

## Application for Authority to Ship Alcoholic Beverages into Louisiana

Louisiana Revised Statute 26:364

## Mail To:

Louisiana Department of Revenue Taxpayer Compliance-SES P. O. Box 201

Baton Rouge, LA 70821-0201 Email: <u>excise.inquiries@la.gov</u>

Date of Application (mm/dd/yyyy) _			<u></u>				PLEAS	E PRINT OR TYP
Legal Name of Business/Shipper  Mailing Address				Trade Name of Business/Shipper  Location Address				
ity		State	ZIP	City			State	ZIP
Foreign Nation, if not United States (Do not abbreviate.)				Foreign Nation, if not United States (Do not abbreviate.)				
Contact Person				Title				
Telephone				Email Address				
Federal Employer ID No.				Social Security Number (if no FEIN)				
Wholesale Dealer		Location Add		dress City		/ ZIP		
Wildlesale Dealer			Location Au	uress	City			ZIP
n accordance with La. R.S. 26:36-  Distiller Prod  Owner of the commodity a  The Exclusive Agent of on supplement if needed.)	ducer t the time e or more	it beco	☐ Bottler mes a marketabl above; if an Exc	e product Iusive Agent, s	state principal and th	e produc	t being	shipped. (Attach
A copy of your domicile state license ouisiana wholesale dealer MUST be hipment.								
Shipper								
uthorized Signature Title								