

Ernest P. Legier, Jr., Commissioner

**IMPORTANT INFORMATION RELATED TO
THIRD PARTY DELIVERY SERVICE**

“Delivery” of alcoholic beverages are allowed by certain alcohol retail dealers or a third party delivery service through the alcoholic establishment of certain alcohol beverage retailers. Engaging in the delivery of alcoholic beverages is prohibited unless expressly approved by the commissioner upon issuance of an alcoholic beverage delivery permit. See La. R.S. 26:153 & 26:271.2.

PERMIT FEE – See La. R.S. 26:271.4

3rd Party Retail Delivery Permit: \$1500.00

REQUIREMENTS – See La. R.S. 26:153, 26:271.2, 26:274A, and 26:309.

1. Possess a written agreement that meets the requirements set forth in R.S. 26:309.
2. Applicant is properly registered with the Louisiana Secretary of State and authorized to do business in Louisiana.
3. Applicant maintains a general liability insurance policy of \$1,000,000 with liquor liability endorsement.
4. Applicant has capability to monitor routes of its employees during delivery.
5. Applicant must utilize a real time age verification system or similar that shall record and maintain specific information by law for every order containing alcoholic beverages delivered.
6. Applicant shall obtain a Louisiana Tax certificate issued by the Louisiana Department of Revenue.

DEFINITIONS – See La. R.S. 26:2 and 26:271.2.

“**Delivery**” means enabling the delivery of restaurant prepared food and alcohol with its permittee’s employee(s) or through a third party delivery service that retail dealer entered into a written contract in accordance with La. R.S. 26:309 for the delivery of alcoholic beverages.

“**Restaurant establishment**” means an establishment: (1) which operates a place of business whose average monthly revenue from food and nonalcoholic beverages exceeds 50% of its total average monthly revenue from the sale of food, alcohol, and non-alcoholic beverages; (2) serves food on all days of operation; (3) maintains separate sales figures for alcoholic beverages; and (4) maintains 500 square feet of public habitable space.

“**Third Party**” means an independent technology company that operates a website or consumer application on which the independent liquor retailers market their products. Such third party company shall not deal, handle, sell, offer for sale, or possess for sale alcoholic beverages or process payments for the sale of alcoholic beverages.

“**Third Party Delivery Service or Company**” means for the purpose of R.S. 26:309, a third party delivery service that is licensed to do business in the state of Louisiana, permitted with the Louisiana Office of Alcohol and Tobacco Control, and uses their own W-2 employees for delivery and who has entered into a written agreement with a retail dealer for the delivery of alcoholic beverages and said agreement meets all the requirements as set forth by law.

“**Third Party platform**” means a third party service that is licensed to do business in the state of Louisiana that performs work with its own employees or agents for which the platform is required to file an Internal Service Form W-2 or 1099.

DELIVERY ORDERS – See La. R.S. 26:309G; 26:153A(11) and 26:307A(11)

1. All delivery orders containing alcoholic beverages shall contain food.
2. Retailer shall assemble, package, or fulfill each order at the retailer’s premises that accepted the order.
3. Only alcoholic beverages purchased from a licensed wholesale dealer and on stock at retailer’s location may be offered for delivery.
4. Retailer shall manage and control the sale of alcoholic beverages.
5. Retailer shall determine the alcoholic beverages to be offered for sale through a third party technology company, application, platform, or other similar technology or third party delivery service.
6. Retailer shall determine the price at which alcoholic beverages are offered for sale or sold through the independent technology platform or delivery service. Third Party Companies are prohibited to markup prices of alcohol. Price offered at retailer shall be equal to the price offered for delivery purposes.
7. Third Party Delivery Companies are prohibited to sell or resale alcoholic beverages.
8. Retailer shall have control in determining whether to accept or reject any order placed for alcoholic beverages through the independent technology platform or if delivered by third party delivery service.
9. Retailer shall be responsible to collect and remit all applicable state and local taxes.

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EMPLOYEES – DELIVERY “DRIVER” – See La. R.S.26:309C(11)

1. W-2 Employees or 1099 contractors (“employee”) must be twenty-one (21) years of age or older.
2. Retailer or Third Party Delivery Company must file an IRS W-2 or 1099 form for employee who delivers.
3. Employee must possess a valid server permit as provided for in R.S. 26:931 et. seq.
4. Upon rejection of any order at the time of delivery, employee shall return all orders to retailer’s place of business.
5. Employee must refuse delivery if recipient appears intoxicated, refuses to sign orders, or refuses to produce an identification card or doubts the authenticity or correctness of recipient’s identification.
6. Employee is required to utilize an identification scanner for every order containing alcoholic beverages.

