a cashier's check, money order, or business check made out to Louisiana State Police.
  - e. Completed Schedule B form
  - f. Corporate documentation ( Secretary of State Certificate and Articles of Incorporation or Articles of Organization and proof of registration and good standing with the Louisiana Secretary of State)
  - g. Proof of a valid lease or ownership of delivery equipment that is dedicated to the primary use for the distribution and delivery of alcoholic beverages.
  - h. Signed letter documenting the distributor's immediate trade area, along with parishes and the number of retailers.
  - i. Proof of a brand representation agreement with a licensed manufacture/supplier
  - j. Proof of a valid lease or ownership of the property to be permitted or proof that space in a public warehouse is dedicated to applicant's use.
  - k. Diagram of the premises to be permitted

- I. Signed Statutory Acknowledgement affidavit form
- m. Proof of a valid local alcoholic beverage permit or documentation evidencing that the applicant has applied for the proper local alcoholic beverage permit.

***Note: Applicants for an alcoholic beverage wholesale dealer permit shall not hold an interest in any alcoholic beverage manufacturer/supplier or retail permit.***

***A current version of the Louisiana Alcoholic Beverage Law and Regulations is available on our website at [www.atc.la.gov](http://www.atc.la.gov) under the Legal section of the Resources tab.***

## **Qualifications for Wholesale Liquor Permit Applicants**

### **Louisiana Revised Statutes 26:2, Paragraphs (9) and (14)**

(9) "Liquor wholesaler" means any dealer who sells any alcoholic beverage to other licensed liquor wholesale dealers or to licensed retail liquor dealers in the state or who sells alcoholic beverages for delivery beyond the borders of the state in amounts to be fixed by the commissioner, or who imports any alcoholic beverages into the state, and who meets the standards set forth in this Chapter.

(14) "Solicitor" means any person who offers for sale or solicits any orders for the sale of any regulated beverage, other than in a regularly established and licensed place of business in this state, for delivery or shipment to any point in the state, whether done as owner, agent, or servant.

### **Louisiana Revised Statutes 26:3**

A. The provisions of this Chapter do not apply to the sale of:

- (1) Patent, antiseptic, and toilet preparations.
- (2) Flavoring extracts, syrups, and food products.
- (3) Scientific, chemical, mechanical, and industrial products.
- (4) Alcohol for industrial use or purposes only and which is so denatured as to be unfit for human consumption.

B. No person shall knowingly sell any of these products for beverage purposes or sell any of them under circumstances from which he may reasonably deduce the intention of the purchaser to use them for beverage purposes.

### **Louisiana Revised Statutes 26:71, Subsection A(2)**

A. Except as provided in Subsections B and C of this Section, before engaging in the business of manufacturing, supplying, or dealing in alcoholic beverages, all persons shall obtain from the commissioner, according to established rules and regulations, an annual permit to conduct each separate business and shall pay the commissioner therefore according to the following schedule:

- (2) Wholesalers - two thousand five hundred dollars for each place of business in the state.

### **Louisiana Revised Statutes 26:82A, Paragraphs (1) through (4), and B**

A. No wholesale permit shall be issued or held after issuance by any person unless at all times he meets the standards set forth as follows:

- (1) Maintains warehouse space either owned or leased by the wholesaler, or dedicated to his use in a public warehouse, and:
  - (a) Such space shall be sufficient to store at one time a stock of liquor equal to ten percent or more of the wholesaler's annual case volume of liquor sales to retailers within this state, or
  - (b) Maintains at all times in the warehouse a stock of liquor owned by him, not consigned, nor then sold, consisting of not less than five percent of his annual sales to retailers, and whose cost of acquisition is fifty thousand dollars or more.

- (2) Maintains delivery equipment which shall be leased, owned, or dedicated to his use.
- (3) Maintains brand representation with at least one distillery, or liquor manufacturer.
- (4) Maintains sales of liquor to retailers generally within his immediate trade area, making sales to at least twenty percent of the retailers in said area with separate sales to retailers accounting for at least fifty percent of the gallonage handled by him.

B. No wholesale permit shall be issued or held after issuance by any person who does not in good faith actually carry on or intend to carry on a bona fide wholesale business by sale to retail permittees of the alcoholic beverages on hand, and the commissioner may revoke any wholesale permit when the permittee fails for a period of forty-five days actively and in good faith to engage in the wholesale business, and shall revoke any wholesale permit for any other violation of this Section or the rules and regulations adopted pursuant to the enforcement hereof.

