



APPLICATION FOR TYPE II GAMING ENDORSEMENT RENEWAL

State Form 57095 (3-21)
ALCOHOL AND TOBACCO COMMISSION

FOR OFFICE USE ONLY
Examined by / date (mm/dd/yyyy)

- INSTRUCTIONS:**
1. Type or print legibly.
 2. Renewal must be received seventy-five (75) days before permit expires.
 3. Do not complete shaded areas.
 4. Include Payment by certified check, money order, or business check made payable to the Alcohol and Tobacco Commission.
 5. Include distributor invoices for the financial reporting year.

STEP 1. GENERAL INFORMATION		
Name of applicant as printed on existing alcoholic beverage permit	State Tax Identification Number	Alcohol Permit Number
Name of Business as alcohol permit (d/b/a)	Type II Permit Number	Type II expiration date (mm/dd/yyyy)
Business Address (number and street, city, state, ZIP code)		
Mailing address (number and street, city, state, ZIP code)		
Alcohol Permit Status <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> In Escrow	County	
Business Telephone Area / Number () - -	Home Telephone Area / Number () - -	
Enter financial accounting period for this license. From _____ To _____ (01/01/Previous Year) (12/31/Previous Year)		

STEP 2. QUALIFICATION QUESTIONS		
1. Have any applicant and/or persons with an ownership interest associated with this permit been convicted of a felony since the last renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have all your sales taxes and property tax obligations for the past year and those due at this time been paid in full?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have any individuals with an interest in this permit held a permit under Title 7.1 or Title 4 and had the permit revoked within one year prior to the date of this renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have any individuals with an interest in this permit been convicted of a violation of the Indiana Alcoholic Beverage or type II gaming laws, rules regulations, or order of the Commission in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STEP 3. OWNERSHIP		
List the full name and home address of each of the following person involved with this business:		
1. If sole proprietor, list individual owner.		
2. If partnership, list each partner.		
3. If a limited liability company, list each member holding at least 10% interest.		
4. If corporation, limited partnership, or limited liability company, list each officer and each person or entity holding at least 10% interest.		
Attach additional sheet if necessary.		
Complete name	Date of birth (mm/dd/yyyy)	Percent of ownership
Address (number and street, city, state, ZIP code)		
Complete name	Date of birth (mm/dd/yyyy)	Percent of ownership
Address (number and street, city, state, ZIP code)		
Complete name	Date of birth (mm/dd/yyyy)	Percent of ownership
Address (number and street, city, state, ZIP code)		

STEP 4. GROSS INCOME CALCULATIONS

1. Gross income: Pull Tabs	
2. Gross income: Punchboards	
3. Gross income: Tip Boards	
4. Gross income: Qualified Drawings	
5. Gross income: Raffles	
6. Total Gross Income <i>(Add lines 1 - 5.)</i>	
7. Expenses: Pull Tabs Payouts	
8. Expenses: Punchboards Payouts	
9. Expenses: Tip Boards Payouts	
10. Expense: Type II Supplies (Pull tab, punchboards, and tip board purchases including tax and the cost of your type II endorsement last year; raffle and qualified drawing expenses)	
11. Total Expenses <i>(Add lines 7 - 10.)</i>	
12. Net Income <i>[Subtract total expenses (line 11) from total gross income (line 6).]</i>	
Endorsement renewal fees (IC4-36-4-5): <ul style="list-style-type: none"> • If line 14 is at least \$0 but less than \$25000 than the renewal fee is \$100. • If line 14 is at least \$25000 but less than \$50000 than the renewal fee is \$250. • If line 14 is at least \$50000 but less than \$100000 than the renewal fee is \$500. • If line 14 is at least \$100,000 or more than the renewal fee is \$1,000. 	Enter renewal fee.

STEP 5. AFFIDAVIT OF APPLICANT

I certify under penalty of perjury, that I have examined this report and to the best of my knowledge and belief it is complete and correct.	
Signature of applicant	Date (mm/dd/yyyy)
Printed name of applicant	Daytime Telephone Area / Number () -

MAIL COMPLETED REPORT WITH RENEWAL APPLICATION TO:
 INDIANA ALCOHOL & TOBACCO COMMISSION
 Attention: Type II Gaming Renewals
 302 West Washington Street, Room E114
 Indianapolis, Indiana 46204
<https://www.in.gov/atc>