

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

ALCOHOL BROKER PERMIT APPLICATION

Name:		
Permit Number:	Phone Number:	Email Address:
Mailing Address:		
Mailing Street:		
Mailing City:	Mailing State:	Mailing Zip:

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 Application

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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BROKER SCHEDULE A

Broker Schedule A			
Name:			
Business Address:			
Business Street:			
Business City:	Business State:	Business Zip:	
Residence Address:			
Residence Street:			
Residence City:	Residence State:	Residence Zip:	
Driver License Number:	Social Security Number:	Date of Birth:	Place of Birth:
Sex:	Race:	Are you a citizen of Louisiana?	Are you over 18 years age?
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			Yes <input type="checkbox"/>
Have you or your spouse 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 the application? This includes any offense under Article 893.			No <input type="checkbox"/>
Have you or your spouse 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?			Yes <input type="checkbox"/>
Have you or your spouse been convicted or had judgement against you involving alcoholic beverages by this state or any other state within 5 years prior to this application?			No <input type="checkbox"/>
Have you or your spouse been convicted or had judgment against you involving alcoholic beverages by this state or any other state within 5 years prior to this application?			Yes <input type="checkbox"/>
Have you ever been convicted of violating any provisions of the liquor or beer laws of Louisiana?			No <input type="checkbox"/>
Are you married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, is your spouse eligible for a permit?
Full name of spouse:			Yes <input type="checkbox"/>
Has your spouse ever been denied or had an alcoholic beverage permit?			No <input type="checkbox"/>
Do you or your spouse hold interest in any establishment holding a state retail permit? If yes, list.			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

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Permit Number:	Trade Name:	Address:	Type of interest:	% Equity:
Have you ever used any other name than the one given herein? If yes, provide details below.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name used:		Place used:		
Date: From _____ to _____	Is this application being made by you as subterfuge to permit any person other than yourself to secure a permit from Office of Alcohol and Tobacco Control in your name for his benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
AFFIDAVIT				
<p>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.</p> <p>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. 26:280.</p> <p>Signature: _____</p> <p>Title: _____</p> <p>Print/Type your name: _____</p> <p>Sworn to and subscribed to me this _____ day of _____, 20____</p> <p>In the parish of _____, State of _____</p> <p>Notary Public's Signature: _____</p> <p>Print Name of Notary Public: _____</p>				