### **Louisiana Revised Statutes 26:148, Subsections A and B**

A. No manufacturer or wholesale dealer shall sell, offer to sell, or deliver any alcoholic beverage to any retail dealer in this state, and no retail dealer in alcoholic beverages shall buy or accept delivery for any such beverage, for any consideration other than cash or on terms requiring payment not later than the fifteenth day following that on which actual delivery is made. If any payment is not made punctually when due, the vendor shall immediately notify the commissioner thereof and the commissioner shall promptly notify all manufacturers and wholesale dealers in the state of the default and thereafter no person shall sell any alcoholic beverage to the retailer in default on any other terms than cash delivery, until otherwise authorized by the commissioner. Under penalty of suspension of his permit, the retailer who is in default shall pay his obligation in full within thirty days from the date it became due.

B. Whoever violates this Section may have his license suspended for not more than five days for the first offense and not more than thirty days for a subsequent offense. Each failure of a retail dealer to make payment for any default before the expiration of the period of suspension constitutes a subsequent offense. In addition, the retail dealer may be required to make payment in cash for all alcoholic beverages subsequently sold or delivered to him.

### **Louisiana Revised Statutes 26:359, Subsection A**

A. Except as provided in Subsection B of this Section and R.S. 26:271.1 and 326, no alcoholic beverages as defined in R.S. 26:241(1) produced or manufactured inside or outside of this state shall be sold or offered for sale in Louisiana, or shipped or transported into or within the state, except to the holder of a wholesaler's permit. Delivery of alcoholic beverages produced or manufactured inside or outside of this state shall be made at the place of business of the wholesaler shown on the wholesaler's permit, and must be received and warehoused by the wholesaler at that place of business, where such alcoholic beverages shall come to rest before delivery is made to any retailer.

## **Louisiana Administrative Code 55:VII.307**

### **§ 307. Regulation IV -Definitions and Explanations**

#### **A. Definitions**

“Alcoholic Beverages”-[as used in R.S. 26:80(E), (F), (G), and (H)] interpreted as defined in R.S. 26:2(1)

“Bona fide wholesaler” means a dealer who in good faith truly and openly conducts the business of wholesaling alcoholic beverages to retailers in an immediate trade area without any simulation or pretense as to his true classification as a wholesaler.

“Immediate trade area” as used in R.S. 26:82 means that geographical area in which a wholesale permittee in good faith actually carries on and intends to carry on a bona fide wholesale business by regular sales and deliveries of alcoholic beverages on hand to at least 20 percent of the retail permittees carrying on business in such area with separate sales to said retailers accounting for at least 50 percent of the gallonage handled by said wholesale permittee.

“Liquor”-[as used in R.S. 26:80(D)] interpreted as defined in R.S. 26:2(1)

B. Every bona fide wholesale dealer must necessarily have an immediate trade area the size of which depends upon the scope and extent of his operation.

C. Every applicant for a wholesale license must define his immediate trade area, as defined above, at the time of application. An applicant’s designation must be reasonable and must not contain artificial or unrealistic areas, or areas amounting to a pretense or simulation.

D. No wholesale permit shall be issued to any applicant, or, if issued no wholesale permit shall be held by any permittee unless such applicant or permittee, at all times throughout the license year, meets and maintains, in addition to all other qualifications and requirements provided by law, the applicable standards set forth in R.S. 26:82, and in these regulations.

E. A Schedule B is required by the board of every wholesale permit applicant. This schedule must be filed prior to the issuance or renewal of any wholesale permit and must be answered in anticipation of the coming year’s operation.

F. At any time during the license year, the board may require any wholesale dealer to file with the board any pertinent information requested in connection with his classification as a wholesale dealer.

G. At any time during the license year, the board may order an inspection and audit of any wholesale dealer in connection with his classification as a wholesale dealer.

H. All inspections and audits made and all Schedule B’s on file shall remain confidential in the board’s files, unless and until the same are used in connection with enforcement purposes or any denial, suspension or revocation proceeding.

