



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

Application for Change in Location

Juana Lombard
Commissioner

Prior to relocating or moving your business from one physical location to another, the ongoing alcoholic beverage retail business SHALL be required to complete this application, submit applicable fees, and submit all requisite documents prior to operating the alcohol outlet at the new location.

PART ONE – Owner’s Information

1. ATC Permit Number:		
2. Owner Legal Name: (Name of individual or business entity)		
3. Trade Name (DBA):		
4. PRIOR Business Physical Address: (Street number, City, State, and Zip code)		
5. Business New Physical Address: (Street number, City, State, and Zip code)		
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? If “YES” – list email address: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:

PART TWO - REQUIREMENTS *Note: Failure to attached all documentation shall delay the process

9. Provide date of proposed change.		
10. Has Applicant submit an application for a Notice of Intent Poster for new location?		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:
11. Has applicant posted the NOI poster at the new premises to be licensed for at least fifteen (15) days prior to the location change?		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:
12. If No, has the new premises previously been licensed with the same type and class alcohol permit within six (6) month from the date of this application ?		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:
13. Has applicant attached to application proof that a newspaper ad has been published in the local newspaper?		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:
14. Has applicant attached to application a copy of a bonafide lease or proof of ownership of new location?		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:
15. Has applicant attached proof of a valid local alcohol beverage permit or proof of application for local alcohol permit?		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:
16. Has applicant submit all applicable fees related to application? See below.		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:

PART THREE – 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

PART FOUR – Applicable Fees

P.O. Box 66404, Baton Rouge, LA 70896-6404 * 7979 Independence Boulevard, Suite 101, Baton Rouge, LA 70806
Telephone: (225) 925-4041

Change in Location Fee – reissuance of permit	\$10.00
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****Only Personal/Business checks, cashier check, money order, or Credit Cards accepted. NO REFUNDS****

WARNING & SIGNATURE	<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 (See above)

Signature (See Above)

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:
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