



PRODUCT MANAGEMENT STATEMENT
State Form 47553 (R / 10-20)

ALCOHOL AND TOBACCO COMMISSION
302 West Washington Street, Room E114
Indianapolis, IN 46204
Telephone: (317) 232-2430
Fax: (317) 233-6114
www.IN.gov/atc

A primary source of supply or wholesaler may, on a non-discriminatory basis, at a retailer's or dealer's permit premises, manage their retailer-assigned or dealer-assigned display space. Please indicate which of the following operations are available within your customary system of services. Return the completed Statement to the Alcohol and Tobacco Commission at the above address, Attention: Industry Liaison. Amendment of this statement is required if any of the available operations indicated are modified.

AVAILABLE

NOT AVAILABLE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Product rotation of alcoholic beverages on retail shelves |
| <input type="checkbox"/> | <input type="checkbox"/> | Product rotation of alcoholic beverages from storage areas to retail shelves |
| <input type="checkbox"/> | <input type="checkbox"/> | Product rotation of alcoholic beverages from storage areas to displays |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage area stocking of alcoholic beverages |
| <input type="checkbox"/> | <input type="checkbox"/> | Display stocking of alcoholic |
| <input type="checkbox"/> | <input type="checkbox"/> | Freestanding display construction |
| <input type="checkbox"/> | <input type="checkbox"/> | Construct Special and/or nonpermanent floor displays |
| <input type="checkbox"/> | <input type="checkbox"/> | Deliver and place product in designated storage areas |

As a licensed primary source of supply, our purpose for visiting retailer or dealer outlets is:

As a licensed wholesaler, we hereby further certify that all services which are indicated above as being available on a non-discriminatory basis will be provided in a timely manner not to exceed five (5) working days from the time of any request by a dealer or retailer.

Permittee name	ATC permit number
Signature	Date (month, day, year)
Printed name	