

Office Use Only:



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

Juana Lombard
Commissioner

FINGERPRINT AUTHORIZATION FORM

REQUEST FOR: LOUISIANA OFFICE OF ALCOHOL AND TOBACCO CONTROL

PROCESSING FEES: \$39.25 (as of 01/01/2019)
Money Order or Cashiers' Check Only

Above total includes State background check (\$26.00) and FBI background check (\$13.25)

PLEASE PRINT & MUST BE COMPLETED IN INK and Reviewed by Submitting Agency/Individual for Accuracy*

1. Applicant's Full Name: (Last, First, Middle)		
2. If Applicable: Applicant's Maiden Name or Other Previous Names:		
3. Social Security Number:		4. Date of Birth:
5. Driver's License Number & State	6. Race:	7. Gender:
8. Position or License Applied for:		

***** Fingerprints are necessary for a positive identification *****

**MUST BE SUBMITTED DIRECTLY TO THE LOUISIANA OFFICE OF ALCOHOL & TOBACCO CONTROL
WHICH SHALL BE SUBMITTED BY ATC TO THE FOLLOWING:**

**Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896**

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature below, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other state files, or the FBI files, if applicable, which may confirm or deny my eligibility with the facility or agency named above.

Applicant's Signature

Date

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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FINGERPRINT DISCLOSURE FORM

REQUEST FOR: LOUISIANA OFFICE OF ALCOHOL AND TOBACCO CONTROL

APPLICANT PROCESSING: DISCLOSURE

**Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896**

******All information released must remain strictly confidential and only those authorized by law to receive this information may submit a request******

PLEASE PRINT & MUST BE COMPLETED IN INK and Reviewed by Submitting Agency/Individual for Accuracy*

1. Applicant's Full Name: (Last, First, Middle)	
2. Social Security Number:	3. Date of Birth:
4. Race:	5. Gender:

******DO NOT WRITE BELOW THIS LINE******

(For Bureau of Criminal Identification and Information Use Only)

NOTICE: The response to your request for a criminal history check is based on review of the State of Louisiana criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW

P.O. Box 66404, Baton Rouge, LA 70896-6404 * 7979 Independence Boulevard, Suite 101, Baton Rouge, LA 70806
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ELECTRONIC FINGERPRINT SUBMISSION CERTIFICATION FORM

***** ONLY REQUIRED IF APPLICANT SUBMITS FINGERPRINTS ELECTRONICALLY*****

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