LOUISIANA DEPARTMENT OF REVENUE  
 OFFICE OF ALCOHOL AND TOBACCO CONTROL  
 P.O. BOX 66404  
 BATON ROUGE, LOUISIANA 70896-6404  
 TELEPHONE (225) 925-4041 – FAX (225) 925-3975

Please Print or Type
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**APPLICATION FOR WHOLESALE LIQUOR PERMIT**

Failure to file application before beginning business, or for renewal of permit, not later than November 1 <sup>st</sup> of each year will incur penalties of five percent (5%) of the permit fee with an additional five percent (5%) for each additional thirty days of fraction thereafter. Fee \$2,500.00	<b>For Office Use Only</b>		<b>Fee</b>
	<b>Permit Number</b>	<b>Seq. Number</b>	<b>Penalty</b>
			<b>Total</b>

PERMIT TO BE ISSUED FOR THE CALENDAR YEAR ENDING DECEMBER 31, 20\_\_\_\_.

Permit to be issued to: (owner-name of individual, partnership, corporation, or LLC) _____	
Trade Name (if any): _____	
Location Address (street, city, state, zip) _____	
Mailing Address (if different) _____	
Location Parish: _____	Ward: _____

1. Ownership:       Individual       Partnership       Corporation       LLC

2. If other than individual, state of domicile: \_\_\_\_\_

3. Does this applicant’s operation meet the definition of “Wholesale Dealer” as provided in LA R.S. 26:2(10) and (17)?  YES  NO

4. Does the applicant meet the qualifications as required in R.S. 26:82A paragraphs (1) through (4) and B?  YES  NO

5. Is applicant a new ownership to succeed an established going business?  YES  NO  
 If the answer to the above question is yes, list complete ownership and trade name of old ownership: \_\_\_\_\_

6. Has applicant filed with local authorities for a wholesale permit?  YES  NO

7. If a partnership or corporation or LLC, list below names, addresses, and percentage of business owned by each partner, stockholder, or member. A Schedule “A” form must be attached for each partner, member, and stockholder owning more than 5% of the stock. Also, any financial backers of the business must be listed and a Wholesaler Schedule “A” form submitted.

Name of Person	Address	*Kind of Interest	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Partner, Member, Stockholder, or Financial Backer

8. Is applicant's business to be conducted wholly or partly by one or more managers, agents or other representatives?  YES  NO

If yes, such persons shall also possess the same qualifications of the applicant and a Wholesaler Schedule "A" form must be submitted for each.

\*\*As to partners, members, stockholders, managers, agents, representatives, or other associated individuals, a Wholesaler Schedule "A" for must be furnished for such additional personnel as any changes occur.

9. List below alcoholic beverages to be handled and source of supply:

<u>Brand Name</u>	<u>Distillery or Manufacturer</u>	<u>City/State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Required**

- 10. A. An Alcoholic Beverage Tax Surety Bond in accordance with the provisions of La. R.S. 26:348 and 350 must be furnished in the same name and address as the permit.
- B. Applicant must comply with the provisions of La. R.S. 26:148 (Cash or Short Term Credit Law).
- C. This application must be signed by the owner if individual ownership, authorized partner if a partnership, or an authorized agent if a corporation or LLC.
- D. The person signing this application must fill out and submit a Wholesaler Schedule "A" form.
- E. A completed and attached Schedule "B" form.
- F. A completed and attached "Qualifications Form/Affidavit."

**Affidavit**

I swear (or affirm) that I have read each of the questions in this application and that the answers which I have given are true and correct to the best of my knowledge. I also swear (or affirm) that this applicant holds no interest either directly or indirectly in a liquor permit other than the type applied for in this application.

Signed: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Title: \_\_\_\_\_

For: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Notary Public Print Name: \_\_\_\_\_

**Affidavit of Applicant for Wholesaler Permit**

Before me, the undersigned Notary Public, personally came and appeared the undersigned person, who, after being duly sworn did depose and state that:

1. I have read and understood each of the questions contained in this application;
2. The answers given to each question contained in this application are true and correct to the best of my knowledge and belief;
3. I meet the qualifications and conditions set out in Louisiana Revised Statutes 26:80 and 280;
4. I have no interest whatsoever in any establishment holding a retail beer or liquor permit;
5. I understand that any misstatement or suppression of fact in this application or any accompanying documents is grounds for denial of this application for a wholesale permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business

