



APPLICATION FOR RENEWAL OF ALCOHOLIC BEVERAGE PERMIT – MANUFACTURER OR WHOLESALER

State Form 56886 (R3 / 8-24)

OFFICE USE ONLY
Examined by / date
Issue date
New expiration date
Release date
Processor
Excise district

INSTRUCTIONS:

1. Type or print legibly.
2. Include payment.
3. Application must be received by our office at least ninety (90) days before permit expires.
4. Do not complete shaded areas.
5. Please attach a completed Property Tax Clearance – Form 1 (State Form 1462).
6. Please attach additional documentation as indicated throughout the application.
7. For a list of permit fees, please visit www.in.gov/atc/files/Complete-ATC-Fee-Schedule.pdf.
8. To apply online, please visit www.in.gov/atc/alcohol-permit-resources/alcohol-permit-applications-and-forms/.

SECTION 1: GENERAL INFORMATION

1.1. Name of permit holder as printed on permit (individual or business entity)		1.2. Permit number	
1.3. Doing business as (d/b/a)		1.4. Permit expiration date (mm/dd/yyyy)	
1.5. Mailing address <i>NOTE: Notices from the ATC will be sent to the mailing address provided on this form. It is your responsibility to notify the ATC of any changes in mailing address.</i>			
Street name and number			
City / Town		State	Zip code
1.6. E-mail address		1.7. Telephone number	
1.8. Have there been any changes in the floor plan since you last applied?			<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9. Do you consent for the duration of the permit to inspection and search by an enforcement officer, without a warrant or other process, of your licensed premises and vehicles to determine compliance with the provisions of Indiana Code 7.1?			<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10. Do any individuals, corporations, limited liability companies, limited liability partnerships, or stock owners, members, or partners of such business entities have any interest, either directly or indirectly, in any artisan distiller, distiller, vintner, farm winery, rectifier, brewer, primary source of supply, wholesaler, or any other alcoholic beverage permit under Title 7.1? (If yes, attach a list of all permits.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
1.11. Since your last renewal, have you or anyone with an interest in the permit been convicted of a misdemeanor or felony? (If yes, attach letter with dates, court, conviction, and sentence information.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
1.12. Do you have a legal right to possess the permit premises for the term of the permit (ownership or bona fide lease)?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: OWNERSHIP INFORMATION

The applicant is a: (Check one)

Sole Proprietor
 Limited Partnership
 Government Entity
 Simple Partnership
 Limited Liability Partnership
 Club Association
 Corporation
 Limited Liability Company

- **SOLE OWNER** – Owner / sole proprietor
- **CLUB** – Highest ranking officer and financial secretary or treasurer
- **CORPORATION** – President, secretary, and all stockholders with at least 2% interest in the permit
- **GOVERNMENT ENTITY** – Government employee(s) responsible for permit
- **LIMITED LIABILITY COMPANY** – All members with at least 2% interest in the permit
- **PARTNERSHIP / LIMITED PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP** – All partners with at least 2% ownership in the permit

IC 7.1-3-21-8 requires the disclosure of each person or entity that holds (directly or indirectly) at least a two percent (2%) interest in the permit and the business conducted (or to be conducted) under it. When disclosing a publicly traded corporation, please provide the name and address of the corporate officers and members of the board of directors.

Ownership changes must be disclosed within ten (10) days of the date when the change became effective. If ownership has changed since the permit was last applied for or renewed, a Disclosure of Interested Parties (State Form 54438), signed by a majority of the previously disclosed ownership, must be submitted in addition to this application.

2.1. Complete name		Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership interest (%)
2.2. Complete name		Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership interest (%)
2.3. Complete name		Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership interest (%)
2.4. Complete name		Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership interest (%)
2.5. Complete name		Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership interest (%)
2.6. Complete name		Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, ZIP code)		Title	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Member <input type="checkbox"/> Club Officer <input type="checkbox"/> Corporate Officer			Ownership interest (%)

Check here if you have disclosed less than 100% of the permit ownership and the remaining undisclosed owners hold less than a 2% ownership interest.

