



**APPLICATION FOR NEW OR TRANSFER PERMIT –
RETAILER OR DEALER**
State Form 51189 (R9 / 8-24)

INSTRUCTIONS:

1. Type or print legibly.
2. Include payment.
3. Do not complete shaded areas.
4. If there is no opening for this applied permit or there is an omission, this application will be returned.
5. Please attach a completed Property Tax Clearance – Form 1 (State Form 1462).
6. Please attach a completed County Verification of Business Location form (State Form 44184).
7. Please attach additional documentation as indicated throughout the application.
8. For a list of permits and permit fees, please visit www.in.gov/atc/files/Complete-ATC-Fee-Schedule.pdf.
9. To apply online, please visit www.in.gov/atc/alcohol-permit-resources/alcohol-permit-applications-and-forms/.

* This agency is requesting your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY
Date received (mm/dd/yyyy)
Permit number
Permit type
Base fee receipt number
Catering receipt number
Processor
Jurisdiction

SECTION 1: GENERAL INFORMATION

1.1. Application type:		
<input type="checkbox"/> New	<input type="checkbox"/> Transfer of location (\$250 fee)	
<input type="checkbox"/> Transfer of ownership (\$250 fee)	<input type="checkbox"/> Transfer of ownership and location (\$500 fee)	
1.2. Permit type for which you are applying (link to list of permit types provided above in Instruction 8):		
1.3. Please briefly describe how the applicant qualifies for this permit type:		1.4. Permit number (Transfers only)
1.5. Name of applicant (individual or business entity)		
1.6. Doing business as (d/b/a)		
1.7. The applicant is a: (Check one)		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Club Association	<input type="checkbox"/> Corporation	<input type="checkbox"/> Simple Partnership
	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
1.8. Premises address <input type="checkbox"/> Location pending (permit will be issued "location pending"; transfer application is required when location confirmed)		
Street name and number		Suite number (if applicable)
City / Town	State	ZIP code
E-mail address		Telephone number of premises
1.9. Mailing address <input type="checkbox"/> Same as above NOTE: Notices from the ATC will be sent to the mailing address and/or e-mail address provided on this form. It is your responsibility to notify the ATC of any change in mailing address.		
Street name and number		Suite number (if applicable)
City / Town	State	ZIP code
E-mail address		Telephone number of applicant
1.10. What county is the proposed permit premises located in?		
1.11. Is the proposed permit premises located inside the corporate limits of a city / town?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.12. If yes, please name the incorporated city / town.		
1.13. Is there at least 200 feet between the proposed permit premises and any church or school?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

If no, please check the exception that applies:

- Church or school has provided a written statement pursuant to IC 7.1-3-21-11, and the applicant is applying for a grocery store, drug store, restaurant, hotel, or catering hall permit. *(Must attach a copy of written statement(s) from church and/or school to application.)*
- Wall of the proposed premises and wall of the church and/or school are separated by at least eighty-five (85) feet, including a two-lane road of at least thirty (30) feet in width.
- The applicant is applying for a retail restaurant permit located in a facility on the National Register of Historic Places. *(Must include documentation of the historic designation.)*
- The applicant is applying for a retail restaurant permit located within the boundaries of an historic district established in accordance with IC 36-7-11-7. *(Must include documentation of the historic designation and a map of the historic district which indicates the location of the proposed permit premises within the historic district.)*
- The applicant is applying for one of the following permit types:
 - a) Mall (IC 7.1-3-20-24.4);
 - b) City market (IC 7.1-3-20-25);
 - c) Historic railway station (IC 7.1-3-20-16(e)(1));
 - d) Renovation (IC 7.1-3-20-16(e)(2)); or
 - e) Food hall master (IC 7.1-3-20-29) or food hall vendor (IC 7.1-3-20-30).
- An alcoholic beverage permit premises has continuously operated at the location since prior to the opening of the church and/or school.