Subscribed before me, the undersigned Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the city of \_\_\_\_\_, parish of \_\_\_\_\_, State of Louisiana.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature



State of Louisiana  
Office of Alcohol and Tobacco Control  
8585 Archives Ave., Suite 220  
P.O. Box 66404 Baton Rouge, LA 70896-6404  
Telephone (225) 925-4041 · Fax (225) 925-3975

**FOR OFFICE USE ONLY**

Permit Number: \_\_\_\_\_

Sequence Number: \_\_\_\_\_

**Wholesaler Schedule A**

1. Applicant's Name (individual, partnership, corporation, LLC):				2. Trade Name of Business (if applicable):	
3. Location Address of Applicant (street/city/state/zip):					
4. Name of person to be certified (Enter Full Legal Name):				5. Daytime Phone #: (      )      -	
6. Residence Address (street/city/state/zip):					
7. Race:	8. Sex:	9. Date of Birth:	10. Social Security Number:	11. Driver's License # and State:	
12. Place of birth?		13. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Naturalization Number (if applicable)	
15. Are you a citizen of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Have you continuously resided in Louisiana for the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide full name, Social Security Number and Date of Birth of Spouse.					
18. Do you, your spouse, any individual, any corporation, or any other party associated with this business hold any interest in any manufacturing or retail alcohol permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, answer the following questions in this section (provide attachment if necessary).</b>					
18a. Owner Name of business: _____					
18b. Trade Name of Business: _____					
18c. Permit Number: _____					
18d. Location Address: _____					
18e. Class and Type: _____					
18f. Type of Interest: _____					
18g. Equity Interest Held (provide attachment if necessary): _____					
19. Have you or your spouse ever been convicted of a felony? This includes any offense adjudicated under Article 893. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete Schedule "F" as provided by this office.</b>					
20. Have you or your spouse ever been convicted of violating any liquor or beer regulatory statute or rule? <input type="checkbox"/> Yes <input type="checkbox"/> No					
21. Have you or your spouse ever been convicted of solicitation for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No					
22. Have you or your spouse had a license or permit to sell or deal in alcoholic beverages revoked within the last two years prior to the filing of this schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. Have you or your spouse ever been denied an alcoholic beverage permit? <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. If the response to Questions 19 and 21 is "yes," state the offense, date, location, and provide <b>certified copied</b> of the disposition to include documents relative to felony pardons. If the response to Questions 20, 22, and 23 is "yes," state the offense, date, and location. <b>Apply attachments if necessary.</b>					
25. Have you or your spouse ever had or used any name(s) other than the one stated above ( <b>Official name change, maiden name, alias, nickname, etc.</b> )? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list					
26. Are you employed by the State of Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the name of the department.					
27. Is this application being made by you to permit any person other than yourself to secure a beer/liquor permit in your name for his/her benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Misstatement or suppression of material facts in this application is grounds for denial of this permit. Conviction of filing false public records, a violation of Louisiana Revised Statute 14:133, may result in imprisonment for not more than five years with or without hard labor and fines of not more than \$5000.00 (five thousand dollars), or both.**

**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 out in R.S. 26:80 and 26:280.

Signature: _____	Title: _____
Print/Type your name: _____	
Sworn to and subscribed to me this _____ day of _____, 20_____	
in the parish/county of _____ State of _____	
Notary Public's Signature: _____	Print Name of Notary Public: _____



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### Wholesaler Schedule "B"

