

**EXCEPTION FROM SMOKING BAN**State Form 55858 (6-15)
INDIANA STATE EXCISE POLICE**INDIANA ALCOHOL AND TOBACCO COMMISSION**302 W. Washington Street, Room E-112
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Mail or deliver completed form to address above.
 2. After a review of the submitted form, you will be contacted by a representative of the Indiana State Excise Police to arrange for an inspection of your business prior to the approval of your request.

The owner or representative, _____, hereby certifies that the business, _____, is excepted from the statewide smoking ban (IC 7.1-5-12-5), as well as any local or county ordinance that may apply.

The business is one of the following:

- A horse racing facility operated under a permit under IC 4-31-5 and any other permanent structure on land owned or leased by the owner of the facility that is adjacent to the facility.
- A riverboat and any other permanent structure that meets the requirements outlined in IC 7.1-5-12-5(2).
- A facility that operates under a gambling game license that meets all the requirements outlined in IC 7.1-5-12-5(3).
- A satellite facility licensed under IC 4-31-5.5.
- An establishment owned or leased by as business that operates a hookah bar that meets all the requirements outlined in IC 7.1-5-12-5 (5).
- An establishment owned or leased by a business that operates a cigar bar that meets all the requirements outlined in IC 7.1-5-12-5 (6).
- A social or fraternal club that meets all the requirements outlined in IC 7.1-5-12-5(7). *(Note: Attach a floor plan indicating the designated smoking room.)*
- A retail tobacco store used primarily for the sale of tobacco products and tobacco accessories that meets all the requirements outlined in IC 7.1-5-12-5(8).
- A bar or tavern that meets all the requirements outlined in IC 7.1-5-12-5(9).
- A cigar manufacturing facility that does not offer retail sales.
- A premises of cigar specialty store that meets all the requirements outlined in IC 7.1-5-12-5(11).
- The premises of a business that is located in the business owner's private residence (as defined in IC 3-5-2-42.5) if the only employees of the business who work in the residence are the owner and other individuals who reside in the residence.

I certify that this supplement was completed by me and that any attachments are true and correct. I understand that it is a felony to misrepresent or falsify and portion of this application or attached documents.

Signature of owner or representative		Date signed (month, day, year)
Name of business or corporation	Alcoholic beverage permit number	Tobacco certificate number
Doing business as	Telephone number ()	Alternate telephone number ()
Address (number and street, city, state, and ZIP code)		County

FOR OFFICE USE ONLY

Date received (month, day, year)	Excise District	Date Reviewed (month, day, year)	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Name of officer		Badge number	