



APPLICATION FOR NEW, RENEWAL OR TRANSFER E-LIQUID MANUFACTURING PERMIT

State Form 52973 (R2 / 5-22)

Approved by State Board of Accounts, 2016

* This record 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.

- INSTRUCTIONS:**
1. Type or print legibly and include payment.
 2. Any omission in this form or attachments will result in application being returned.

FOR OFFICE USE ONLY	
Examined by / date (mm/dd/yy)	
Permit Number	
Issue date (mm/dd/yy)	
New expiration date (mm/dd/yy)	
Release date (mm/dd/yy)	
Fee	
Criminal history check	
Receipt number	

SECTION 1. GENERAL INFORMATION	
Business entity making this application	Contact E-mail
Doing business as (DBA)	Application type: <input type="checkbox"/> New application <input type="checkbox"/> Renewal application <input type="checkbox"/> Transfer application
Manufacturing address (number and street, city, state, and ZIP code)	Business Telephone Area / Number () -
	Business Hours
Mailing address (number and street, city, state, and ZIP code)	Permit number (for renewal and transfer applications only)
	County

1) Do you verify that the manufacturing facility that is the subject of this application will comply with IC 7.1-7-4-1(d)(4) and with applicable tobacco good manufacturing practices as set out in 21 U.S.C. 387f(e) of the federal Food, Drug & Cosmetic Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2) Do you verify that the manufacturer that is the subject of this application will comply with IC 7.1-7-4-1(d)(5) and with the applicable ingredient listing requirements as set out in 21 USC 387d(a)(1) of the federal Food, Drug & Cosmetic Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3) Do you verify that all e-liquid sold in Indiana will use a child proof cap that complies with IC 7.1-7-4-6(b)(1) and the federal poison prevention packaging standards as set out in 16 CFS 1700.15(b)(1)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4) Do you verify that all e-liquid sold in Indiana will use a tamper resistant package as defined in IC 7.1-7-4-6(b)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5) Have you or anyone in Step 2 or Step 3 of this application, within the ten (10) years before the date of the application been convicted of: a) A federal crime with a sentence of at least 1 year; b) A Class A, B, or C felony (for a crime committed before July 1, 2014) or a Level 1, 2, 3, 4, or 5 felony (for a crime committed after June 30, 2014); c) An Indiana Class D felony (for a crime committed before July 1, 2014) or a Level 6 felony (for a crime committed after June 30, 2014) involving a controlled substance; or d) A crime in another state involving the same penalty as listed in subsection a, b, or c of this question? <i>If yes, please attach a letter(s) with the date of conviction, court of conviction, and the conviction offense and sentence.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6) Do you verify that all e-liquid sold in Indiana will have a label that includes: a) an identifiable and trackable code; b) a means to identify the manufacturer and manufacture date pursuant to IC 7.1-7-4-6(b)(4); c) a separate designation if the product contains nicotine; and d) the E-liquid Indiana Manufacturer permit number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7) Do you verify that beginning May 31, 2018 the label will include the following statement if the product contains nicotine "WARNING: THIS PRODUCT CONTAINS NICOTINE. NICOTINE IS AN ADDICTIVE CHEMICAL"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8) Do you verify that your e-liquid containers will comply with the nicotine addictiveness warning statement requirements set out in 21 CFR 1143.3?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9) Do you understand that you will be required to take all commercially reasonable steps to ensure that e-liquids do not become adulterated as set out in 21 USC 387b(1) through (3) of the federal Food, Drug & Cosmetic Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10) Are you aware that electronic cigarettes, including any device that is capable of providing an inhalable dose of nicotine by delivering a vaporized solution and all components and cartridges, cannot be sold to persons less than twenty-one (21) years of age and that retail shipping must include a document stating "E-LIQUID: Indiana prohibits sale of this product to a person who is less than twenty-one (21) of age"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11) If this is a renewal application for an existing permit, do you verify that your facility complies with IC 7.1-7-4-2(b)(4)(A) & (B) and with all tobacco good manufacturing practices as set out in 21 USC 387f through u of the federal Food, Drug & Cosmetic Act? (Only check Not Applicable if this is an application for a new permit.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
12) Do you consent to allowing Indiana state police to conduct a state or national criminal history background check on any person listed in this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