Name: _____		
Location Address: _____		
Mailing Address: _____		
Phone Number: (____) _____		
<b>Part I – Warehouse Space</b>		
A. Do you maintain warehouse space: <input type="checkbox"/> Owned by you <input type="checkbox"/> Leased by you <input type="checkbox"/> Dedicated exclusively to your use in a public warehouse		
B. Is the warehouse space maintained by you sufficient to store, at one time, a stock of alcohol equal to at least 10% of your annual case volume of alcohol sales at wholesale to retailers? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Part II – Warehouse Stock</b>		
Do you maintain, at all times, a stock of alcohol in your warehouse which is owned by you, not consigned, and which cost \$50,000 or more to acquire? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Part III – Delivery Equipment</b>		
Do you maintain delivery equipment: <input type="checkbox"/> Owned by you <input type="checkbox"/> Leased by you <input type="checkbox"/> Dedicated to your use		
<b>Part IV – Brand Registration</b>		
A. Do you maintain brand representation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. If yes, give the name of at least one brand of a distillery or manufacturer you represent in the space provide below.		
Brand Name: _____	Manufacturer or Distillery: _____	City and State: _____
<b>Part V – Sales to Retailers</b>		
A. State the parishes in which you maintain sales of alcohol to retailers at wholesale and give the number of retailers you sell alcoholic beverages to in each of those parishes in the space provided below.		
<b>Parish</b>	<b>Number of Retailers</b>	
B. Do your sales to retailers account for at least 50% of the gallonage handled by you, excluding sales made by you to retailers in which you hold an interest? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Part VI – General</b>		
A. Do you, your spouse, any individual, any corporation, or any other party associated with this business hold any interest in any manufacturing permit or retail permit? <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. Is any of your wholesale stock of alcohol stored on the premises of any retail establishment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give the location _____ and amount stored there _____		
C. Are you primarily engaged in exporting alcohol from this state? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give the volume of gallonage exported _____ and total gallonage handled _____		
D. Are you subsidized, financed, or employed by a manufacturer to operate your business? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is your relationship with the other party? _____		

**Affidavit**

I swear (or affirm) that I have read each of the questions in this application and the answers which I have given are true and correct to the best of my knowledge that I meet the qualifications and conditions set out in La. R.S. 26:80 and 280 and I further swear (or affirm) that I have no interest in any establishment holding a state retail beer or liquor permit other than the type applied for. It is understood any misstatement or suppression of fact in this application or accompanying documents is grounds for denial of permit.

Sworn to before me this _____	day of _____,	20_____
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Signed _____	Title _____	Phone Number: _____
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Notary _____
-----------------



Office Use Only  
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control

9610 N. J. P. Street, Commissioner

## Schedule F

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. 14:2(13), 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.

### CRIMES OF VIOLENCE

**A CRIME OF VIOLENCE IS DEFINED IN LA R.S. 14:2(13) AS ANY OF THE BELOW-LISTED CRIMES.**

**IF YOU HAVE BEEN CONVICTED OF ANY OF THE BELOW LISTED CRIMES, YOU WILL NOT QUALIFY FOR AN ALCOHOLIC BEVERAGE PERMIT.**

- |  |  |
|--|--|
| 1. SOLICITATION FOR MURDER                 | 25. EXTORTION  |
| 2. FIRST DEGREE MURDER                     | 26. ASSAULT BY DRIVE-BY SHOOTING                           |
| 3. SECOND DEGREE MURDER                    | 27. AGGRAVATED CRIME AGAINST NATURE                        |
| 4. MANSLAUGHTER                            | 28. CARJACKING   |
| 5. AGGRAVATED BATTERY                      | 29. ILLEGAL USE OF WEAPONS OR DANGEROUS INSTRUMENTALITIES  |
| 6. SECOND DEGREE BATTERY                   | 30. TERRORISM  |
| 7. AGGRAVATED ASSAULT                      | 31. AGGRAVATED SECOND DEGREE BATTERY                       |
| 8. MINGLING HARMFUL SUBSTANCES             | 32. AGGRAVATED ASSAULT UPON A PEACE OFFICER WITH A FIREARM |
| 9. AGGRAVATED OR FIRST DEGREE RAPE         | 33. AGGRAVATED ASSAULT WITH A FIREARM                      |
| 10. FORCIBLE OR SECOND DEGREE RAPE         | 34. ARMED ROBBERY;USE OF FIREARM; ADDITIONAL PENALTY       |
| 11. SIMPLE OR THIRD DEGREE RAPE            | 35. SECOND DEGREE ROBBERY                                  |
| 12. SEXUAL BATTERY                         | 36. DISARMING OF A PEACE OFFICER                           |
| 13. SECOND DEGREE SEXUAL BATTERY           | 37. STALKING   |
| 14. INTENTIONAL EXPOSURE TO AIDS VIRUS     | 38. SECOND DEGREE CRUELTY TO JUVENILES                     |
| 15. AGGRAVATED KIDNAPPING                  | 39. AGGRAVATED FLIGHT FROM AN OFFICER                      |
| 16. SECOND DEGREE KIDNAPPING               | 40. BATTERY OF A POLICE OFFICER                            |
| 17. SIMPLE KIDNAPPING                      | 41. TRAFFICKING OF CHILDREN FOR SEXUAL PURPOSES            |
| 18. AGGRAVATED ARSON                       | 42. HUMAN TRAFFICKING                                      |
| 19. AGGRAVATED CRIMINAL DAMAGE TO PROPERTY | 43. HOME INVASION  |
| 20. AGGRAVATED BURGLARY                    | 44. DOMESTIC ABUSE AGGRAVATED ASSAULT                      |
| 21. ARMED ROBBERY                          | 45. VEHICULAR HOMICIDE, WHEN OPERATOR'S BAC EXCEEDS .20    |