ALCOHOL DELIVERY RECORDS - See La. R.S. 26:309G; 26:153A(11) and 26:307A(11)

All delivery orders, receipts or invoices shall contain the following information:

1. The retail dealer’s name, address, and permit number.
2. The name of the person who placed the order and the date, time, and method of order.
3. The name of the delivery agent and the date, time, and address of the delivery
4. The type, brand, and quantity of each alcoholic beverage delivered.
5. The name, date of birth, and signature of the person who received the delivery.

WRITTEN AGREEMENT REQUIREMENTS (La. R.S. 26:308)

1. The retail dealer shall manage and control the sale of alcoholic beverages.
2. The retail dealer shall determine the alcoholic beverages to be offered for sale through a 3rd party’s internet or mobile application platform or similar technology.
3. The retail dealer shall determine the price at which alcoholic beverages are offered for sale or sold through a 3rd party’s internet or mobile application platform or similar technology.
4. The retail dealer shall determine whether to accept or reject all orders placed for alcoholic beverages through a 3rd party’s internet or mobile application platform or similar technology.

PROHIBITED ACTS – See La. R.S. 26:153; 26:307 & 26:309.

- ❖ Prohibition of delivery to any address located on a campus of any college, university, or elementary or secondary schools.
- ❖ Prohibition of delivery to any public playground or building used primarily as a church, synagogue, public library, or school.
- ❖ Prohibition of delivery outside hours the permittee is opened to the public.
- ❖ Prohibition of delivery outside hours or days permittee is authorized to operate.
- ❖ Prohibition of delivery in an area where the sale of alcoholic beverages is prohibited by referendum vote.
- ❖ Prohibition of delivery to an intoxicated person.
- ❖ Prohibition of delivery to a person if there is reason to doubt the authenticity or correctness of recipient’s identification.
- ❖ Prohibition of delivery to recipient who refuses to sign receipt for the delivery.
- ❖ Prohibition of delivery any alcoholic beverage other than those contained in the original manufacturer’s sealed containers.
- ❖ Prohibition of delivery any alcoholic beverage in “open containers” as defined in R.S. 32:300.
- ❖ Prohibition of delivery by permittee’s own employee past the boundaries of the parish where permittee’s establishment is located.
- ❖ Prohibition of delivery by a third party delivery service shall not extend past the boundaries of the parish where the retailer’s permitted establishment is located and shall be made only to a residential or commercial address. Third party delivery radius shall be determined by the parish population. For any parish having a population of less than one hundred thousand (100,000) according to the latest federal decennial census, no alcoholic beverages shall be delivered more than twenty-five (25) miles from the place of purchase. For any parish having a population of greater than one hundred thousand (100,000) according to the latest federal decennial census, no alcoholic beverages shall be delivered more than ten (10) miles from the place of purchase.
- ❖ Prohibition of delivery any orders containing alcohol without food subject to rules and regulations.
- ❖ Prohibition to employ any person under the age of twenty-one (21) to delivery orders containing alcoholic beverages.



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THIRD PARTY APPLICATION CHECKLIST

INSTRUCTIONS: This checklist should be utilized to assist applicants with filing all required documents for third party delivery or platform permit. All documents must be properly signed and correspond with the name of the applicant exactly. All documents must be legibly printed.

APPLICATION FEES ARE NONREFUNDABLE.

All the following documents must be completed and submitted to the ATC.

- Submit a completed Third Party Delivery Application. Incomplete application will delay the process and may result in a denial.
 - All questions must be fully completed.
- Submit a copy of applicant's Corporate Documents and supplemental documents. (Charter, Article of Incorporations, Operation Agreement, Management agreement etc.)

Note: Corporate documents and registration with Louisiana Secretary of State must match, unless otherwise approved.
- Submit a completed Schedule A form for **each** owner, director, member, partner, and any person, stockholder, or shareholder.
- Submit a colored copy of each person's driver's license of each person completing a Schedule
- Submit a completed Fingerprint Authorization and Disclosure form for each person completing a Schedule A form. Each person must submit two (2) sets of fingerprint cards or submit proof of electronic fingerprints completed at the Louisiana State Police Headquarter located in Baton Rouge, LA. Each form must be accompanied with fingerprint fees of \$39.25.

You may submit a business check, money order, or cashier's check for \$39.25 made out to Louisiana State Police for each set of fingerprints submitted.
- Submit proof of registration with the Louisiana Secretary of State.
- Submit a copy of Applicant's General Liability Insurance Policy.
- Submit proof of real-time age verification identification scanner/system that will be utilized by Applicant for use of delivery.
- Submit all applicable fees. Application fees are \$1500.00. Note: Delivery Permits expiration dates are based on Parish.