1.14.	Do any individuals, corporations, limited liability companies, limited liability partnerships, or stock owners, members, or partners of any such entities have any interest, either directly or indirectly, in any distiller, vintner, farm winery, rectifier, brewer, primary source of supply, or wholesaler permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.15.	If issued a permit, will you manage the licensed premises? <i>If no, please complete Section 7, Manager's Questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.16.	Do you sell tobacco products? <i>If yes, please provide the Tobacco Sales Certificate number.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.17.	Do you consent for the duration of the permit to inspection and search by an enforcement officer, without a warrant or other process, of your licensed premises and vehicles to determine compliance with the provisions of Indiana Code 7.1? <i>Answering "No" to this question will result in the denial of this application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.18.	Do you have a legal right to possess the permit premises for the term of the permit (ownership or a bona fide lease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: QUALIFICATIONS

THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS WITH AN INTEREST IN THE PERMIT BEING APPLIED FOR.

NOTE: "Individuals" referred to in all questions in the below section include limited liability companies (LLCs), limited liability partnerships (LLPs), corporations, partnerships, and all other business entities recognized under Indiana law, as well as a natural person where applicable.

2.1.	Are all individuals with an interest in this application citizens of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2.	Are all individuals with an interest in this application of sound mind and good repute in the community in which they reside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3.	Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor? <i>(If yes, please attach a letter with conviction, court, date, and sentence information.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4.	Have any individuals with an interest in this application ever been convicted of and/or found to have committed a violation of the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the ATC? <i>(If yes, please attach a letter detailing the conviction and/or violation, including permit number.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5.	Are any individuals with an interest in this application a law enforcement officer, a non-elected officer of a municipal corporation or government subdivision, or an officer of the state of Indiana, charged with any duty or function in the enforcement of Title 7.1 of the Indiana Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6.	Have any individuals with an interest in this application held a permit under Title 7.1 of the Indiana Code and had the permit revoked within one (1) year prior to the date of this application? <i>(If yes, please provide the permit number(s) and an explanation.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7.	Have any individuals with an interest in this application made an application for an alcoholic beverage permit of any type which was denied less than one (1) year prior to this application for a permit (unless the application was denied by reason of a procedural or technical defect)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8.	Do any individuals, corporations, limited liability companies, limited liability partnerships, partnerships, or stock owners, members, or partners of such entities have any interest, either directly or indirectly, in any other permits or registrations of any kind issued under Title 7.1 of the Indiana Code connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? <i>If yes, list permits below. (Attach additional sheet if necessary.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permit number(s)			
2.9. Are you indebted to a person (or an officer or agent of that person) who holds a brewer's permit or wholesale permit, for a debt secured by a lien, mortgage, or otherwise, upon the premises for which the beer retailers permit is to be applicable or upon any of the property or fixtures on the premises or used in connection with the premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: OWNERSHIP INFORMATION

IC 7.1-3-21-8 requires the disclosure of each person or entity that holds (directly or indirectly) at least a two percent (2%) interest in the permit, or the business conducted under it. When disclosing a publicly traded corporation, please provide the name and address of the corporate officers and members of the board of directors.

3.1. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership percent (%)

3.2. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership percent (%)

3.3. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership percent (%)

3.4. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership percent (%)

3.5 Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership percent (%)

3.6 Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership percent (%)

3.7 Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership percent (%)

Check here if you have disclosed less than 100% of the permit ownership and the remaining undisclosed owners hold less than a 2% ownership interest.

SECTION 4: ESCROW REQUEST

The permit application and issuance process can take up to ninety (90) days or more, including application review, newspaper publication notice, orange sign posting, local alcoholic beverage board hearing, commission approval, and final floor plan approval by the Indiana State Excise Police. If your application is approved and you will not be immediately ready to open to the public upon issuance of the permit, the permit will need to be placed in escrow, (i.e., a non-operational status) pursuant to IC 7.1-3-1.1. All applicants must answer the following questions:

4.1.1. When will the permit premises for which you are applying be ready to open for business?

_____ (mm/dd/yyyy)

4.1.2. If you will not be ready to open to the public within ninety (90) days of permit issuance, please explain the steps you are taking to make the proposed permit operational and provide an estimated timeframe for when the permit will be operational. (Please attach additional sheets as needed).

SECTION 5: RETAILER PERMIT QUESTIONS

(Skip to next section if you are not applying for a retailer permit.)

