



APPLICATION FOR NEW OR TRANSFER PERMIT – MANUFACTURER OR WHOLESALER

State Form 56885 (R / 5-22)

INSTRUCTIONS:

1. Type or print legibly.
2. Include payment.
3. Do not complete shaded areas.
4. Mail to the address at the end of this application form.
5. Please attach a completed Property Tax Clearance – Form 1 (State Form 1462) if applicable.
6. Please attach a completed County Verification of Business Location form (State Form 44184), if applicable.
7. Please attach a copy of your Registered Retail Merchant Certificate from Indiana Department of Revenue.

* 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.

SECTION 1. GENERAL INFORMATION

1.1. Permit type for which you are applying (Select one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Artisan distiller | <input type="checkbox"/> Brewer | <input type="checkbox"/> Small brewer |
| <input type="checkbox"/> Direct wine seller | <input type="checkbox"/> Distiller | <input type="checkbox"/> Farm winery |
| <input type="checkbox"/> Farm winery brandy distiller | <input type="checkbox"/> Farm winery satellite dealer | <input type="checkbox"/> Rectifier |
| <input type="checkbox"/> Wholesaler – Liquor | <input type="checkbox"/> Wholesaler – Wine | <input type="checkbox"/> Wholesaler – Beer |
| <input type="checkbox"/> Wholesaler – Microwine | <input type="checkbox"/> Wine bottler | <input type="checkbox"/> Wine Vintner |

1.2. Type of application:

- New application
 Transfer owner
 Transfer location

1.3. Please briefly describe your business that qualifies you for this permit type.

1.4. Permit number (Required for transfers.)

1.5. This ownership entity is: (Check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Municipality |
| <input type="checkbox"/> Simple Partnership | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Club Association |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Club Corporation |

1.6 Business entity making this application

1.7. Telephone number of applicant
()

1.8. Doing business as (DBA)

1.9. Premises address – Location where alcoholic beverages will be dispensed

Number and street

City / Town

State

ZIP code

1.10. E-mail address

1.11. Telephone number of premises
()

1.12. Mailing address Same as above

(NOTE: Notices from the ATC will be sent to the mailing address provided on this form. It is the permittee's responsibility to notify the ATC of any changes to the mailing address.)

Name

Address (number and street, city, state, and ZIP code)

1.13. What county is the proposed permit premises located in?

1.14. Is the proposed permit premises located inside the corporate limits of a city / town?

Yes No

1.15. If yes, please name the incorporated city / town.

FOR OFFICE USE ONLY	
Date received (mm/dd/yy)	
Permit number	
Permit type	
Jurisdiction	
Checked by	
Base fee receipt number	
Balance due	
Refund	
Balance due	
Refund	
Date reviewed (mm/dd/yy)	
Hearing date of Local Board (mm/dd/yy) (For farm winery satellite dealer only.)	
Commission approved	
Permit issued	

1.16. Is there at least 200 feet between the permit premises and any church or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If no, please check the exception that applies:</p> <p><input type="checkbox"/> Church or school provided a written statement pursuant to IC 7.1-3-21-11 (<i>Applies only to grocery store, drug store, restaurant, hotel, or catering hall.</i>) (<i>Copy of written statement must be attached to application.</i>)</p> <p><input type="checkbox"/> Wall of the premises and wall of the church or school are separated by at least eighty-five (85) feet, including a two-lane road of at least thirty (30) feet in width</p> <p><input type="checkbox"/> An alcoholic beverage permit premises has continuously operated at the location since prior to the opening of the church or school.</p>	
1.17. 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, or wholesaler permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.18. As owner, do you manage the premises? <i>If no, please complete Section 5, Manager's Questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.19. 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
1.20. Do you have the right to possess (rent, lease, mortgage, or own) the permit premises for the term of the permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2. QUALIFICATIONS	
<p>Instructions: All permit applicants must complete this section.</p> <p>THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS HAVING AN INTEREST IN THIS APPLICATION.</p> <p>NOTE: "Individuals" referred to in all questions in the below section include limited liability companies (LLCs), limited liability partnerships (LLPs), corporations, partnerships, and all other business entities recognized under Indiana law, as well as a natural person where applicable.</p>	
2.1. Are all individuals with an interest in this application citizens of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2. Are all individuals with an interest in this application of sound mind and good repute in the community in which they reside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3. Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor? <i>(If yes, please attach a letter detailing the conviction, court, date, and sentence information.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4. Have any individuals with an interest in this permit ever been convicted of and/or found to have committed a violation of the Indiana alcoholic beverage laws, rules, regulations, or orders of the ATC? <i>(If yes, please attach a letter detailing the conviction(s) and/or violation(s), including any permit number(s).)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5. Are any individuals with an interest in this application 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
2.6. Have any individuals with an interest in this application held a 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? <i>(If yes, please provide the permit number(s) and an explanation.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7. Have any individuals with an interest in this application made an application for a permit of any type which was denied less than one (1) year prior to this application for this permit (unless the application was denied by reason of a procedural or technical defect)? <i>(If yes, please attach an explanation.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8. Do any individuals, corporations, limited liability companies, limited liability partnerships, partnerships, or stock owners, members, or partners of such entities have any interest, either directly or indirectly, in any other permits or registrations of any kind issued under Title 7.1 of the Indiana Code in connection with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? <i>(If yes, list permits below. (Attach additional sheet if necessary.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit number(s)	

SECTION 3. AFFIDAVIT OF OWNERSHIP

(NOTE: IC 7.1-3-21-8 requires the disclosure of each person who is, or will be, financially or beneficially interested in the permit and the business conducted, or to be conducted, under it. Changes to this list must be filed by the applicant or permittee within ten (10) days of the date when the change became effective.)

A. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
B. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
C. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
D. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
E. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
F. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
G. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership
H. Complete name		Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)				
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer <input type="checkbox"/> Member				Percent of ownership

Please attach additional sheets as needed.

SECTION 4. PERMIT TYPES

NOTE: You must meet specific requirements to hold certain types of permits. Please answer only the following questions that are applicable to your permit application.

A. ARTISAN DISTILLER

1. I will not produce more than 10,000 gallons of liquor in any calendar year, excluding liquor sold through a wholesaler licensed under IC 7.1-3-8.	Initial: _____
2. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to manufacture liquor. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
3. Which qualifying permit have you held for at least six (6) months immediately preceding the date of this application? <i>*Please note that a qualifying permit holder must be the same as the applicant or the applicant and the qualifying permit holder must be owned or controlled more than fifty percent (50%) by the same persons.</i> <input type="checkbox"/> Farm winery issued under IC 7.1-3-12 <input type="checkbox"/> Brewer's permit issued under IC 7.1-3-2-2(b) <input type="checkbox"/> Distiller's permit issued under IC 7.1-3-7	
4. What is the permit number for the qualifying permit?	

B. BREWER

1. Have you attached a bond payable to the State of Indiana in the penal sum of ten thousand dollars (\$10,000) as required by IC 7.1-3-1-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to manufacture beer. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____

C. SMALL BREWER

1. Have you attached a bond payable to the State of Indiana in the penal sum of ten thousand dollars (\$10,000) as required by IC 7.1-3-1-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to manufacture beer. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
3. I will not produce more than 90,000 barrels of beer in a calendar year for sale or distribution within Indiana.	Initial: _____
4. I will not sell and deliver more than 30,000 barrels of beer in a calendar year to a person holding a retailer or dealer permit under Title 7.1 of the Indiana Code.	Initial: _____
5. I plan to store or condition beer in a secure building that is separate from the brewery and owned or leased by me. If yes, please list the address of secure building below: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(number and street, city, state, and ZIP code)</i>	