NOTE:

THIRD PARTY DELIVERY COMPLANY OR PLATFORM MAY ONLY DELIVER ON BEHALF OF OTHER LICENSED RETAILER UPON WRITTEN AGREEMENT. BUSINESS SHALL BE REQUIRED TO SUBMIT A LIST OF ALL RETAILERS WHOM BUSINESS ENTERED INTO A WRITTEN AGREEMENT TO DELIVER WITHIN NINETY (90) DAYS OF ISSUANCE OF PERMIT.

QUESTIONS

For more information, please visit www.atc.la.gov or contact us at (225) 925-4041

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APPLICATION FOR THIRD (3rd) PARTY ALCOHOL DELIVERY PERMIT

NOTICE TO APPLICANT: Misstatement or Suppression of material facts in this application is **GROUNDS FOR DENIAL** or **REVOCAION** of any permit(s) issued thereafter. Additionally, filing false public records is a violation of Louisiana Revised Statute 14:133 and may result in imprisonment for not more than five (5) years with or without hard labor and/or fines of not more than \$5000.00.

BUSINESS INFORMATION	
1. Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
2. Owner/Entity Legal Name: (Name of individual, partnership, LLC, or Corporation)	
3. Trade Name (D/B/A):	
4. Business Physical Address: (Street address, City, Zip code)	5. Parish/County
6. Mailing Address: <input type="checkbox"/> Same as Physical	7. Website:
8. Primary Business Email Address:	9. Business Contact Number: <input type="checkbox"/> Cell <input type="checkbox"/> Business
10. Federal Employee Identification No. (FEIN)	11. Louisiana State Identification No.
12. Does Business consent to receive ATC communications, administrative notices, and/or administrative decisions in electronic format via email? If YES, provide email:	
<input type="checkbox"/> YES <input type="checkbox"/> NO Initials:	

OWNERSHIP INFORMATION			
Name of Individual & Affiliation	SSN	Type of interest **	% of Interest

If the applicant is not an individual (sole proprietorship), list the name, title, and percentage of ownership of each person. All partners, stockholders, officers, directors, members, and/or any stockholder or shareholder owning more than 5% must submit suitability documents including Schedule A, Schedule F, and fingerprints with authorization form. *Each person listed above shall be required to submit completed suitability documents and a colored copied of his/her driver's license.

Management Information	
13. Is applicant's business to be conducted wholly or partly by one or more managers, agents, or other representatives? If YES, complete below and manager must submit a completed Schedule A (Form SA-01) and Schedule F (SA-02), if applicable and attach a colored copy of manager's driver's license.	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Manager's Full Name	Title

GENERAL INFORMATION	
14. Has Applicant entered into or intend to enter into an alcoholic beverage delivery agreement with a licensed alcoholic beverage retail dealer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Does Applicant understand that business shall be required to submit within ninety (90) days of issuance of its permit a list of all retail businesses that Applicant has entered into a written agreement to deliver alcoholic beverages for? Said list shall include name of retailer and address of retailer including parish where business is located.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Does Applicant maintain a general liability insurance policy with a liquor liability endorsement in an amount of no less than one million dollars per occurrence for the duration of the agreement with the retail dealer and shall provide proof of coverage to the retail dealer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Does Applicant understand that any orders containing alcoholic beverages shall be delivered for personal consumption only and not for resale purposes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Does Applicant understand that retail dealer shall be required to maintain ultimate control and responsibility over the sales transaction and transfer of physical possession of the alcoholic beverages at all time and shall retain sole discretion to determine whether to accept and complete an order or reject it?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Does Applicant understand that a Third Party Delivery Company is prohibited to mark-up alcoholic beverage prices?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Does Applicant understand that a Third Party may not sell or resell alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Does Applicant understand that retail dealer shall maintain independence to determine which alcoholic beverages are made available through electronic means for delivery purposes and shall independently set the price of such products?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Does Applicant understand that delivery orders shall be required to be assembled, packaged, and fulfilled at retail dealer's permitted premises where the order is processed and only with use of inventory located at the retailer's premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO

TYPES OF ALCOHOLIC BEVERAGES	
23. Does Applicant understand that business shall only be permitted to deliver manufacturer sealed alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Does Applicant understand that delivery of an "open alcoholic beverage container" as defined in La. R.S. 32:300 is prohibited?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Does Applicant understand that only alcoholic beverages, as defined by R.S. 26:2 and 241(1)(a) may be offered for delivery from the licenses premises of a packaged house Class B permit holder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Does Applicant understand that only beer, malt beverages or wine as defined by R.S 26:2(1) and 241 may be offered for delivery from the licenses premises of a restaurant (Class AR) permit holder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Does Applicant understand that food must be delivered with all delivery orders containing alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DELIVERY BOUNDARIES	
28. Does Applicant understand that delivery of alcoholic beverages shall be permitted only during the days and hours the authorized retailer's permitted establishment is open to the public and authorized to sell or serve alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Does Applicant understand that delivery of alcoholic beverages is permitted only in those areas where the retail sale of alcoholic beverages is permitted and shall be prohibited in any area where it is prohibited by referendum?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Does Applicant understand that permittee may only deliver within twenty-five (25) miles from the place of business located within a parish having a population of less than one hundred thousand (100,000) according to the latest federal decennial census?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Does Applicant understand that permittee may only deliver within ten (10) miles from the place of business located within a parish having a population of more than one hundred thousand (100,000) according to the latest federal decennial census?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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DELIVERY BOUNDARIES