5.1. LIQUOR LIABILITY INSURANCE

All retailer permit holders must maintain liquor liability insurance that has total coverage of at least five hundred thousand dollars (\$500,000) or a liquor liability endorsement to a general liability insurance policy that has total coverage of at least five hundred thousand dollars (\$500,000) during the permit term.

Please attach proof of liquor liability insurance in the form of a certificate of insurance or policy declaration that clearly identifies the coverage amount and contains the following information: (1) the name of the insured/permit holder; (2) the address(es) of the permit location(s) for which the insurance coverage applies; and (3) the effective date and expiration date of the policy.

(NOTE: For permits that are or will be deposited in escrow, proof of liquor liability insurance must be provided prior to the permit being made active.)

5.2. MINORS

5.2.1. Will minors be present on the permit premises? (If no, skip to next applicable section.)

Yes No

5.2.2. Please select the exception below that allows minors on the permit premises: (See IC 7.1-5-7-11 for additional information.)

- Civic center
- Sports arena
- Social club (IC 7.1-3-20-1)
- Dining car
- Satellite facility (IC 4-31-2-20.5)
- Entertainment complex (IC 7.1-1-3-16.5)
- Automobile racetrack
- Indoor theater (IC 7.1-3-20-26)
- Senior residence facility campus (IC 7.1-3-1-29)
- Recreational facility (i.e., a golf course, bowling center, or similar facility whose principal business is recreational activity and not the sale of food and beverages)
- No alcoholic beverages are served across a bar¹ and service is accomplished by an employee
- A restaurant with limited separation*** between the barroom and family dining room that is subject to the minimum food sales requirement set forth in 905 IAC 1-41-2.
- Convention center
- Fraternal club (IC 7.1-3-20-7)
- Boat
- Horse racetrack facility (IC 4-31-5)
- Private catering hall that is not open to the public (IC 7.1-3-20-24)
- Indoor golf facility
- Licensed premises owned or operated by a postsecondary educational institution (IC 21-17-6-1)
- Food hall master permit (IC 7.1-3-20-29) or food hall vendor permit (IC 7.1-3-20-30)
- A hotel (other than a part of the hotel that is in a room of a restaurant in which a bar¹ is located) (IC 7.1-3-20-18)
- A restaurant with full separation** between the barroom and family dining room
- A restaurant operated by the holder of an artisan distiller, small brewer, and/or farm winery permit with limited separation*** between the barroom and family dining room that is not subject to the minimum food sales requirement set forth in 905 IAC 1-41-2.

¹ For purposes of this section, a “bar” refers to a counter over which alcoholic beverages are sold or dispensed by the drink to consumers. Full** or limited*** separation is required for any bar located in a restaurant if minors are allowed on the licensed premises and no applicable exception applies.

** Full separation is a nontransparent wall at least seventy-two (72) inches in height with a doorway or open archway of no more than five (5) feet in width which separates the barroom and the family dining room.

*** Limited separation is a structure or barrier that reasonably deters free access and egress without requirement for doors or gates which separates the barroom and the family dining room. Under 905 IAC 1-41-2, in order to qualify for limited separation, a permittee or applicant must have minimum food sales or projected food sales of at least \$200,000 per year or 60% of gross food and alcoholic beverage sales (not including carryout or catering sales) must be in the sale of food.

