



LIMITED POWER OF ATTORNEY

State Form 54651 (3-11)

INSTRUCTIONS:

1. *Type or print legibly.*
2. *Complete all sections and sign before a notary public.*
3. *This Power of Attorney takes effect on the date signed and remains in effect until revoked in writing and signed before a notary public*

Permittee(s) Name(s)	
d/b/a Name(s)	
Permit Number	
Address (number and street)	
City	
State	ZIP Code
Telephone Number	

Hereby appoint(s) the following as my Attorney -in-Fact pursuant to IC. 30-5-4-1 *et. seq.*

Individual Representative/Firm Corporation Name		
Address (number and street)		
City	State	ZIP Code
Telephone Number		
If Firm or Corporation list representative(s) Name		
(a)		
(b)		
(c)		
(d)		

I acknowledge that the designated representative has the authority to receive confidential information and full power to act on my behalf in permit matters before the Alcohol & Tobacco Commission relating to the above permit number including, but not limited to, executing documents on my behalf. This authority does not include the power to receive refund checks.

I acknowledge that actions taken by the designated representative are binding on me, my estate, my heirs, or assigns. My Attorney-in-Fact is authorized to make photocopies of this instrument as is deemed necessary. Each photocopy shall have the same force and effect as any original.

If I am a corporate officer, partner or fiduciary acting on behalf of the Permittee, I certify that I have authority to execute this Power of Attorney on behalf of the Permittee.

Signature _____ Date _____
(month, day, year)

Printed Name _____

Title _____ Telephone Number _____

STATE OF INDIANA)
COUNTY OF _____) SS:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____{name of individual}, who acknowledged the execution of the foregoing Limited Power of Attorney this ____ day of ____.
WITNESS my hand and Notary Seal.

Notary Public

My Commission expires *(month, day, year)*:

Resident of _____ County