D. DIRECT WINE SELLER

1. Are you domiciled in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your primary place of business in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you engaged in the manufacture of wine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you hold an alcoholic beverage license or permit to manufacture wine from the state in which you manufacture wine? <i>(If issued by a state other than Indiana, provide a copy of your home state permit.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you hold an alcoholic beverage license or permit to manufacture wine from the Tax and Trade Bureau of the United States Department of the Treasury? <i>(Provide a copy of your federal permit.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you consent to the personal jurisdiction of the Indiana Alcohol and Tobacco Commission and the Indiana courts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. For out-of-state direct wine sellers: If you previously distributed wine through a wine or mircorwine wholesaler in Indiana under the authority of a primary source registration, you must either: <ul style="list-style-type: none"> ▪ surrender the primary source registration, cease distribution through wholesalers, and wait 120 days before direct shipping wine; or ▪ apply for a farm winery permit as an out-of-state winery. 	
7.1. Have you distributed wine through a wine wholesaler in Indiana under the authority of a primary source registration within the one-hundred twenty (120) days immediately preceding the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2. When did you last distribute wine through a wine or mircorwine wholesaler?	_____ <i>(mm/dd/yy)</i>
7.3. Do you hold or are you simultaneously applying for a farm winery permit as an out-of-state farm winery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. How much wine do you anticipate direct shipping during the first permit year? <input type="checkbox"/> Up to 9,000 liters <input type="checkbox"/> 9,001 to 18,000 liters <input type="checkbox"/> 18,001 to 27,000 liters <input type="checkbox"/> 27,001 to 36,000 liters <input type="checkbox"/> 36,001 to 45,000 liters	

E. DISTILLER	
1. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to manufacture liquor. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
2. Have you attached a bond payable to the State of Indiana in the penal sum of ten thousand dollars (\$10,000) as required by IC 7.1-3-1-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. FARM WINERY	
1. Do you agree that the projected number of gallons of wine to be sold by you in Indiana, excluding wine shipped to an address outside Indiana, will not exceed one million (1,000,000) gallons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to manufacture wine. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
G. VINTNER	
1. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to manufacture wine. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
2. Have you attached a bond payable to the State of Indiana in the penal sum of one thousand dollars (\$1,000) as required by IC 7.1-3-1-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. FARM WINERY BRANDY DISTILLER	
1. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to manufacture liquor. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
2. List the farm winery permit number that qualifies you to hold a farm winery brandy distiller permit.	
I. RECTIFIER	
1. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury to rectify. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
2. Have you attached a bond payable to the State of Indiana in the penal sum of fifteen thousand dollars (\$15,000) as required by IC 7.1-3-1-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. WINE WHOLESALER	
1. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
K. LIQUOR WHOLESALER	
1. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
2. Have you attached a bond payable to the State of Indiana in the penal sum of ten thousand dollars (\$10,000) as required by IC 7.1-3-1-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. MICROWINE WHOLESALER	
1. I will not distribute more than 12,000 gallons of wine in a calendar year.	Initial: _____
2. I understand I must receive a federal permit from the Tax and Trade Bureau of the United States Department of the Treasury. <i>(You must provide a copy before a permit can be issued by the ATC.)</i>	Initial: _____
M. FARM WINERY SATELLITE DEALER	
1. List the farm winery permit number that qualifies you to hold a farm winery satellite dealer location described in IC 7.1-3-12-5(b).	
SECTION 5. MANAGER'S QUESTIONNAIRE	
5.1. Name of manager <i>(last, first, middle initial)</i>	5.2. Social Security number *
5.3. Date of birth <i>(month, day, year)</i>	5.4. Employee permit number of manager
	5.5. Date of expiration <i>(month, day, year)</i>
5.6. Home address <i>(number and street, city, state, and ZIP code)</i>	
5.7. Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8. Are you at least twenty-one (21) years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9. Have you ever been convicted of a felony or misdemeanor? <i>(If yes, please attach a letter detailing the conviction, court, date, and sentence information.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10. Have you ever been found in violation of the Indiana alcoholic beverage laws, rules, regulations, or orders of the ATC? <i>(If yes, please attach a letter detailing the violation(s), including any permit numbers.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.11. 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
5.12. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.13. Have you had an alcoholic beverage permit revoked within one (1) year prior to the date of this application? (If yes, please attach an explanation, including any permit numbers.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.14. 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
5.15. 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 in connection with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? (If yes, list permits below. (Attach additional sheet if necessary.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit number(s)	
Signature of manager	