5.4. BEER, WINE, AND LIQUOR RETAILER RESTAURANT (209) IN UNINCORPORATED AREA <i>(Excluding recreational facilities such as golf courses and tennis clubs)</i>	
5.4.1. If you are seeking a beer, wine, and liquor retailer permit in an unincorporated area (type 209 permit), do you project that annual gross food sales at the location will reach \$200,000 by the end of the first two (2) years and that annual gross food sales will be at least \$100,000 each year thereafter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5. LIQUOR RETAILER IN INCORPORATED AREA <i>(Does not include beer only, wine only, or beer and wine retailers.)</i>	
5.5.1. Is the proposed permit premises located in an incorporated city having a population of less than 5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5.2. If the answer is yes, have you attached to the application the enabling ordinance from the city consenting to the issuance of liquor retailer's permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6. CARRYOUT OF ALCOHOLIC BEVERAGES	
5.6.1. Do you wish to sell alcoholic beverages for carryout? <i>(If yes, please attach State Form 56312, Carry-out Supplement.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7. CATERING HALL	
5.7.1. Are you applying for a catering hall permit to sell alcoholic beverages for consumption on the licensed premises with accommodations for at least 250 people which may only be used for private catered events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8. CLUBS	
5.8.1. If you are applying for a club permit, please select the appropriate club type: <input type="checkbox"/> Fraternal Club <input type="checkbox"/> Social Club	
5.8.2. If a social club, does your association or organization meet the general requirements of IC 7.1-3-20-1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8.3. If a fraternal club, does your association or corporation meet the general requirements of IC 7.1-3-20-1 and the specific requirements of IC 7.1-3-20-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8.4. If the club premises is outside corporate limits, do you meet the requirements of IC 7.1-3-20-3?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9. HOTEL / RESORT HOTEL	
5.9.1. If you are seeking a hotel permit, do you meet the general requirements of IC 7.1-3-20-18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9.2. If you are seeking a resort hotel permit, do you meet the requirements of 7.1-3-20-21?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10. HISTORIC DISTRICT	
5.10.1. If you are seeking a historic district permit, is the premises a restaurant located in a district that is on the National Register of Historic Places which includes a county courthouse, historic opera house, and historic jail and sheriff's house in accordance with IC 7.1-3-20-16(g)? <i>If yes, you must submit the appropriate documentation, including a district map identifying the location of your restaurant, an approval letter from a city or town representative that indicates whether the city or town adopted an ordinance that requires a written commitment pursuant to IC 7.1-3-19-17, and a copy of the ordinance creating the district. If the city or town ordinance requires a written commitment, you must also submit a copy of the written commitment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.11. AIRPORT, ECONOMIC DEVELOPMENT AREA, MOTOR SPORTS DISTRICT, RAILWAY STATION, REDEVELOPMENT DISTRICT, RENOVATION PROJECT, RIVERFRONT DISTRICT	
5.11.1. Please specify the type of permit for which you are applying: _____	
5.11.1. Do you meet the statutory requirements for the designated permit identified above? <i>If you are applying for a municipal riverfront/lakefront development permit (IC 7.1-3-20-16(d) and IC 7.1-3-20-16.1) or a lakefront development permit, motorsports development permit IC 7.1-3-20-16(k) or (l), redevelopment permit (IC 7.1-3-20-16.8), or renovation project (IC 7.1-3-20-16(e)(2)), you must also submit a letter indicating that the statutory requirements have been met and the mayor's approval of the permit, a map of the district identifying the premises location, and a copy of the ordinance creating the district.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are applying for a permit in a publicly owned airport (IC 7.1-3-20-16(b)), union railway station (IC 7.1-3-20-16(c)), railway station (IC 7.1-3-20-16(e)), cultural center (IC 7.1-3-20-16(f)), or redevelopment district (IC 7.1-3-20-16(h) and (i)), please submit supporting documentation showing that your premises is located in a district that meets the qualification of the section authorizing the permit.

If you are applying for a lakefront district permit pursuant to IC 7.1-3-20-16(j) and IC 7.1-3-20-16.2, please submit a map of the district identifying the location of your restaurant, detailed information concerning the expenditures of the state, local, and federal funds on the municipal lakefront development project, and a copy of the local ordinance or resolution authorizing the municipal lakefront development project.

5.12. EXCURSION BOAT

<p>5.12.1. If you are applying for an excursion boat permit, do you engage in regular passenger service which makes regular runs in seasonal weather between established locations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5.12.2. Are you requesting designation as a jumbo boat? <i>(If yes, please attach a copy of the United States Coast Guard certification)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5.12.3. For jumbo boat designation, is the boat at least 135 feet long and 35 feet wide?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5.12.4. For jumbo boat designation, will the boat dock in more than one county? <i>If yes, please list each county:</i> _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

5.13. HORSE TRACK FACILITY / SATELLITE

<p>5.13.1. If you are applying for a horse track permit, do you currently hold a valid recognized meeting permit issued by the Indiana Gaming Commission?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Permit number of recognized meeting</p>	<p>Date of issuance (mm/dd/yyyy)</p>	<p>Date of expiration (mm/dd/yyyy)</p>
<p>5.13.2. Are you applying for a satellite permit?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>License number of satellite facility</p>	<p>Date of issuance (mm/dd/yyyy)</p>	<p>Date of expiration (mm/dd/yyyy)</p>

5.14. CIVIC CENTER, MALL, MARKET

5.14.1. Please check the permit type for which you are applying:

Public facility of a stadium, exhibition hall, auditorium, theater, convention center, or civic center that qualifies for a permit under IC 7.1-3-1-25.

