

Office Use Only:

Date Application Submitted:
Completed Application Date:Louisiana Office of Alcohol & Tobacco Control
www.atc.la.govJuana Lombard
Commissioner

Notification of Trade Name Change

PART ONE – Owner’s Information

1. ATC Permit Number:		
2. Owner Legal Name: (Name of individual or business entity)		
3. Business Physical Address: (Street number, City, State, and Zip code)		
4. Business Email Address:	5. Business Contact Number	
6. 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

7. Provide date of proposed change.		
8. Provide new Trade Name.		
9. Has applicant submit all applicable fees related to application? See below.		<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:

PART THREE – Applicable Fees

Trade Name Change Fee – reissuance of permit fee	\$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 licensed 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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