32. Does Applicant understand that permittee shall be prohibited to deliver alcoholic beverages to an address on a campus of any state college, university, or technical college or institute, any independent college or university, or any elementary or secondary school located in this state?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
33. Does Applicant understand that permittee shall be prohibited to deliver to any public playground or building used primarily as a church, synagogue, public library or school?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DELIVERY: EMPLOYEE AND RESPONSIBILITY

34. Please select the type of delivery drivers.	<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
35. Does Applicant understand all delivery drivers fulfilling orders containing alcoholic beverages must be twenty-one (21) years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Does Applicant understand that permittee shall be required to conduct an interview and background check of all persons that will deliver alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Does Applicant understand that permittee shall be required to monitor the route of its employees during delivery of alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Does Applicant understand that permittee and its employees are prohibited to deliver alcoholic beverages to any recipient appearing intoxicated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Does Applicant understand that prior to completing any delivery orders, permittee, employees, or agents must verify the identity and age of the person accepting delivery of the order by validating a state issued photo identification of the person through use of a real time age verification system authorized by the commissioner?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Does Applicant's understand that business is required to maintain and utilize a real time age verification system that contains a magnetic card reader or an alternative technology capable of verifying proof of age for all delivery orders containing alcoholic beverage? Please provide brand and type of real time age verification system. Provide Brand or Model Number and Type of ID Scanner: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Does Applicant understand that permittee and its employee shall be required to refuse to complete a delivery order if there is reason to doubt the authenticity or correctness of the recipient's identity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Does Applicant understand that permittee and its employee(s) shall refuse to complete a delivery order if recipient refuses to sign for the receipt of the delivery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Does Applicant understand that all delivery employees must possess a valid server permit as provided in La. R.S. 26:931 et seq. prior to engaging or completing the delivery of alcoholic beverages?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DELIVERY RECORDS

44. Does Applicant understand that 3 rd party shall be required to maintain a record of all deliveries of alcoholic beverages for up to three (3) years from the date of delivery and shall be made available to the ATC upon request?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Does Applicant understand that all delivery records shall contain retail dealer's name, address, and permit number?	<input type="checkbox"/> YES <input type="checkbox"/> NO
46. Does Applicant understand that all delivery records shall contain the name of person who placed the order, as well as the date, time, and method of order?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Does Applicant understand that all delivery records shall contain the name of the employee making the delivery, as well as the date, time and address of the delivery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Does Applicant understand that all delivery records shall contain the type, brand, and quantity of each alcoholic beverage delivered?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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DELIVERY RECORDS	
49. Does Applicant understand that all delivery records shall contain the name, date of birth, and signature of the person that received the delivery?	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION FEE
<p style="text-align: center;"><input type="checkbox"/> CLASS D – THIRD PARTY PROVIDER OR PLATFORM - \$1500.00 per year</p> <p style="text-align: center;">Application fees may be paid with a personal or business check, cashier check, money order, or credit card Application fees are non-refundable upon submission to the ATC.</p>

If Applicant is:	Person who must sign application:
Individual or Sole proprietor	Individual owner(s)
Partnership	Any Partner
Limited Liability Corporation (LLC)	Member, managing member, director, or officer
Corporation	Officer or Director

AFFIDAVIT AND SIGNATURE

WARNING & SIGNATURE: Applications may only be signed by an authorized person. Applications signed by an unauthorized person may result in denial of application.

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 for third party delivery applicants. By submitting this signed application, you are certifying that you understand your obligations and responsibility as a licensee as set forth under Louisiana law. That you have read and understand the laws and regulations related to alcohol delivery and that you have a continuing duty to stay up to date as to any new or amended laws or rules and regulations promulgated in accordance with the law. For additional information, see www.atc.la.gov.

PRINT NAME	SIGNATURE
TITLE	DATE

NOTARY USE ONLY			
<i>Sworn to and subscribed to me on this _____ day of _____, 20_____, in the parish/county of _____, State of _____.</i>			
_____ NOTARY PRINT NAME		_____ NOTARY SIGNATURE	
Office Use Only	Permit Number:	Processed by & Date	Issued by & Date



Office of Alcohol Tobacco Control

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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



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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



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& 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:



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**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

Office Use Only:



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



Ernest P. Legier, Jr., Commissioner

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