

## ALCOHOL AND TOBACCO COMMISSION

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## INSTRUCTIONS:

- Please type or print clearly.
   Attach additional pages if necessary and include any documents, research, evidence, or other materials to be considered.

SECTION 1. REQUESTOR INFORMATION	
Name (individual or business entity)	
Address (number and street, city, state, zip code)	
Telephone number	E-mail address
SECTION 2. GENERAL INFORMATION	
Question or issue to be addressed:	
To your knowledge, is this question or issue currently pending before a court or under investigation by another government entity?  Yes No  If yes, please identify the court or government agency and any case or proceeding number:	
3) Applicable statutes, rules, regulations, ordinances, or other legal authority:	
4) Identify any facts and/or circumstances that you would like the Commission to consider in response to your advisory opinion request:	
5) The following information should be redacted from the published advisory opinion on the grounds that it is a trade secret and/or would cause substantial injury to the requestor if publicly disclosed:	
SECTION 3. CERTIFICATION AND SIGNATURE	
By signing below, I hereby consent to the publication of the requested advisory opinion upon issuance, with the knowledge that the advisory opinion may include information contained in this request. I hereby certify that to the best of my knowledge and belief, this request includes all data, information, and facts relevant to the subject of the request.	
Signature	Date
Printed name	Title (if applicable)