

Office Use Only:



Louisiana Office of Alcohol & Tobacco Control
www.atc.la.gov

Juana Lombard
Commissioner

Appointment or Change in Management

Must be Completed by Owner, Officer, Member, or Other Authorized Personnel listed with ATC

PART ONE – Owner’s Information

1. ATC Permit Number:		
2. Owner Legal Name: (Name of individual or business entity)		
3. Trade Name (DBA):		
4. Business Address:		
5. City:	6. Zip Code:	7. County/Parish:

PART TWO – Type of Change in Management

8. Type of Change: <input type="checkbox"/> Add Manager <input type="checkbox"/> Removal of Manager		
9. Name of Manager Appointed/Removed:		
10. Date of Appointment/Removal:		
11. If applicable, describe managerial duties and title:		
12. Has the appointed manager completed a Schedule A – Personal Disclosure Form (SA-01) r and is it attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Initials:
13. Is a colored copy of Manager’s Drivers Licensed attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Initials:

In accordance with La. R.S. 26:76 & La. R.S. 26:276, I hereby certify 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 am authorized to notify the Louisiana Office of Alcohol and Tobacco Control that the above referenced business did hire or appointed or removed the person listed above.

Print Name (Owner, Officer, Member)

Signature of Owner, Officer, Member

Title

Date

Notary Use Only

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: