

	Application for Authority to Ship Alcoholic Beverages into Louisiana
	Mail to: Taxpayer Services Division Excise Tax Section P. O. Box 201 Baton Rouge, LA 70821-0201

Date of Application (mm/dd/yyyy) _____

PLEASE PRINT OR TYPE.

Legal Name of Business/Shipper			Trade Name of Business/Shipper		
Mailing Address			Location Address		
City	State	Zip	City	State	Zip
Contact Person			Title		
Telephone ()			Fax ()		
Federal Employer ID No.			Social Security Number (if no FEIN)		

In accordance with Louisiana Revised Statute 26:364, application is hereby made for authority to make shipments of

- Beverages of Low Alcoholic Content (*contains not more than 6% by volume*)
- Malt Beverages of High Alcoholic Content (*contains more than 6% by volume*)
- Beverages of High Alcoholic Content (*contains more than 6% by volume*)

to licensed and bonded wholesale dealers listed below with the complete name and location address of the business:

Wholesale Dealer	Location Address	City	ZIP

In accordance with R.S. 26:364(B), I/we hereby certify that I/we are the:

- Distiller Producer Bottler
- Owner of the commodity at the time it becomes a marketable product, or
- The Exclusive Agent of one or more of the above. If an Exclusive Agent, state principal and the product being shipped (*attach a supplement if needed*) _____

A copy of the invoiced listing the merchandise and total amount shipped to the Louisiana wholesale dealer MUST be mailed to the Department of Revenue, Taxpayer Services Division, Excise Tax Section upon execution of the shipment.

Shipper		
Authorized Signature X	Title	Date (mm/dd/yyyy)