



RENEWAL OF RETAIL CARRY-OUT AND SIX (6) MONTH REPORT

State Form 56515 (4-18)
ALCOHOL AND TOBACCO COMMISSION

- INSTRUCTIONS:**
1. This form is required to be completed by any retail permittee required to provide six (6) months of Gross Retail Income or is renewing their carry-out permit and must provide an Affidavit of Compliance.
 2. This form is not required for retail permittees with no carry-out privileges or that have been determined, by the ATC, to be grandfathered or meet an exception.
 3. You should review your physical alcohol permit to see which subtype of alcohol permit you hold that granted carry-out privileges. There are four (4) subtypes and one of these types will be printed on your permit, if you have previously received carry-out privileges.

| FOR OFFICE USE ONLY | |
|--------------------------------|--|
| Date received (mm/dd/yy) | |
| Processor reviewing | |
| Reviewer | |
| Permit type | |
| Permit subtype | <input type="checkbox"/> Gross Retail Inc. Req. <input type="checkbox"/> Aff. of Compliance req. <input type="checkbox"/> No Carry-out |
| Original issue date (mm/dd/yy) | |
| Type of Exception | |
| Revenue report required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financials met? | |
| Date Processed (mm/dd/yy) | |
| Approved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Denial reason | |

| STEP 1 PERMIT SUBTYPE - CHECK 1 BOX ONLY. |
|---|
| Box 1. <input type="checkbox"/> Gross Retail Income Required. You have previously applied for and received carry-out privileges, and now must complete both six (6) months gross retail income for on-premises and off-premises sales and the Affidavit of Compliance, Section A below, to retain carry-out privileges. |
| Box 2. <input type="checkbox"/> Affidavit of Compliance. You have previously applied for and received carry-out privileges, and have provided your gross retail income for on-premises and off-premises sales and now must complete the Affidavit of Compliance, Section B, below, to retain carry-out privileges. |
| Box 3. <input type="checkbox"/> Grandfathered / Exceptions. You have previously applied for and been granted relief from any further carry-out requirements and continue to hold authority to sell carry-out alcohol, you do not need to complete this form. |
| Box 4. <input type="checkbox"/> No Carry-Out. Your permit type has been reviewed and does not meet the conditions under law to permit carry-out privileges, you may not sell any alcohol for carry-out and do not need to complete this form. If you believe you now meet the requirements to sell alcohol for carry-out, you must complete State Form 56312 in order to be considered for carry-out. |
| <i>* If nothing is listed on your permit as a subtype, you must complete State Form 56312 in order to be considered for the first time for carry-out.*</i> |

| STEP 2. GENERAL INFORMATION | | |
|---|----------------------------------|---------------|
| Business entity making this application | Contact E-mail | |
| Mailing Address (number and street, city, state, and ZIP code) | | |
| Doing Business As (DBA) | Business telephone number () | Permit number |
| Business address (number and street, city, state, and ZIP code) | | |

| SECTION A. GROSS RETAIL INCOME - IF YOU CHECKED BOX 1 ABOVE YOU MUST COMPLETE SECTION A. | | |
|--|---------------------|------------|
| <i>Instructions for completing financial statement:</i> 1. Enter the date range for the financial statement. Date range should be the one hundred eighty (180) days or six (6) months preceding the date of this application. 2. Provide both the dollar amount and percentage of: a. Gross retail income from alcoholic beverages for on-premises consumption; b. Gross retail income from alcoholic beverages for off-premises consumption (carry-out) (If you are not currently offering carry-out sales or have no carry-out sales, please list \$0 under dollar amount and 0 as percentage); and c. Total retail sales from on-premises and off-premises alcoholic beverages sold. (Catering alcohol sales should not be included.) 3. Incomplete financial statements will be returned. 4. Financial statements may be audited by a certified public accountant or verified by the Indiana Department of Revenue. | | |
| Financial statement for renewals (not including renewals that checked yes to question #1 or #2 in Step #3) | | |
| Date Range (mm/dd/yy): _____ to _____ | | |
| | Total dollar amount | Percentage |
| Gross retail income from alcoholic beverages for on-premises consumption | | |
| Gross retail income from alcoholic beverages for off-premises consumption | | |
| Total retail sales from alcoholic beverages | | 100% |
| a) Do you swear or affirm under penalties of perjury that during the first two (2) years of operations with carryout privileges at least sixty percent (60%) of your projected gross retail income from the sale of alcoholic beverages will be derived from the sale of alcoholic beverages for consumption on the licensed premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

| SECTION B. AFFIDAVIT OF COMPLIANCE - IF YOU CHECKED BOX 2 ABOVE, YOU MUST COMPLETE SECTION B. | | |
|--|------------------------|-----------------|
| I certify under penalties of perjury that, with respect to carry-out privileges, at least sixty percent (60%) of my business' gross retail income from the sale of alcoholic beverages has been derived from the sale of alcoholic beverages for consumption on the licensed premises. | | |
| Printed name of applicant | Signature of Applicant | Date (mm/dd/yy) |
| _____ | _____ | _____ |

| STEP 3. AFFIDAVIT OF APPLICANT - ALL MUST COMPLETE | | |
|--|------------------------|-----------------|
| I certify under penalties of perjury that I have reviewed this completed application and that the information contained herein and in any required attachment(s) is true and accurate. | | |
| Printed name of applicant | Signature of Applicant | Date (mm/dd/yy) |
| _____ | _____ | _____ |

| CONTACT INFORMATION | |
|--|---|
| Mail Completed Form: Indiana Alcohol & Tobacco Commission 302 West Washington Street, Room E114 Indianapolis, IN 46204 | Additional Contact Information: Telephone: 317-232-2430 Website: www.in.gov/atc/ |