Office of Alcoholic Beverage Control
City of Baton Rouge - Parish of East Baton Rouge
9048 Airline Hwy., Baton Rouge, LA 70815
Telephone (225) 389-3364; Fax (225) 389-7869

Authorization to Disclose Tax Information

This form authorizes the Office of Alcoholic Beverage Control to acquire confidential taxpayer information from the City Parish Department of Revenue for the named taxpayer(s) on this form.
Note: Each individual, partner, member, shareholder and/or entity must each complete a separate authorization form.

1. Taxpayer Information

Name of Taxpayer/Applicant/Licensee		
Business Ownership (Corporation, LLC or Sole)		
Business Trade Name		
Address		
City	**State/Zip Code**	**Cell Number**

2. Authorization of Representative

Name of Representative Licensing Division Agents	**Name of Firm (if applicable)** Office of Alcoholic Beverage Control	
Address 9048 Airline Hwy., Suite 1-A	**City** Baton Rouge	**State/Zip Code** Louisiana 70815
Telephone Number 225 389-3364	**Fax Number** 225 389-7869	

3. Signature

If a tax matter concerns a joint return, both husband and wife need to sign. A signature by both is not required in any other circumstance. A signature by a corporate officer, partner, guardian, executor, receiver, administrator or trustee on behalf of the taxpayer certifies that the signer has the authority to execute the form on behalf of the taxpayer.

We cannot honor this authorization of disclosure if it is not signed and dated.

_____ _____ _____
Signature Date Title (if applicable)

_____
Print Name

_____ _____
Signature of Spouse (if applicable) Date

_____
Print Name of Spouse

Authorization takes effect once the Office of Alcoholic Beverage Control receives this form. This form applies only to the alcohol division application for licensing.