

CHECK LIST - Requirements for Stand Alone Caterer's Permit

- Notice of Intent Poster Application (BLUE) (posters MUST hang for 15 days) (NOTARIZED) *if location has not had an alcohol permit there in the past 6 months, you can only submit this form at this time; you must wait 15 days prior to submitting the rest of your paperwork. ***ONLY VALID FOR 90 DAYS***
 - \$50-Beer
 - \$50-Liquor
- Application for Class A- Caterer's Permit
- Schedule A (NOTARIZED) (all officers/members/directors/stockholders owning more than 5% stock, and any managers)
*Question 28 includes nicknames, maiden names of owner/spouse and any previous married names.
- Ads and Proof of Publication (ADS ONLY NEED TO RUN 1 TIME) Ads and must run in a paper that is published in the municipality in which he/she desires to operate his/her business; or in the newspaper published nearest to his place of business. (within same parish), if it is not located in a municipality in which a newspaper is published. ***ONLY VALID FOR 90 DAYS***
- Local Sales Tax Clearance Certificate
- State Sales Tax Clearance Certificate (L.A. Dept. of Revenue)
- Copy of Local Alcohol Permit(s) OR list the date applied for: _____
- Bona fide lease of the property or proof of ownership.
- Fingerprint cards (to be mailed to State Police in Baton Rouge, 38.00 fee per individual) *Anyone who fills out a Schedule A form must be fingerprinted, except spouses and managers.
- If Corporate or LLC ownership:
 - a. Copy of State Charter, or Corporate Certificate.
 - b. Copy of Articles of Incorporation, or Articles of Organization
 - c. Minutes listing current corporate officers and assignment of stock (must equal %100), or operating agreement listing all members and percentage of interest in LLC.
- If PARTNERSHIP ownership:
 - a. Partners must meet residency requirements. Corporations and LLC must submit Louisiana Secretary of State Certificate.
 - b. Copy of notarized partnership agreement, listing all partners, and percentage of ownership in the partnership.
- Fees (A CASHIER'S CHECK, MONEY ORDER, CERTIFIED CHECK OR CREDIT CARD (MasterCard, American Express, and Discover).! CASH IS NOT ACCEPTED.)
 - \$200- Caterer's Permit (Stand Alone Caterer)
 - \$50- Responsible Vendor Fee (ONLY pay this fee if you do NOT currently have a state alcohol permit) ADDING CATERERS PERMIT TO EXISTING PERMIT Application for caterers permit & fee of \$200.00.

Qualifications

Applicants for all state and local alcoholic beverage permits shall meet the following qualifications and conditions under Louisiana Revised Statutes 26:80 and 280::

1. Be a person of good character and reputation, and over 18 years of age.
2. Be a citizen of the United States and the State of Louisiana and a resident of the State of Louisiana continuously for a period of not less than two years next preceding the date of the filing of the application. However, the requirements as to Louisiana citizenship do not apply to wholesalers or retailers who, on or prior to January 1, 1946, held permits for high alcohol content and July 26, 1944, for low alcohol permits.
3. Be the owner of the premises or have a bona fide written lease. In cases in which the applicant holds a bona fide written lease, the name and current address of the lessor shall be shown on the application form filed with the Commissioner. The lease must clearly indicate the effective date.
4. Have not been convicted of a felony under the laws of the United States, the State of Louisiana, or any other state or country.
5. Have not been convicted in this or in any other state or by the United States of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, or illegally dealing in controlled or dangerous substances.
6. Have not had a license or permit to sell or deal in alcoholic beverages, issued by the United States or any other states, or by any political subdivision of a state authorized to issue permits or licenses, revoked within two years prior to the application, or been convicted, or had a judgment of court rendered against the applicant involving alcoholic beverages by this or any other state or by the United States for two years prior to the application.
7. Have not been convicted of violating any of the provisions of Title 26 of the Louisiana Revised Statutes.
8. Have not been convicted of violating any municipal or parish ordinances adopted pursuant to the provisions of Title 26. If the applicant has been so convicted, the granting of a permit or of a renewal shall be within the discretion of the commissioner.
9. Not be the spouse of a person who does not meet the above-listed qualifications except for the citizenship requirements listed in number 2 above. An alternative is referenced in R.S. 26:80(G) and 280(G).
10. Not owe the state or the local government subdivisions in which the application is made any delinquent sales taxes, penalties, or interest excluding items under formal appeal pursuant to applicable statutes.