SECTION 3: ANNUAL SALES INFORMATION
(All figures are subject to verification by the Indiana Department of Revenue.)

If you are the holder of a **small brewery** permit, please report the number of barrels sold in Indiana for the calendar year immediately preceding the date of this renewal application, including:

- Beer sold in a tasting room or retail restaurant permit premises;
- Beer self-distributed under IC 7.1-3-2-7(5)(A); and
- Beer sold and distributed through a beer wholesaler in Indiana.

If you are the holder of a **farm winery** permit, please report the number of gallons of wine sold in Indiana for the calendar year immediately preceding the date of this renewal application, including:

- Wine sold in a tasting room or retail restaurant permit premises;
- Wine sold and distributed through a wine or microwine wholesaler in Indiana; and
- Wine sold through direct shipment under the authority of a direct wine seller permit to an address in Indiana.

If you are the holder of an **artisan distiller** permit, please report the number of gallons of liquor sold in Indiana for the calendar year immediately preceding the date of this renewal application, including liquor sold in a tasting room or retail restaurant permit premises. Do not include any amount distributed through a liquor wholesaler in Indiana.

3.1. Date of beginning report *(mm/dd/yyyy)*

3.2. Date of ending report *(mm/dd/yyyy)*

3.3. Annual sales

- Barrels (brewer)
 Gallons (farm winery / artisan distiller)
 Liters (direct wine seller)

SECTION 4: ANNUAL DISTRIBUTION INFORMATION
(All figures are subject to verification by the Indiana Department of Revenue.)

If you are the holder of a **small brewery** permit under IC 7.1-3-2-2(b), please report the number of barrels sold and delivered by the brewery to retailer and dealer permit holders under IC 7.1-3-2-7(5)(A) for the calendar year immediately preceding the date of this renewal application. If no beer was sold and delivered by the brewery directly to retailer and dealer permit holders under IC 7.1-3-2-7(5)(A), please put 0.

If you are the holder of a **farm winery** permit under IC 7.1-3-12, please report the number of gallons sold and delivered by the farm winery to retailer and dealer permits under IC 7.1-3-12-5(a)(14) for the calendar year immediately preceding the date of this renewal application. If no wine was sold and delivered by the farm winery directly to retailer and dealer permits under IC 7.1-3-12-5(a)(14), please put 0.

If you are the holder of an **artisan distiller** permit under IC 7.1-3-27, please report the number of gallons sold and delivered by the artisan distiller to retailer and dealer permits under IC 7.1-3-27-8(a)(11) for the calendar year immediately preceding the date of this renewal application. If no liquor was sold and delivered by the artisan distiller directly to the retailer and dealer permits under IC 7.1-3-27-8(a)(11), please put 0.

If you are the holder of a **microwine wholesaler** permit described in IC 7.1-4-4.1-13(c), please report the number of gallons of wine and brandy sold to retailer and dealer permit holders in Indiana for the calendar year immediately preceding the date of this renewal application.

If you are the holder of a **direct wine seller** permit under IC 7.1-3-26, please report the number of liters direct shipped to a consumer in Indiana in the previous permit year.

4.1. Date of beginning report *(mm/dd/yy)*

4.2. Date of ending report *(mm/dd/yy)*

4.3. Annual distribution

- Barrels (brewer)
 Gallons (farm winery / artisan distillery / microwine wholesaler)
 Liters (direct wine seller)

SECTION 5: MANAGER QUESTIONNAIRE

5.1. Name of manager *(last, first, middle initial)*

5.2. Date of birth *(mm/dd/yyyy)*

5.3. Employee permit number of manager

5.4. Expiration date of employee permit *(mm/dd/yyyy)*

5.5. Home address *(number and street, city, state, and ZIP code)*

5.6. Are you a citizen of the United States?

Yes No

5.7. Are you at least twenty-one (21) years old?

Yes No

5.8. Are you an officer or employee of a non-resident of the state of Indiana that is engaged in the alcoholic beverage traffic or engaged in carrying on any phase of the manufacture of, traffic in, or transportation of alcoholic beverages without a permit under Title 7.1 of the Indiana Code?

