



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



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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



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& 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 [*] , or wholesaler/manufactur [*] .	<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 & Date:



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**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 or definition of crime of violence at Legis.La.Gov.

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:



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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



Office of Alcohol Tobacco Control

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CRIMES OF VIOLENCE

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. | |



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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