



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

Juana Lombard
Commissioner

Application for Change in Ownership

PART One – Owner’s Information

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| 1. ATC Permit Number: | | |
| 2. Owner Legal Name: (Name of individual or business entity) | | |
| 3. Trade Name (DBA): | | |
| 4. Business Address: (Street Address, City, State, and Zip code) | | |
| 5. Mailing Address: (If applicable) | | |
| 6. Business Email Address: | | 7. Business Contact Number |
| 8. Does Business consent to receive ATC communications, administrative notices, and/or administrative decisions in electronic format via email? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If “YES” – list email address: _____ | | Initials: |

PART Two – Type of Change in Ownership

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| 9. Type of Change: <input type="checkbox"/> Add Owner <input type="checkbox"/> Add Officer <input type="checkbox"/> Add Director <input type="checkbox"/> Add Member <input type="checkbox"/> Add Partner <input type="checkbox"/> Removal of person <input type="checkbox"/> Add/Remove Other: _____ | | |
| 10. Name of Person related to Change: | 11. Percentage of Ownership: | 12. Title of Person |
| 13. Date of Appointment or Removal: | | |

PART Three – Form Requirement Checklist

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| 14. Is Form Schedule A – Personal Disclosure Form (SA-01) completed by all <u>EACH PERSON</u> , new owner, officer, director, member, partner, stockholder, shareholder, or any other person as required under La. R.S. 26:80 & 26:280 and is each completed copy attached? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Initials: |
| 15. Is a colored copy of Drivers License attached for <u>EACH PERSON</u> , Owner, Member, Director, Officer or any other person as required by law? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Initials: |
| 16. Is ATC Fingerprint Authorization Form completed by <u>EACH PERSON</u> and attached in addition with all fingerprint fees (\$39.25)? You may submit a business check, money order, or cashier’s check for \$39.25 made out to Louisiana State Police for each set of fingerprints submitted. | <input type="checkbox"/> YES <input type="checkbox"/> NO | Initials: |
| 17. Is a copy of Applicant’s Corporate Documents attached including Articles of Incorporation or Article of Organization as obtained from Secretary of State, notarized partnership agreement, or any other agreement or forms filed with the Secretary of State? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Initials: |
| 18. Is a record of meeting minutes appointing new officers, directors, or board members with a listing of each person’s title attached? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Initials: |
| 19. If applicable, is the resignation letter regarding all resigning officers and/or directors attached? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | Initials: |
| 20. If applicable, is the Act or Bill of Sale regarding the stock or membership transfer attached? | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | Initials: |

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|---|---|-----------|
| 21. If applicable, is an amended lease attached? Only required if change in ownership is 100%. | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA | Initials: |
| 22. Has local licensing authority been notified of all ownership changes and is proof attached? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Initials: |

PART Four – Current Ownership Structure

List all Current Owners, Officer, Members, Directors, Stockholders, Shareholders, and/or Managers. If applicable, please attached Organization Chart.

| Name | Title: | % of Ownership |
|------|--------|----------------|
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| WARNING | <i>If Applicant is:</i> | <i>Must Sign:</i> |
| | Individual / Sole Proprietor | Individual Owner |
| | Partnership | Any Partner |
| | Limited Liability Corporation (LLC) | Member, managing member, officer, director |
| | Corporation | Officer, Director |

Application Affidavit

BY SIGNING BELOW, YOU ARE SWEARING, UNDER OATH, that you have read each of the questions in this application and that all answers are true and correct to the best of your knowledge, that you meet all the qualifications and conditions as set forth under La. R.S. 26:80 and 26:280; that you have complied with the notice requirements contained in La. R.S. 26:77 and 26:277; and that you have no interest in any business that holds a wholesale’s or manufacturer’s license issued by the Louisiana Office of Alcohol and Tobacco Control. You are also swearing, under oath that pursuant to La. R.S. 26:934, you have read and certify you understand the information provided in the responsible vendor handbook and any amendments thereto, that you understand your obligations as an alcoholic beverage permit holder the responsible vendor program, and that you have enrolled in the program. The responsible vendor handbook and amendments are available for download at www.atc.la.gov.

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 | |
| <i>Office Use Only</i> | Process by: | Date Submitted: | Approval By & Date: |