



ESCROW REQUEST

State Form 56811 (R / 2-22)

Mail to:

Indiana Alcohol and Tobacco Commission
302 W. Washington St., Room E114
Indianapolis, IN 46204

FOR OFFICE USE ONLY

Date received (mm/dd/yy)
Date of initial deposit (mm/dd/yy)
Expiration of current escrow term
Check one: <input type="checkbox"/> Initial deposit <input type="checkbox"/> First twelve (12) month extension <input type="checkbox"/> Second twelve (12) month extension <input type="checkbox"/> Third twelve (12) month extension
Date of escrow hearing (mm/dd/yy)
Date of notice sent (mm/dd/yy)

- INSTRUCTIONS:**
1. Type or print legibly.
 2. Do not complete shaded areas.
 3. Mail to the address provided on this form.
 4. Any extension of escrow must be requested sixty (60) days before the term of deposit expires.

STEP 1. GENERAL INFORMATION

Permit number	Is this an initial escrow request or an extension escrow request? <input type="checkbox"/> Extension of escrow <input type="checkbox"/> Initial escrow request	Date business closed (mm/dd/yy)
Permit holder		
Mailing address (number and street, city, state, and ZIP code)		
E-mail	Telephone number (including area code) ()	

STEP 2. ESCROW REQUEST (Attach additional sheets if necessary.)

List the specific reasons why the business for which the permit was issued or will be issued is not operational.

Provide a timetable for making the business operational and the permit active.

Provide a statement of the permit holder's efforts to make the business operational and the permit active.

Upon receipt of a completed escrow request, the Commission will set a hearing. You or your representative with a valid power of attorney on file with the commission must appear at the hearing and present evidence to support the information provided in this form. You must also submit to the commission any other documentation of your efforts to make the permit active including contracts for construction or renovation of the permit premises, zoning applications and approvals, and building permits and any other necessary government approvals.

STEP 3. Signature

I swear or affirm under penalties of perjury that the information provided on this form is true and accurate.

Signature of requestor	Date signed (month, day, year)
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Printed name of requestor

For additional information visit www.in.gov/atc