Ernest P. Legier, Jr., Commissioner

## 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. Occupation:		10. Employer:	
11. Date of Birth:	12. Age:	13. Place of Birth:	
14. Business Phone Number:		15. Cell Number:	
16. Email Address:		17. Mailing Address:	
18. Social Security Number:			
19. Race:	20. Gender:	21. Driver's License Number:	22. State of Issuance
23. Is a colored copy of your driver's licensed attached to this form?			<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Have you continuously resided in Louisiana for the last two (2) years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO, enter Naturalization number:			
26. Affiliation with Business: (Job Title/Position)		27. Percentage of Ownership:	

### MARITAL/SPOUSAL INFORMATION

P.O. Box 66404, Baton Rouge, LA 70896-6404 \* 7979 Independence Boulevard, Suite 101, Baton Rouge, LA 70806  
Telephone: (225) 925-4041



Ernest P. Legier, Jr., Commissioner

28. Select Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated	
29. Name of Spouse:	
30. Spouse Maiden Name/Alias (if applicable):	
31. Spouse's Date of Birth:	32. Spouse's Social Security Number:
33. Spouse Driver's License No:	34. State of Issuance:
35. Is the marriage a community property regime? (separation of property agreement) <input type="checkbox"/> YES <input type="checkbox"/> NO	
36. Will Spouse assist in managing Applicant's business? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. Do you or your spouse own or hold interest in any other business holding a state retail alcoholic beverage permit? If yes, provide the following information. If more than one, please attach list. Permit Number: Trade Name: Location address:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

**QUALIFICATION**

38. Is the applicant applying for a video poker license issued by Louisiana State Police?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Is this application being submitted by you to obtain an alcoholic beverage permit in your name for the benefit of any other person?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If you answered YES to any question listed below, a Schedule F Form must be completed.  
Applicant must attach a disposition of each arrest.**

**CRIMINAL BACKGROUND INFORMATION**

40. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage statute, rule or ordinance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Have you or your spouse had any license or permit to sell or deal in alcoholic beverages revoked within the last two (2) years prior to filing this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Have you or your spouse ever been denied an alcoholic beverage permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Have you or your spouse ever been arrested for a felony charge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. Have you or your spouse ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Have you or your spouse ever had a conviction adjudicated under 893 or 894, dismissed, pardoned, expunged, pled guilty or pled nolo contendere or "no contest"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
46. Have you or your spouse ever been convicted of solicitation for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in controlled dangerous substances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have you or your spouse been convicted or has a judgment of court rendered against you involving the sale or service of alcoholic beverage by this or any other state or in the U.S. within the last two (2) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Have you or your spouse ever been convicted in this or in any other state in the U.S. of theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50. Have you or your spouse ever been convicted in this or in any other state in the U.S. of any crime involving false statements or declarations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Have you or your spouse ever been convicted in this or in any other state in the U.S. of gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DISCLOSURE OF OTHER INTEREST IN ALCOHOL INDUSTRY**