SECTION 6. FLOOR PLAN

INSTRUCTIONS: Applicants must submit a floor plan drawing on letter size (8½" x 11") paper. The drawing must show dimensions and identification of all entrances, exits, office areas, alcoholic beverage storage areas, manufacturing equipment, bottling equipment, bathrooms, tasting areas, bars, seating arrangements, and alcoholic beverage display areas. Sign and date the drawing and attach to this application.

NOTE: All drawings must be approved by the Commission before the permit is issued. We recommend you receive approval before construction begins. Contact your local excise district office. Contact information for local excise district offices can be found at <http://in.gov/atc/isept/2379.htm>.

For a farm winery or artisan distiller with the same permit holder as a farm winery, will minors be present in a tasting room? Yes No

SECTION 7. 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 of applicant	Date signed (month, day, year)
Printed name of applicant	Title of applicant

SECTION 8. 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 signed (month, day, year)
Printed name of preparer	Telephone number ()

SECTION 9. PAYMENT AND CONTACT INFORMATION

Please remit business check, certified check, or money order. Applications will not be processed without payment. (See attached fee schedule.) Checks should be made payable to the Indiana Alcohol and Tobacco Commission.	MAIL TO: Indiana Alcohol and Tobacco Commission 302 West Washington Street, Room E114 Indianapolis, IN 46204 For additional information: www.IN.gov/atc or (317) 232-2430
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SECTION 10. PERMIT TYPES AND FEE SCHEDULE		
Permit	Fee	Statutory Authority
Wholesaler (beer, wine, or liquor)	\$4,000 for two years	IC 7.1-4-4.1-13(b)
Micro wine wholesaler (selling less than 12,000 gallons of wine and brandy)	\$100	IC 7.1-4-4.1-13(c)
Brewer (manufacturing more than 90,000 barrels)	\$2,000	IC 7.1-4-4.1-14
Brewer (manufacturing 90,000 barrels or less)	\$500	IC 7.1-4-4.1-16
Distiller	\$2,000	IC 7.1-4-4.1-14
Artisan distiller	\$250	IC 7.1-3-27-15
Vintner	\$2,000	IC 7.1-4-4.1-14
Farm winery	\$500	IC 7.1-4-4.1-15
Rectifier	\$2,000	IC 7.1-4-4.1-14
Wine bottler	\$2,000	IC 7.1-4-4.1-14
Farm winery brandy distiller	\$250	IC 7.1-4-4.1-17
Direct wine seller – direct shipping up to 9,000 liters per permit year	\$100	IC 7.1-3-26-8(b)(1)
Direct wine seller – direct shipping 9,001 to 18,000 liters per permit year	\$200	IC 7.1-3-26-8(b)(2)
Direct wine seller – direct shipping 18,001 to 27,000 liters per permit year	\$300	IC 7.1-3-26-8(b)(3)
Direct wine seller – direct shipping 27,001 to 36,000 liters per permit year	\$400	IC 7.1-3-26-8(b)(4)
Direct wine seller – direct shipping 36,001 to 45,000 liters per permit year	\$500	IC 7.1-3-26-8(b)(5)
Farm winery satellite dealer	\$0	

**For information about fees for other permit types, please contact the Alcohol and Tobacco Commission at (317) 232-2430.*