



# APPLICATION FOR TEMPORARY CRAFT MANUFACTURER HOSPITALITY PERMIT

State Form 53022 (R / 7-22)  
Approved by State Board of Accounts, 2022

## INSTRUCTIONS:

1. Applicants must complete all requested information.
2. Please type or print clearly.
3. Applicants must submit a completed application, payment, and floor plan to the local excise district office at least five (5) days prior to the event to guarantee timely processing.
4. Please calculate the permit fee in accordance with IC 7.1-4-4.1-5.1 in Section 4.2 below. Payment can be made by money order, business check, or certified check to the Indiana Alcohol and Tobacco Commission.

Please visit <https://www.in.gov/atc/iseip/2379.htm> for more information about the excise districts.

Please submit this form and payment to:

**DISTRICT 1**  
52422 County Road 17  
Bristol, IN 46507  
(574) 264-9480

**DISTRICT 4**  
651 S. Commerce Drive  
Seymour, IN 47274  
(812) 523-8314

**DISTRICT 2**  
1353 South Governors Drive  
Columbia City, IN 46725  
(260) 244-4285

**DISTRICT 5**  
3650 South US Hwy 41  
Vincennes, IN 47591  
(812) 882-1292

**DISTRICT 3**  
41 West 300 North  
Crawfordsville, IN 47933  
(765) 362-8815

**DISTRICT 6**  
6400 East 30<sup>th</sup> Street  
Indianapolis, IN 46219  
(317) 541-4100

## SECTION 1. APPLICANT INFORMATION

Name of permit applicant (organization, club, corporation, individual)

Address of permit applicant (number and street, city, state, and ZIP code)

Name of person submitting application

Telephone number

Email address

## SECTION 2. QUALIFICATIONS

### THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS HAVING AN INTEREST IN THIS APPLICATION.

**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.

Are all individuals with an interest in this application citizens of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
Have any individuals with an interest in this application 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
Have any individuals with an interest in this application 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
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
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
Have any individuals with an interest in this application made an application for an alcoholic beverage permit of any type which was denied less than one (1) year to the date of this application (unless the application was denied by reason of a procedural or technical defect)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any individuals, corporations, limited liability companies (LLCs), limited liability partnerships (LLPs), partnerships, or stock owners, members, or partners of any other business entities 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? <i>If yes, please provide the permit number(s).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No



**SECTION 6. SIGNATURE AND AFFIRMATION**

I affirm under the penalties of perjury that all information provided on this form and any attachments is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application.

I understand that an excise officer may enter, inspect, and search the licensed premises without a warrant to determine compliance with the provisions of IC 7.1 and hereby consent to such for the duration of the permit term.

Signature of permit applicant / agent

Date signed (*month, day, year*)

**FOR DISTRICT USE ONLY**

Receipt number

Reviewed by

Approved

Denied

Date issued (*month, day, year*)

TM Permit number (*issued by ATC*)