



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) 925-7652



APPLICATION FOR ALCOHOL BEVERAGE BROKER'S PERMIT

NAME AND MAILING ADDRESS

PERMIT NUMBER (for office use only)

PHONE NUMBER

EMAIL

I hereby apply for a broker's permit to solicit, receive or transmit orders for alcoholic beverages as an agent of one or more licensed dealers. I understand that this permit does not authorize me to maintain an inventory of, possess as property right in, or deliver any alcoholic beverages.

Should permit be granted, I hereby agree to comply with all state laws and regulations affecting the sale and distribution of alcoholic beverages.

Signature of Applicant

MAIL APPLICATIONS, REQUIRED ATTACHMENTS & FEES TO:

**OFFICE OF ALCOHOL AND TOBACCO CONTROL
P.O. BOX 66404
BATON ROUGE, LOUISIANA 70896-6404**

NOTE: SCHEDULE A ON PAGE 2 OF APPLICATION MUST BE COMPLETELY FILLED OUT AND NOTARIZED.

ANY MIS-STATEMENT OR SUPPRESSION OF FACT IN AN APPLICATION OR ACCOMPANYING AFFIDAVIT SHALL BE GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF PERMIT. YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

FEE: \$5.00

- 1) \$5.00 FEE IN THE FORM OF CHECK, MONEY ORDER OR CASHIER'S CHECK.**
- 2) A COLOR COPY OF YOUR CURRENT/VALID STATE ISSUED DRIVER'S LICENSE OR IDENTIFICATION.**



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6 FC?9F SCHEDULE "A"

When a manager or agent is employed, this schedule must be executed by that person, and by each member of a partnership or stockholder of a corporation owning more than five per centum (5%) of capital stock of corporation, which makes application for permit as provided by Chapter 1 and 2, Title 26, of the Louisiana Revised Statutes of 1950 as amended.

To: Louisiana Department of Revenue Office of Alcohol and Tobacco Control PO Box 66404 Baton Rouge, LA 70896		This Schedule "A" must be submitted by each applicant.			
		Name _____ _____ _____			
		Residence Address _____ _____ _____			
Drivers License Number	Social Security Number	Date of Birth	Place of Birth		
Sex	Race	Are you a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a citizen of Louisiana? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	How did you become a citizen? _____
Have you resided in Louisiana continuously for a period not less than 2 years, next preceding date of filing this application? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you [;A[~;A][^ ever been convicted of a felony under the laws of the United States, Louisiana, or of any other state? If yes, a proof of pardon and restoration of citizenship must be submitted with this application? This includes any offense under Article 893. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you [;A[~;A][^ ever been convicted in Louisiana or any other state of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place or dealing in narcotics? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you [;A[~;A][^ had a license or permit to sell or deal in alcoholic beverages issued by this state or any other state revoked within 5 years prior to this application? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you [;A[~;A][^ been convicted or had judgment against you involving alcoholic beverages by this state or any other state within 5 years prior to this application? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been convicted for violating any of the provisions of the liquor or beer laws of Louisiana? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you married? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, is your spouse eligible for a permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full name of spouse _____		Has your spouse ever been denied or had an alcoholic beverage permit? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you or your spouse hold interest in any establishment holding a state retail permit? If yes, list. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Permit No. _____	Trade Name _____	Address _____		Type interest _____	% Equity _____
Have you ever used any other name than the one given herein? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, given details below.			
Name used _____		Place used _____		Dates From _____ to _____	
Is this application being made by you as a subterfuge to permit any person other than yourself to secure a permit from the Office of Alcohol and Tobacco Control in your name for his benefit? <input type="checkbox"/> YES <input type="checkbox"/> NO					

AFFIDAVIT

This affidavit must be signed by owner, if individual ownership; authorized partner, if partnership or authorized official, if corporate partnership, it is understood any misstatement or suppression of fact in this application or accompanying documents is grounds for denial of permit.

I swear (we swear) 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 and that I meet the qualifications and conditions set out in La. R.S. 26:80, 26:280.

Signature: _____

Title: _____

Print/Type your name: _____

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

In the parish of _____, State of _____

Notary Public's Signature: _____

Print Name of Notary Public: _____