



APPLICATION FOR NEW OR TRANSFER PERMIT – MANUFACTURER OR WHOLESALER

State Form 56885 (R2 / 8-24)

FOR OFFICE USE ONLY	
Date received (mm/dd/yyyy)	
Permit number	
Permit type	
Base fee receipt number	
Processor	
Jurisdiction	

INSTRUCTIONS:

1. Type or print legibly.
2. Include payment.
3. Do not complete shaded areas.
4. Please attach a completed Property Tax Clearance – Form 1 (State Form 1462) (if applicable).
5. Please attach a completed County Verification of Business Location form (State Form 44184) (if applicable).
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, visit www.in.gov/atc/alcohol-permit-resources/alcohol-permit-applications-and-forms/.

* 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: <input type="checkbox"/> Artisan distiller <input type="checkbox"/> Farm winery <input type="checkbox"/> Wholesaler – Wine <input type="checkbox"/> Brewer <input type="checkbox"/> Farm winery satellite <input type="checkbox"/> Wholesaler – Microwine <input type="checkbox"/> Small brewer <input type="checkbox"/> Farm winery brandy distiller <input type="checkbox"/> Wholesaler – Liquor <input type="checkbox"/> Direct wine seller <input type="checkbox"/> Rectifier <input type="checkbox"/> Wine bottler <input type="checkbox"/> Distiller <input type="checkbox"/> Wholesaler – Beer <input type="checkbox"/> Wine vintner		1.2. Application type: <input type="checkbox"/> New application <input type="checkbox"/> Transfer of ownership <input type="checkbox"/> Transfer of location	
1.3. Please briefly describe your business that qualifies you for this permit type.		1.4. Permit number (Transfers only)	
1.5. Name of applicant (individual or business entity)			
1.6. Doing business as (d/b/a)			
1.7. The applicant is a: (Check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Simple Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Club Association <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/>			
1.8. Permit address			
Street name and number		Suite number (if applicable)	
City / Town	State	ZIP code	
1.9. E-mail address		1.10. Telephone number of premises	
1.11. Mailing address <input type="checkbox"/> Same as above NOTE: Notices from the ATC will be sent to the mailing address and/or e-mail address provided on this form. It is your responsibility to notify the ATC of any change in mailing address.			
Street name and number		Suite number (if applicable)	
City / Town	State	Zip code	
1.12. E-mail address		1.13. Telephone number of applicant	
1.14. What county is the proposed permit premises located in?			
1.15. Is the proposed permit premises located inside the corporate limits of a city / town?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1.16. If yes, please name the incorporated city / town.	
1.17. Is there at least 200 feet between the permit premises and any church or school? If no, please check the exception that applies: <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. <input type="checkbox"/> An alcoholic beverage permit premises has continuously operated at the location since prior to the opening of the church or school.	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.18. 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 other alcoholic beverage permit issued under Title 7.1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.19. If issued a permit, will you manage the premises? <i>If no, please complete Section 5, Manager Questionnaire.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.20. 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
1.21. Do you have a legal right to possess the permit premises for the term of the permit (ownership or a bona fide lease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: QUALIFICATIONS	
THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS HAVING AN INTEREST IN THIS APPLICATION. <u>NOTE:</u> "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.	
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: OWNERSHIP INFORMATION

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, or the business 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.

3.1. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and 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 percent (%)
3.2. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and 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 percent (%)
3.3. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and 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 percent (%)
3.4. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and 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 percent (%)
3.5. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and 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 percent (%)
3.6. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and 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 percent (%)
3.7. Complete name	Social Security number *	Date of birth (mm/dd/yyyy)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and 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 percent (%)

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 4: PERMIT TYPES

A. ARTISAN DISTILLER	
1. I will not produce more than twenty thousand (20,000) 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. Please identify which qualifying permit you have held for at least six (6) months immediately preceding the date of this application? <input type="checkbox"/> Farm winery permit under IC 7.1-3-12 <input type="checkbox"/> Small brewer permit under IC 7.1-3-2(b) <input type="checkbox"/> Distiller permit under IC 7.1-3-7	
4. What is the permit number for the qualifying permit identified above?	
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. Do you plan to store or condition beer in a secure building that is separate from the brewery and owned or leased by the applicant? <i>If yes, please list the address of secure building below.</i> _____ <i>(number and street, city, state, and ZIP code)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 microwine 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 farm 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 microwine wholesaler?	_____ <i>(mm/dd/yyyy)</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. Please identify 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 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 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 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. I will not distribute more than 12,000 gallons of wine in a calendar year.	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 QUESTIONNAIRE	
5.1. Name of manager <i>(last, first, middle initial)</i>	5.2. Social Security number *
5.3. Date of birth <i>(mm/dd/yyyy)</i>	5.4. Employee permit number
	5.5. Date of expiration <i>(mm/dd/yyyy)</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, 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? <i>(If yes, please attach an explanation, including any permit numbers.)</i>	<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)? <i>(If yes, please attach an explanation.)</i>	<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? <i>(If yes, list permits below. (Attach additional sheet if necessary.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit number(s)		
Signature of manager		Date (mm/dd/yyyy)
SECTION 6: FLOOR PLAN		
<p>All applicants must submit a floor plan drawing on letter size (8½" x 11") paper attached to this application. The drawing must show dimensions and identifications of any existing family room(s), seating arrangement(s), ballroom(s), bar(s), dance floor area(s), kitchen area(s), restrooms, storage and office areas, entrances/exits, patios, beer gardens, service windows, and alcoholic beverage display areas for all types of permits. Please sign and date the drawing.</p> <p>NOTE: A floor plan of the licensed premises must be approved before a permit is issued. If you have any questions regarding floor plans, please contact the appropriate Indiana State Excise Police district office: www.in.gov/atc/iseep/contact-us/.</p>		
SECTION 7: LIQUOR LIABILITY INSURANCE		
<p>The holder of a craft manufacturer (small brewer, farm winery, 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.</p> <p>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.</p>		
SECTION 8: CERTIFICATION OF APPLICANT		
<p>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.</p> <p>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.</p> <p>Note: The applicant MUST sign this application unless the proper Power of Attorney forms are attached to this application.</p>		
Signature of applicant		Date signed (mm/dd/yyyy)
Printed name of applicant		Title of applicant

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 signed (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