



CERTIFICATION OF OWNER / MANAGER ATTENDANCE

State Form 54633 (R / 6-14)
ALCOHOL AND TOBACCO COMMISSION

INSTRUCTIONS: 1. Type or print legibly.
2. Complete all sections.

<u>District 1</u>	52422 C.R. 17 Bristol, IN 46507 (574) 264-9480	<u>District 4</u>	651 S. Frontage Rd. Seymour, IN 47274 (812) 523-8314
<u>District 2</u>	1353 Governors Dr. Columbia City, IN 46725 (260) 244-4285	<u>District 5</u>	3650 S. US 41 Vincennes, IN 47591 (812) 882-1292
<u>District 3</u>	30 Professional Ct., #1 Lafayette, IN 47905 (765) 447-7066	<u>District 6</u>	6400 E. 30th St. Indianapolis, IN 46219 (317) 541-4100

* Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

STEP 1. GENERAL INFORMATION

Business permit number	Permit type	
Name of attendee	Date of birth (month, day, year)	Social Security number *
Name of business		
Address of business (number and street, city, state, and ZIP code)		
<i>Check one</i> <input type="checkbox"/> Owner <input type="checkbox"/> Management Representative		

STEP 2. CERTIFICATION

Pursuant to IC 7.1-3-1.5-13, a retailer permittee, dealer permittee, or a management representative of a retailer or dealer permittee must complete a server program or a trainer program established or approved under 7.1-3-1.5-5.5 or 7.1-3-1.5-6.

Name of Alcohol & Tobacco Commission (ATC) trainer	Alcohol & Tobacco Commission (ATC) trainer number
Signature of trainer	Date (month, day, year)

If you represent more than one location owned by the same individual, corporation, LLC, please list all permit numbers below.

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