PARTNERSHIPS: If the applicant is a partnership or anyone in partnership with or financed by another, all members of the partnership or all the persons furnishing the money shall also possess the qualifications required of the applicant. The application shall name all partners or financial backers and furnish their proper addresses and social security numbers.

CORPORATIONS/LLCs: If the applicant is a corporation or limited liability company (LLC), all officers and directors and all stockholders or members owning in the aggregate more than five percent of the stock or membership interest in a limited liability company and the person or persons who shall conduct or manage the business shall possess the qualifications required of an applicant. However, the requirements as to citizenship and residence do not apply to officers, directors, and stockholders of corporations or membership in an LLC. The corporation or LLC shall either be organized under the laws of the State of Louisiana or qualified to do business within the State of Louisiana.

MANAGERS, AGENTS, SERVANTS, EMPLOYEES AND REPRESENTATIVES: If the applicant's business is to be conducted wholly or partly by one or more managers, agents, servants, employees, or other representatives, those persons shall also possess the qualifications required of the applicant.

FINGERPRINTS: Must be submitted to the Department of Public Safety, Criminal Records Division, by all persons who are required to possess these qualifications. **All fingerprints will be submitted to FBI for national background check.**

IMPORTANT NOTICE: If the applicant or any other person required to have the same qualifications does not possess the required qualifications, the permit may be denied.

For further instructions, see attached application.



Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Ernest Legier Jr., Commissioner

Notice of Intent Poster Application

General Information

Notice of Intent Posters (NOI posters) are required for **ALL** retail alcoholic beverage permits. NOI posters are valid for **90 days** from the date of issuance and must be submitted to ATC as follows:

- **Existing Business**
 - If there has been an alcoholic beverage permit at the location within the previous 6 months, submit your NOI application and your completed alcoholic beverage application packet to ATC at the same time.
- **New Business**
 - If there has not been an alcoholic beverage permit at the location within the previous 6 months.
 - Upon submitting your NOI application, you will receive the NOI poster(s) which must be displayed in your business for **at least 15 days before** you may submit your completed alcoholic beverage application packet.

Permit Class, Type, and Fees

Please select the class and type of permit. *If you do not know which class of permit you should mark, please read the "Retail Permit Information" with the corresponding statutes on the previous page to determine which class is suitable for your business model.*

CLASS of Permit

Types of Alcoholic Beverages to Be Sold and Fees

Class A-General; LA R.S. 26:71.1(1)/271.1(1)

Beer: \$50.00

Class A-Restaurant; LA R.S. 26:73(c)/273(c)

Liquor: \$50.00

Class A-Caterer; LAC 55: VII: 325

Wine: \$50.00

**Only mark if liquor is not marked*

Class B-Package Store LA R.S. 26:2(13); 241(13)

Class C-Package Store LA R.S. 26:71.2(13)/271.2

Business and Contact Information

Type of Ownership (circle one): Individual * Partnership * Corporation * Limited Liability Corporation (LLC)

Owner Name (name of individual, partnership, etc.): _____

Trade Name: _____

Business Address: Street _____

City _____ State _____

Zip Code _____ Parish _____

Mailing Address: Same as business address? YES NO (if "no" complete below address information)

Street _____

City _____ State _____

Zip Code _____ Parish _____

LA State Tax ID Number: _____

Has this location held a valid state-issued beer/liquor permit within the last 6 months? YES NO

If "YES", what was the trade name of the business? _____

Business Phone: _____ Cell Phone: _____ Home: _____

Contact Person: _____ Affiliation with Business: _____

Email Address: _____



Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Ernest Legier Jr., Commissioner

Notice of Intent Poster Application Continued

Payment Information

Read the following payment information carefully to ensure your payment is timely received.

- NO REFUNDS will be made once this application packet and fees have been reviewed by this office.
- ATC accepts the following forms of payment via mail:
 - Money orders
 - Certified Checks
 - Business/Personal Checks
- ATC accepts the above forms of payment and the following additional forms of payment at the Regional offices:
 - Credit cards, including MasterCard, American Express, Visa, and Discover
- Mail fully completed forms, all supporting documents, and application fees to:

Louisiana Office of Alcohol and Tobacco Control
P.O. Box 66404
Baton Rouge, LA 70896-6404

Affidavit

Affidavit

I swear that I am authorized to sign on behalf of the applicant business, and that the information reported on this document is true and accurate to the best of my knowledge.