13) Do you agree to submit annual reporting requirements as set out in IC 7.1-7-5-1.1(j), (k), and (l) by October 1 of each year? Yes No

14) Do you understand that a manufacturer, distributor, or retailer may not market e-liquid as a modified risk tobacco product as defined by IC 7.1-7-2-17.5 that has not been identified as a modified risk tobacco product by the federal Food and Drug Administration? Yes No

15) Are you aware that e-liquid may only be sold to a consumer by a retailer with a valid tobacco sales certificate issued by the ATC? Yes No

16) Are you a manufacturer that sells direct to consumers? (If no, skip to the next section.) Yes No

If you sell e-liquid direct to consumers in Indiana:

a) Do you verify that you have, or will obtain prior to selling direct to a consumer in Indiana, a valid tobacco sales certificate from the ATC? Yes No

b) Have all of your sales tax obligations for the past year and those due at this time been paid in full? (If no, please explain.) Yes No

c) Do you verify that you will not ship e-liquid to a consumer without making a good faith effort to verify the age of the purchaser? Yes No

SECTION 2. BUSINESS OWNERSHIP

Check one: Corporation Limited Liability Company Partnership Limited Partnership
 Limited Liability Partnership Sole ownership

Note: If the ownership has changed (by death, transfer or sale of stock or interest, etc.) since you last applied for renewal, the processor should be notified at once before completing this section.

Provide the information for the individuals associated with your permit as follows: (Attach a list if more space is required.)

CORPORATION - President, secretary, and all other officers
LIMITED LIABILITY COMPANY - All members and percent of interest held
LIMITED PARTNERSHIP / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP - All partners and percent of interest held
SOLE OWNERSHIP - Owner

TITLE	NAME AND HOME ADDRESS AND TELEPHONE NUMBER (number and street, city, state, and ZIP code)	*SOCIAL SECURITY NUMBER AND DATE OF BIRTH (mm/dd/yy)		% of interest held
		SSN	DOB	

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SECTION 3. OPERATION INFORMATION

As the owner will you be the individual conducting the e-liquid manufacturing? Yes No

If the owner is not directly responsible for manufacturing e-liquid at the premises, the Alcohol and Tobacco Commission requires that a manager be responsible.

LIST THE MANAGERS FOR THIS PREMISES (ENCLOSE AN ADDITIONAL SHEET IF NECESSARY.)

FULL LEGAL NAME	TITLE	ADDRESS (number and street, city, state, and ZIP code)
Date of Birth (mm/dd/yy) / Social Security Number*	Emergency telephone number	
FULL LEGAL NAME	TITLE	ADDRESS (number and street, city, state, and ZIP code)
Date of Birth (mm/dd/yy) / Social Security Number*	Emergency telephone number	

SECTION 4. AFFIDAVIT OF APPLICANT

I certify under penalties of perjury that I have reviewed this completed application and that the information contained herein is true and accurate.
I certify that I will comply with all manufacturing standards in Indiana Code 7.1-7 and all applicable federal rules and regulations as to all tobacco good manufacturing practices.

Printed name of applicant _____ Signature of applicant _____ Date (month, day, year) _____

SECTION 6. FEE

Please remit business, certified check, or money order payable to the Alcohol and Tobacco Commission. Applications will not be processed without payment. Payments are non-refundable.

Initial Issuance Fee = \$1000 nonrefundable (IC 7.1-7-4-1(d)(7))
Renewal Fee = \$500 nonrefundable (IC 7.1-7-4-2(b)(6))

MAIL COMPLETED FORM AND PAYMENT TO:

INDIANA ALCOHOL & TOBACCO COMMISSION
302 West Washington Street, Room E114
Indianapolis, Indiana 46204

ADDITIONAL CONTACT INFORMATION

Telephone: 317-232-2430
Website: www.in.gov/atc