Yes No

5.9.	Are you a law enforcement officer, a non-elected officer of a municipal corporation or governmental subdivision, or an officer of the state of Indiana charged with any duty or function in the enforcement of Title 7.1 of the Indiana Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10.	Have you ever been convicted of a felony or misdemeanor? (If yes, please attach a letter detailing the conviction, court, date, and sentence information.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.11.	Have you ever been found to have committed a violation of the Indiana alcoholic beverage laws, rules, regulations, or orders of the ATC? (If yes, please attach a letter detailing the conviction(s) and/or violation(s), including any permit number(s).)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.12.	Have you held an alcoholic beverage permit under Title 7.1 of the Indiana Code and had the permit revoked within one (1) year prior to the date of this application? (If yes, please provide the permit number(s) and an explanation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.13.	Have you made an application for an alcoholic beverage permit of any type which was denied less than one (1) year prior to the date of this application (unless the application was denied by reason of a procedural or technical defect)? (If yes, please attach an explanation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.14.	Do you have an interest, either directly or indirectly, in any other permits or registrations of any kind issued under Title 7.1 of the Indiana Code connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? (If yes, please list the permit number(s) below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permit number(s)

Signature of manager

Date (mm/dd/yyyy)

SECTION 6: FLOOR PLAN

If there have been any changes to the floor plan since the initial application or the last renewal that have not been approved by the ATC, the applicant must submit a floor plan drawing on letter size paper (8 1/2" x 11") and attach the drawing to this renewal application. The drawing must include dimensions and identification of any existing family room(s), seating arrangement(s), ballroom(s), bar(s), dance floor area(s), kitchen area(s), restrooms, storage areas, entrances/exits, patios, beer gardens, service windows, and alcoholic beverage display areas for all types of permits. The drawing must be signed and dated.

All floor plan changes must be approved by the Commission. If you have amended your floor plan and have not had it approved by the ATC, please contact your local Excise district office for a floor plan inspection. To locate the appropriate Indiana State Excise Police district office, please visit www.in.gov/atc/ise/contact-us/.

SECTION 7: LIQUOR LIABILITY INSURANCE

The holder of a craft manufacturer (small brewer, farm winery, or artisan distiller) permit that is located in Indiana must maintain liquor liability insurance that has total coverage of at least five hundred thousand dollars (\$500,000) or a liquor liability endorsement (to a general liability insurance policy) that has total coverage of at least five hundred thousand dollars (\$500,000) during the permit term.

Please attach proof of liquor liability insurance in the form of a certificate of insurance or policy declaration that clearly identifies the coverage amount and contains the following information: (1) the name of the insured/permit holder; (2) the address(es) of the permit location(s) for which the insurance coverage applies; and (3) the effective date and expiration date of the policy.

SECTION 8: CERTIFICATION OF APPLICANT

I certify that this application was completed by myself or by the preparer identified herein. I certify that I have read this completed document and that all information provided herein and on any attachments is true and correct. **I UNDERSTAND THAT IT IS A FELONY TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

I hereby consent for the duration of the permit term to inspection and search by an enforcement officer, without a warrant or other process, of my licensed premises, any approved satellite facility, approved storage facility, and vehicles to determine compliance with the provision of Indiana Code 7.1.

Note: The applicant MUST sign this application unless the proper Power of Attorney forms are attached to this application.

Signature	Date (mm/dd/yyyy)
Printed name	Title

SECTION 9: CERTIFICATION OF PREPARER (if applicable)

I certify that I have examined this application and the accompanying documents, and to the best of my knowledge and belief, they are true, correct, and complete. I certify that the applicant reviewed the completed form prior to signing.

Signature of preparer	Date (mm/dd/yyyy)
Printed name of preparer	Telephone number

SECTION 10: PAYMENT AND CONTACT INFORMATION

Payment must be in the form of a business check, certified check, or money order made payable to the Indiana Alcohol and Tobacco Commission.

Applications without payment will be returned.

Indiana Alcohol and Tobacco Commission
302 West Washington Street, Room E-114
Indianapolis, IN 46204
(317) 232-2430
www.in.gov/atc