An entertainment complex that qualifies for a permit under IC 7.1-3-1-25(e).

Retail space in a mall pursuant to IC 7.1-3-20-24.4.

Retail space in a city market pursuant to IC 7.1-3-20-25.

5.15. FOOD HALL MASTER

<p>5.15.1. Do you meet the requirements set forth in IC 7.1-3-20-29?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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5.16. FOOD HALL VENDOR

5.16.1. Are you applying for a one-way, two-way, or three-way permit? One-way Two-way Three-way

5.16.2. List the permit number for the master food hall permit where the premises is located: _____

5.16.3. What is the size of your vending space? Less than 1,000 square feet At least 1,000 square feet

5.17. GAMING SITE

<p>5.17.1. If you are applying for a gaming site permit, do you hold a valid riverboat license under IC 4-33-6, an operating agent contract under IC 4-33-6.5, or a gambling game license under IC 7.1-25?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>License number of gaming site</p>	<p>Date of issuance (mm/dd/yyyy)</p>	<p>Date of expiration (mm/dd/yyyy)</p>

5.18. DINING CAR

<p>5.18.1. Do you own a railroad as a public carrier or cars which are operated as part of railroad train?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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5.19. RACE TRACK

5.19.1. Do you operate an outdoor facility with the main purpose and function being organized sporting competition that does not include a facility to which IC 7.1-3-1-25(a) applies or a tract located in a county containing a consolidated city that contains a premises used in connection with the operation of a paved track more than two (2) miles in length that is used primarily in the sport of auto racing?

Yes No

SECTION 6: DEALER PERMIT QUESTIONS
*(Skip to next section if you are not applying for a dealer permit.)***6.1. GROCERY STORE**

6.1.1. If you are applying for a beer and/or wine grocery store permit, please select the appropriate category below: *(Please refer to IC 7.1-1-3-18.5 for more information on what qualifies as a grocery store.)*

- A supermarket, grocery store, or delicatessen that is primarily engaged in the retail sale of a general food line, including:
 - (a) canned and frozen foods;
 - (b) fresh fruits and vegetables; and
 - (c) fresh and prepared meats, fish, and poultry.

- A convenience store or food mart primarily engaged in:
 - (a) the retail sale of a line of goods, including milk, bread, soda, and snacks; or
 - (b) the retail sale of automotive fuels and the retail sale of a line of goods including milk, bread, soda, and snacks; and
 - (c) the sale of alcoholic beverages represents 25% or less of annual gross sales (excluding gasoline and automotive oil products).

- A warehouse club, superstore, supercenter, or general merchandise store that is primarily engaged in the retail sale of a general line of groceries or gourmet foods in combination with general lines of new merchandise, which may include apparel, furniture, and appliances.

- A specialty or gourmet food store primarily engaged in the retail sale of miscellaneous specialty foods not for immediate consumption and not made on the premises, not including: (a) meat, fish, and seafood; (b) fruits and vegetables; (c) confections, nuts, and popcorn; and (d) baked goods.

6.2. PACKAGE LIQUOR STORE

6.2.1. Does your business meet the definition of a package liquor store under IC 7.1-1-3-28?

Yes No

6.3. BEER, WINE, AND LIQUOR DRUG STORE PERMITS

6.3.1. If you are applying for a beer, wine, and liquor drug store permit, do you hold a valid permit issued by the State Board of Pharmacy?