## Office of Alcohol Tobacco Control

Ernest P. Legier, Jr., Commissioner

**& UNFAIR BUSINESS AND TRADE PRACTICES**

52. Does Applicant understand it is prohibited to directly or indirectly have any overlapping ownership or any other prohibited relationship between those engaged in the business related to the alcoholic beverage industry such as engaging as a retailer/wholesaler, retailer/manufactur <sup>*</sup> , or wholesaler/manufactur <sup>*</sup> .	<input type="checkbox"/> YES <input type="checkbox"/> NO
53. Does Applicant or applicant's spouse receive any proceeds or profits from any alcoholic beverage retailer, wholesaler or manufacturer? If Yes, provide additional details below or attached detail explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
54. Does Applicant understand that alcoholic beverage manufacturers and wholesalers are prohibited from providing an alcohol retailer with anything of value unless explicitly enumerated as an exception as provided by law or regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
55. Does Applicant understand that manufacturers and wholesalers are prohibited from inducing or otherwise influencing, directly or indirectly, a retailer from selling and/or serving its products to the exclusion, in whole or in part, of products of other manufacturers and/or wholesalers, including but not limited to influencing the retailer in any way regarding the quality or brand of alcoholic beverages bought or sold by the retailer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Does Applicant understand that retailers are prohibited from accepting or requiring any such inducement or other influence and anyone found in violation of the trade practices laws and regulation of the State of Louisiana, is subject to penalties, suspension or revocation of its permit?	<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

*Office Use Only*

Process by: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Approval By & Date: \_\_\_\_\_

ATN: \_\_\_\_\_

SID: \_\_\_\_\_

**RAPSHEET DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION  
P.O. BOX 66614 (MAIL SLIP A-6)  
BATON ROUGE, LA 70896**

\_\_\_\_\_  
AGENCY, BUSINESS OR INDIVIDUAL NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

**NOTICE:  
PLEASE PRINT OR TYPE  
INFORMATION, EXCLUDING  
ADMINISTRATORS OR AUTHORIZED  
PERSONS SIGNATURE.  
  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.**

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE/ID: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)**

**CRIMINAL HISTORY DETERMINATION**

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE  
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

RAPSHEET ATTACHED

RESPONSE BELOW



# BACKGROUND CHECK AUTHORIZATION FORM - ATC

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order  
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***  
**\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\***

\*\*\*\*PLEASE PRINT\*\*\*\*

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

( )  
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

### Request For:

X LOUISIANA ALCOHOL AND TOBACCO CONTROL – LA920980Z (ATC)

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT – USE INK\*\*\*\* LAST FIRST MIDDLE

\*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

\*LAST FIRST MIDDLE

\*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_

DRIVERS LICENSE or ID # \_\_\_\_\_ STATE \_\_\_\_\_

POSITION or LICENSE APPLIED FOR \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS PHONE NUMBER: \_\_\_\_\_

### AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

**DPSSP 6696 (ATC)**

Revised 6/8/2022



Ernest P. Legier, Jr., Commissioner

**CRIMES OF VIOLENCES**

**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.                      |   |



Ernest P. Legier, Jr., Commissioner

ELECTRONIC FINGERPRINT CERTIFICATION FORM

Notice: In lieu of submitting fingerprint cards, Applicants for Alcohol or Tobacco permits may complete electronic fingerprints at the Louisiana State Police Headquarter, located at 7919 Independence Blvd, Baton Rouge, LA 70806. Applicants completing electronic fingerprints is required to remit the additional electronic submission fee and this completed form to the ATC.

\*\*\*\* IF APPLICANT SUBMITTED FINGERPRINTS ELECTRONICALLY\*\*\*\*

Please submit:
ELECTRONIC SUBMISSION FEE: \$10.00

SUBMIT CERTIFICATION FORM: LOUISIANA OFFICE OF ALCOHOL TOBACCO CONTROL
7979 INDEPENDENCE BLVD., SUITE 101
BATON ROUGE, LA 70806

SUBMIT FEE TO LSP: \$10.00 for electronic submission of fingerprints directly to Louisiana State Police

\*\*\*Money Orders or Cashier's Check ONLY.
\*\*This fee is in addition to the background processing fee of \$39.25

WHEN TO SUBMIT: If applicant submit fingerprints electronically, a complete copy of this certification form must be submitted with application. ATC will not process the application without verification that all required fingerprints have been submitted.

I, \_\_\_\_\_ (print name), hereby certify that I am applying for an alcoholic beverage permit with the Louisiana Office of Alcohol and Tobacco Control (ATC), that I have submitted my fingerprints electronically at an office provided by Louisiana State Police (LSP), and that I have submitted the necessary authorization form to allow ATC to receive the results of my criminal background report from the FBI and LSP as mandated by La R.S. 26:80 and La. R.S. 26:280.

Applicant's Signature

Date of Fingerprint Submission

Signature of Employee Administering Fingerprints

Print Name of Employee

Address of Location where Fingerprints were submitted