



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) 925-7652



APPLICATION FOR ALCOHOL BEVERAGE SOLICITOR'S PERMIT

NAME AND MAILING ADDRESS

PHONE NUMBER

EMAIL

PERMIT NUMBER (for office use only)

EMPLOYER NAME

EMPLOYER LOCATION ADDRESS

I hereby apply for a solicitor's permit for the calendar year ending December 31, ____ to solicit orders for alcoholic beverages (of an alcoholic content in excess of 6% by volume) as provided by Chapter 1, of Title 26, of the Louisiana Revised Statutes of 1950, as amended, from authorized dealers located in the State of Louisiana to be shipped by the above firm which I represent.

I also certify that I comply with LAC 55:VII.309 (Regulation 5 – Solicitors).

Should permit be granted, I hereby agree to comply with all state laws and regulations affecting the sale and distribution of alcoholic beverages (of an alcoholic content in excess of 6% by volume).

Signature of Applicant

1. Do you represent more than one wholesale dealer? YES NO
2. Is this application being made by you as a subterfuge to permit any person other than yourself to secure a permit from the Office of Alcohol and Tobacco Control, in your name, for his benefit?
 YES NO

REMITTANCE MUST BE IN THE FORM OF A U.S. POSTAL MONEY ORDER, CASHIER'S CHECK, OR CHECK CERTIFIED BY THE BANK ON WHICH IT WAS DRAWN AND PAYABLE TO "LOUISIANA DEPARTMENT OF REVENUE. NO REFUND OF PERMIT FEES WILL BE ISSUED.

**MAIL APPLICATIONS TO: OFFICE OF ALCOHOL AND TOBACCO CONTROL
P.O. BOX 66404
BATON ROUGE, LOUISIANA 70896-6404**

THE PERMIT MAY NOT BE FINALLY ISSUED UNTIL A PERIOD OF THIRTY FIVE (35) DAYS AFTER RECEIVING THE APPLICATION.

NOTE: SCHEDULE A ON REVERSE SIDE OF APPLICATION MUST BE COMPLETELY FILLED OUT AND NOTARIZED.

ANY MIS-STATEMENT OR SUPPRESSION OF FACT IN AN APPLICATION OR ACCOMPANYING AFFIDAVIT SHALL BE GROUNDS FOR DENIAL, SUSPENSION, OR REVOCATION OF PERMIT.

FEE: \$5.00



LOUISIANA DEPARTMENT OF REVENUE
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SOLICITOR SCHEDULE "A"

When a manager or agent is employed, this schedule must be executed by that person, and by each member of a partnership or stockholder of a corporation owning more than five per centum (5%) of capital stock of corporation, which makes application for permit as provided by Chapter 1 and 2, Title 26, of the Louisiana Revised Statutes of 1950 as amended.

To: Louisiana Department of Revenue Office of Alcohol and Tobacco Control PO Box 66404 Baton Rouge, LA 70896		This Schedule "A" must be submitted by each applicant.			
		Name of Wholesaler _____			
Your Name _____		Address of Wholesaler _____ _____			
		Residence Address _____ _____			
Drivers License Number _____	Social Security Number _____	Date of Birth _____	Place of Birth _____		
Sex _____	Race _____	Are you a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a citizen of Louisiana? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	How did you become a citizen? _____
Have you resided in Louisiana continuously for a period not less than 2 years, next preceding date of filing this application? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted of a felony under the laws of the United States, Louisiana, or of any other state? If yes, a proof of pardon and restoration of citizenship must be submitted with this application? This includes any offense adjudicated under Article 893. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted in the United States, Louisiana or any other state of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place or dealing in narcotics? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you had a license or permit to sell or deal in alcoholic beverages issued by the United States, this state or any other state revoked within 5 years prior to this application? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you been convicted or had judgment against you involving alcoholic beverages by this state or any other state or the United States within 5 years prior to this application? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever been convicted for violating any of the provisions of the liquor or beer laws of Louisiana? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you married? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, is your spouse eligible for a permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full name of spouse _____		Has your spouse ever been denied or had an alcoholic beverage permit? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you or your spouse hold interest in any establishment holding a state retail permit? If yes, list. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Permit No. _____	Trade Name _____	Address _____		Type interest _____	% Equity _____
Have you ever used any other name than the one given herein? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, given details below.			
Name used _____		Place used _____		Dates From _____ to _____	
Is this application being made by you as a subterfuge to permit any person other than yourself to secure a permit from the Office of Alcohol and Tobacco Control in your name for his benefit? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					

AFFIDAVIT

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

I swear (we swear) 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 conditions set out in La. R.S. 26:79, 26:279, and LAC 55:VII.309 and I further swear (or affirm) that I have no interest in any establishment holding a state retail beer or liquor permit other than the type applied for.

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: _____