Signature of Applicant

Title

Print/Type Applicant's Name

For NOTARY Use Only	
Sworn to and subscribed to me this ____ day of _____, 20____,	
In the parish/county of _____, State of _____.	
_____ Notary Public's Signature	_____ Print Name of Notary Public

For Office Use Only

Poster	Serial	No.:	_____
Date		Issued	
Receipt		#:	_____
Issued By:	_____		

LOUISIANA DEPARTMENT OF REVENUE OFFICE
OF ALCOHOL AND TOBACCO CONTROL P.O.
BOX 66404
BATON ROUGE, LOUISIANA 70896-6404
TELEPHONE (225) 925-4041 – FAX (225) 925-9874

APPLICATION FOR CATERER'S PERMIT

INSTRUCTIONS: APPLICATION MUST BE COMPLETE WITH PROPER FEES OF \$200 ATTACHED. PLEASE TYPE OR PRINT IN INK.

Owner name (individual partnership, LLC, Corporation) _____ Trade Name _____

Mailing Address PO Box./Street/City/State/Zip _____ Phone No. _____

Location Address PO Box/Street/City/State/Zip _____ Parish _____
DO YOU HAVE AN CURRENT CLASS A OR B PERMIT? YES NO

IF YES, PERMIT NUMBER? _____ EXPIRATION DATE? _____

IF NO:

(1) DO YOU OPERATE A FULLY-EQUIPPED KITCHEN? YES NO

(2) DO YOU DERIVE 70 PERCENT OF YOUR GROSS ANNUAL REVENUE FROM THE SALE OF FOOD OR
FOOD- RELATED PRODUCT? YES NO

(3) DO YOU DERIVE 40 PERCENT OF YOUR GROSS REVENUE PER EVENT FROM THE SALE OF FOOD
OR FOOD-RELATED PRODUCT? YES NO

(4) DO YOU MAINTAIN SEPARATE SALES FIGURES FOR ALCOHOLIC BEVERAGES? YES NO

(5) HAVE YOU INCLUDED AN ADDITIONAL \$50 FEE FOR THE RESPONSIBLE VENDOR PROGRAM?
 YES NO

***COMPLETED SCHEDULE A FORMS MUST ALSO BE EXECUTED AND SUBMITTED BY THE MANAGER,
OWNER, EACH PARTNER, EACH OFFICER, AND STOCKHOLDER OWNING MORE THAN 5 PERCENT OF
THE CAPITAL STOCK.

AFFIDAVIT

This affidavit must be signed by owner, if individual ownership; authorized partner, if partnership; or authorized official if corporation or LLC. It is understood any misstatement or suppression of fact in this application or accompanying documents is grounds for denial.

I swear (or affirm) that I have read each of the questions in this application and that the answers which I have given are true and correct to the best of my knowledge and that I meet the qualifications and will abide by the conditions set forth in R.S. 26:80 and 280, and LAC 55:VII.325; and I further swear (or affirm) that I have no interest in any entity holding a state wholesale beer or liquor permit.

Applicant's Signature: _____

Title: _____

Print/Type your name: _____

Sworn to and subscribed to me this _____ day of _____, 20_____

In the parish of _____, State of _____

Notary Public's Signature: _____

Print Name of Notary Public: _____



Office of Alcohol Tobacco Control

Ernest P. Legier, Jr., Commissioner

SCHEDULE A FORM INDIVIDUAL SUITABILITY DISCLOSURE FORM

Note: Must be executed by **EACH INDIVIDUAL** manager, owner, partner, financial backer, officer, agent, director, stockholder, member, or any person owning more than 5% of the stock or membership interest in the business.

BUSINESS INFORMATION

1. Business/Entity Legal Name: (Name of individual or business entity)	
2. Trade Name (DBA):	
3. Business Address: (Street Address, City, State, and Zip code)	
4. Business Phone Number:	5. Business Email Address:

INDIVIDUAL INFORMATION

6. Individual Affiliation with Business: <input type="checkbox"/> Manager <input type="checkbox"/> Officer/Member/Director <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____ <input type="checkbox"/> Investor <input type="checkbox"/> Stockholder/Shareholder <input type="checkbox"/> Owner			
7. Full Name		8. Maiden name/alias/nickname/former legal name:	
9. Occupation:		10. Employer:	
11. Date of Birth:	12. Age:	13. Place of Birth:	
14. Business Phone Number:		15. Cell Number:	
16. Email Address:		17. Mailing Address:	
18. Social Security Number:			
19. Race:	20. Gender:	21. Driver's License Number:	22. State of Issuance
23. Is a colored copy of your driver's licensed attached to this form?			<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Have you continuously resided in Louisiana for the last two (2) years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO, enter Naturalization number:			
26. Affiliation with Business: (Job Title/Position)		27. Percentage of Ownership:	

MARITAL/SPOUSAL INFORMATION

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



Ernest P. Legier, Jr., Commissioner

28. Select Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated	
29. Name of Spouse:	
30. Spouse Maiden Name/Alias (if applicable):	
31. Spouse's Date of Birth:	32. Spouse's Social Security Number:
33. Spouse Driver's License No:	34. State of Issuance:
35. Is the marriage a community property regime? (separation of property agreement) <input type="checkbox"/> YES <input type="checkbox"/> NO	
36. Will Spouse assist in managing Applicant's business? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. Do you or your spouse own or hold interest in any other business holding a state retail alcoholic beverage permit? If yes, provide the following information. If more than one, please attach list. Permit Number: Trade Name: Location address:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

QUALIFICATION

38. Is the applicant applying for a video poker license issued by Louisiana State Police?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Is this application being submitted by you to obtain an alcoholic beverage permit in your name for the benefit of any other person?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If you answered YES to any question listed below, a Schedule F Form must be completed.
Applicant must attach a disposition of each arrest.**

CRIMINAL BACKGROUND INFORMATION

40. Have you or your spouse ever been convicted of violating any state or local alcoholic beverage statute, rule or ordinance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Have you or your spouse had any license or permit to sell or deal in alcoholic beverages revoked within the last two (2) years prior to filing this form?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Have you or your spouse ever been denied an alcoholic beverage permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Have you or your spouse ever been arrested for a felony charge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. Have you or your spouse ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Have you or your spouse ever had a conviction adjudicated under 893 or 894, dismissed, pardoned, expunged, pled guilty or pled nolo contendere or "no contest"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
46. Have you or your spouse ever been convicted of solicitation for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of a juvenile, keeping a disorderly place, or dealing in controlled dangerous substances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Have you or your spouse ever been convicted of distributing or possessing with intent to distribute any controlled dangerous substance on any premises holding an alcoholic beverage permit where you held or hold an ownership interest in the business?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Have you or your spouse been convicted or has a judgment of court rendered against you involving the sale or service of alcoholic beverage by this or any other state or in the U.S. within the last two (2) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Have you or your spouse ever been convicted in this or in any other state in the U.S. of theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50. Have you or your spouse ever been convicted in this or in any other state in the U.S. of any crime involving false statements or declarations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Have you or your spouse ever been convicted in this or in any other state in the U.S. of gambling?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISCLOSURE OF OTHER INTEREST IN ALCOHOL INDUSTRY



Ernest P. Legier, Jr., Commissioner

& UNFAIR BUSINESS AND TRADE PRACTICES

52. Does Applicant understand it is prohibited to directly or indirectly have any overlapping ownership or any other prohibited relationship between those engaged in the business related to the alcoholic beverage industry such as engaging as a retailer/wholesaler, retailer/manufactur [*] , or wholesaler/manufactur [*] .	<input type="checkbox"/> YES <input type="checkbox"/> NO
53. Does Applicant or applicant's spouse receive any proceeds or profits from any alcoholic beverage retailer, wholesaler or manufacturer? If Yes, provide additional details below or attached detail explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
54. Does Applicant understand that alcoholic beverage manufacturers and wholesalers are prohibited from providing an alcohol retailer with anything of value unless explicitly enumerated as an exception as provided by law or regulation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
55. Does Applicant understand that manufacturers and wholesalers are prohibited from inducing or otherwise influencing, directly or indirectly, a retailer from selling and/or serving its products to the exclusion, in whole or in part, of products of other manufacturers and/or wholesalers, including but not limited to influencing the retailer in any way regarding the quality or brand of alcoholic beverages bought or sold by the retailer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Does Applicant understand that retailers are prohibited from accepting or requiring any such inducement or other influence and anyone found in violation of the trade practices laws and regulation of the State of Louisiana, is subject to penalties, suspension or revocation of its permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SWORN STATEMENT/AFFIDAVIT

I swear that I have read each of the above questions and that the answers that I have given are true and correct to the best of my knowledge and that I meet the qualifications and conditions set forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.

 Print Name

 Signature

 Title

 Date
Notary

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:

Permitted by and date:

Approval By & Date:



Ernest P. Legier, Jr., Commissioner

**SCHEDULE F FORM
CRIMINAL HISTORY DISCLOSURE FORM**

Who is required to complete?

This form must be completed by any applicant who has been convicted of a felony and seeks lawful issuance of an alcoholic beverage permit under the provisions of R.S. 26:80(f) and/or 26:280(f). Applicant attests that the felony was not a crime of violence as defined in LA R.S. 14:2B, and that 10 years or more have passed between the date of this application and the successful completion of any sentence, deferred adjudication, or period of probation, parole, and the final discharge of the defendant. Applicant is required to submit official documentation of pardon, restoration of rights, or official certification that 10 years or more has passed since successful completion of any sentence, deferred adjudication, or period of probation or parole and the final discharge of the defendant at the time of application.

If you have been convicted of a crime of violence as defined in La. R.S. 14:2B, you will not qualify for an alcoholic beverage permit. See ATC's website for additional information and see frequently asked questions at www.atc.la.gov or definition of crime of violence at <https://www.legis.la.gov/Legis/Law.aspx?d=78337>.

BUSINESS INFORMATION		
1. Business Legal Name: (Name of individual or business entity)		
2. Trade Name (DBA):		
3. Business Address:		
4. City:	5. Zip Code:	6. County/Parish:

INDIVIDUAL INFORMATION			
7. Affiliation with Business:			
8. Print Name:		9. Maiden name/alias/nickname/former legal name:	
10. Date of Birth:		11. Place of Birth:	
12. Business Phone Number:		13. Cell Number:	
14. Email Address:		15. Mailing Address:	
16. Social Security Number:			
17. Race:	18. Gender:	19. Driver's License Number:	20. State of Issuance

Office Use Only:



Ernest P. Legier, Jr., Commissioner

HISTORY OF ARREST AND CONVICTION

Arrest Charge/Conviction (Statute)	Date of Arrest of Conviction	Jurisdiction/Court Agency	Date of Discharge or Disposition

APPLICANT MUST ATTACH A DISPOSITION OF EACH ARREST AND/OR CONVICTION LISTED ABOVE. FAILURE TO SUBMIT A DISPOSITION MAY RESULT IN PROCESSING DELAYS OR DENIAL.

Sworn Statement and Affidavit

I swear 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 meet the qualifications and conditions set forth in La. R.S. 26:80 and 26:280. I consent to this information being shared with the Louisiana State Police for video poker licensing purposes.

Print Owner/Officer/Member Name Title Signature of Owner/Officer/Member

Date

Notary

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:
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Ernest P. Legier, Jr., Commissioner

CRIMES OF VIOLENCE

A "Crime of Violence" as defined in La. R.S. 14.2B includes any crimes listed below. If you have been convicted of any of the felonies listed below, you shall be disqualified for an alcoholic beverage permit.

- | | |
|--|---|
| (1) Solicitation for murder. | (46) Vehicular homicide, when the operator's blood alcohol concentration exceeds 0.20 percent by weight based on grams of alcohol per one hundred cubic centimeters of blood. |
| (2) First degree murder. | (47) Aggravated assault upon a dating partner. |
| (3) Second degree murder. | (48) Domestic abuse battery punishable under R.S. 14:35.3(M)(2) or (N). |
| (4) Manslaughter. | (49) Battery of a dating partner punishable under R.S. 14:34.9(L)(2) or (M). |
| (5) Aggravated battery. | (50) Violation of a protective order if the violation involves a battery or any crime of violence as defined by this Subsection against the person for whose benefit the protective order is in effect. |
| (6) Second degree battery. | (51) Criminal abortion. |
| (7) Aggravated assault. | (52) First degree feticide. |
| (8) Repealed by Acts 2017, No. 281, §3. | (53) Second degree feticide. |
| (9) Aggravated or first degree rape. | (54) Third degree feticide. |
| (10) Forcible or second degree rape. | (55) Aggravated criminal abortion by dismemberment. |
| (11) Simple or third degree rape. | |
| (12) Sexual battery. | |
| (13) Second degree sexual battery. | |
| (14) Intentional exposure to AIDS virus. | |
| (15) Aggravated kidnapping. | |
| (16) Second degree kidnapping. | |
| (17) Simple kidnapping. | |
| (18) Aggravated arson. | |
| (19) Aggravated criminal damage to property. | |
| (20) Aggravated burglary. | |
| (21) Armed robbery. | |
| (22) First degree robbery. | |
| (23) Simple robbery. | |
| (24) Purse snatching. | |
| (25) Repealed by Acts 2017, No. 281, §3. | |
| (26) Assault by drive-by shooting. | |
| (27) Aggravated crime against nature. | |
| (28) Carjacking. | |
| (29) Repealed by Acts 2017, No. 281, §3. | |
| (30) Terrorism. | |
| (31) Aggravated second degree battery. | |
| (32) Aggravated assault upon a peace officer. | |
| (33) Aggravated assault with a firearm. | |
| (34) Armed robbery; use of firearm; additional penalty. | |
| (35) Second degree robbery. | |
| (36) Disarming of a peace officer. | |
| (37) Stalking. | |
| (38) Second degree cruelty to juveniles. | |
| (39) Aggravated flight from an officer. | |
| (40) Repealed by Acts 2014, No. 602, §7, eff. June 12, 2014. | |
| (41) Battery of a police officer. | |
| (42) Trafficking of children for sexual purposes. | |
| (43) Human trafficking. | |
| (44) Home invasion. | |
| (45) Domestic abuse aggravated assault. | |



BACKGROUND CHECK AUTHORIZATION FORM - ATC

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

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****
*****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION*****

****PLEASE PRINT****

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

()
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For:

X LOUISIANA ALCOHOL AND TOBACCO CONTROL – LA920980Z (ATC)

APPLICANTS FULL NAME: _____
****PRINT – USE INK**** LAST FIRST MIDDLE

*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

*LAST FIRST MIDDLE

*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # _____ - _____ - _____

DATE OF BIRTH: ____ / ____ / ____ RACE ____ SEX ____

DRIVERS LICENSE or ID # _____ STATE _____

POSITION or LICENSE APPLIED FOR _____

APPLICANTS SIGNATURE: _____

APPLICANTS PHONE NUMBER: _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696 (ATC)

Revised 6/8/2022

ATN: _____

SID: _____

RAPSHEET DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.

APPLICANT NAME: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYE COLOR: _____ BIRTH STATE: _____

SOCIAL SECURITY NUMBER: _____ DRIVER LICENSE/ID: _____

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

CRIMINAL HISTORY DETERMINATION

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

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

RAPSHEET ATTACHED

RESPONSE BELOW



Ernest P. Legier, Jr., Commissioner

ELECTRONIC FINGERPRINT CERTIFICATION FORM

Notice: In lieu of submitting fingerprint cards, Applicants for Alcohol or Tobacco permits may complete electronic fingerprints at the Louisiana State Police Headquarter, located at 7919 Independence Blvd, Baton Rouge, LA 70806. Applicants completing electronic fingerprints is required to remit the additional electronic submission fee and this completed form to the ATC.

**** IF APPLICANT SUBMITTED FINGERPRINTS ELECTRONICALLY****

Please submit:
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

A Note from the Louisiana Office of Alcohol & Tobacco Control

As the agency tasked with regulating alcoholic beverage and tobacco commodities, one of our main goals here at ATC is to promote awareness and understanding throughout the industry of the Alcoholic Beverage and Tobacco Laws and Regulations. As such, we feel that it may be helpful to provide you with a few commonly un-known or misunderstood provisions of law. Did you know...

- Licensed Louisiana retail dealers of alcohol and tobacco products can only purchase their inventory from licensed Louisiana wholesale dealers.
- 6% price mark-up provisions apply to alcohol and tobacco products.
- Permits are issued per location address and only one alcoholic beverage permit can be issued to an address (i.e. you cannot have two classes of permits at one address).
- **Public habitable area** means publicly accessible space, within a structure, which is permanent in nature, is in compliance with applicable building codes, is fully enclosed and climate controlled.
- Employees selling or serving alcoholic beverage and tobacco products must obtain a Responsible Vendor Certification within 45 days of employment.
- Retail dealers are required to maintain alcoholic beverage and tobacco invoices as well as employee records on the licensed premise at all times.
- Managers must be registered and certified by ATC. It is important to supply a Schedule A on all appointed managers.
- ATC is authorized to accept documentation and provide information to anyone registered with a business. As such, it is imperative, for the safety your business information, to maintain current ownership and management records with ATC.
- Smoking is not allowed on any areas of a Class B, C (package stores), or AR premise (restaurant).
- Placing signs provided by wholesalers/suppliers outside your business is prohibited (this also includes utility items such as table umbrellas).
- The sale of single cigarettes is prohibited.

A complete copy of the Alcoholic Beverage and Tobacco laws and regulations can be downloaded from the ATC website at www.atc.la.gov. We are always happy to assist you with any questions or concerns at (225)925-4041. Additionally, we encourage you to help us promote responsible business practices by reporting violations of the alcoholic beverage and tobacco laws to our complaint line at (225)925-4070.