Yes No

Permit number of pharmacy	Date of issuance <i>(mm/dd/yyyy)</i>	Date of expiration <i>(mm/dd/yyyy)</i>
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SECTION 7: MANAGER QUESTIONNAIRE

7.1. Name of manager <i>(last, first, middle initial)</i>	7.2. Social Security number *
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7.3. Date of birth <i>(mm/dd/yyyy)</i>	7.4. Employee permit number	7.5. Date of expiration <i>(mm/dd/yyyy)</i>
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7.6. Home address *(number and street, city, state, and ZIP code)*

7.7. Are you a citizen of the United States?

Yes No

7.8. Are you at least twenty-one (21) years old?

Yes No

7.9. Are you an officer or employee of a non-resident of the state of Indiana that is engaged in the alcoholic beverage traffic or engaged in carrying on any phase of the manufacture of, traffic in, or transportation of alcoholic beverages without a permit under Title 7.1 of the Indiana Code?

Yes No

7.10. Are you a law enforcement officer, a non-elected officer of a municipal corporation or governmental subdivision, or an officer of the state of Indiana charged with any duty or function in the enforcement of Title 7.1 of the Indiana Code?

Yes No

7.11. Have you ever been convicted of a felony or misdemeanor?
If yes, please attach a letter with conviction, court, date, and sentence information. Do not include convictions that have been expunged under IC 35-38-9.

Yes No

7.12. Have you ever been found to have committed a violation of the Indiana alcoholic beverage laws, rules, regulations, or orders of the Commission? *If yes, please attach a letter detailing the conviction(s) and/or violation(s), including any permit number(s).*

Yes No

7.13. Have you held an alcoholic beverage permit under Title 7.1 of the Indiana Code and had the permit revoked within one (1) year prior to the date of this application? <i>If yes, please provide the permit number(s) and an explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.14. Have you made an application for an alcoholic beverage permit of any type which was denied less than one (1) year to the date of this application (unless the application was denied by reason of a procedural or technical defect)? <i>If yes, please attach an explanation.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.15. Do you have an interest, either directly or indirectly, in any other permits or registrations of any kind issued under Title 7.1 of the Indiana Code connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? <i>If yes, please list the permit number(s) below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Permit number(s)</i>	
Signature of manager	Date (mm/dd/yyyy)

SECTION 8: FLOOR PLAN

All applicants must submit a floor plan drawing on letter size (8½" x 11") paper attached to this application. The drawing must show dimensions and identifications of any existing family room(s), seating arrangement(s), ballroom(s), bar(s), dance floor area(s), kitchen area(s), restrooms, storage and office areas, entrances/exits, patios, beer gardens, service windows, and alcoholic beverage display areas for all types of permits. Please sign and date the drawing.

NOTE: A floor plan of the licensed premises must be approved before a permit is issued. If you have any questions regarding floor plans, please contact the appropriate Indiana State Excise Police district office: www.in.gov/atc/isep/contact-us/.

SECTION 9: CERTIFICATION OF APPLICANT

I certify that this application was completed by myself or by the preparer identified below. I certify that I have read this completed document and that all information provided herein and on any attachments is true and correct. **I UNDERSTAND THAT IT IS A FELONY UNDER LAW TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

I hereby consent for the duration of the permit term to inspection and search by an enforcement officer, without a warrant or other process, of my licensed premises, any approved satellite facility, approved storage facility, and vehicles to determine compliance with the provision of Indiana Code 7.1.

NOTE: The applicant MUST sign this application unless the proper Power of Attorney forms are attached to this application.

Signature of applicant	Date signed (mm/dd/yyyy)
Printed name of applicant	Title of applicant

SECTION 10: CERTIFICATION OF PREPARER (if applicable)

I certify that I have examined this application and the accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete. I certify that the applicant reviewed the completed form prior to signing.

Signature of preparer	Date signed (mm/dd/yyyy)
Printed name of preparer	Telephone number

SECTION 11: PAYMENT AND CONTACT INFORMATION

<p>Payment must be in the form of a business check, certified check, or money order made payable to the Indiana Alcohol and Tobacco Commission.</p> <p align="center">Applications without payment will be returned.</p>	<p align="center">Indiana Alcohol and Tobacco Commission 302 West Washington Street, Room E-114 Indianapolis, IN 46204 (317) 232-2430 www.in.gov/atc</p>
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