

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

ATC 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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>					
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"/>					

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

ATC 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

State of Louisiana
Office of Alcohol and Tobacco Control



Jeff Landry
GOVERNOR

Jarrod Coniglio
SECRETARY

CHAD M. BROWN
ATC COMMISSIONER

ATC 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: