



REQUEST FOR TEMPORARY FLOOR PLAN AMENDMENT

State Form 57357 (1-24)
INDIANA ALCOHOL AND TOBACCO COMMISSION

INSTRUCTIONS:

1. Please type or print clearly.
2. Applicants must submit all requested information.
3. Submit application to the appropriate local Excise district office. For more information concerning Excise district offices, please visit www.in.gov/atc/isep/contact-us/.

DISTRICT 1
52422 County Road 17
Bristol, IN 46507
dist1@atc.in.gov

DISTRICT 2
1353 S. Governors Drive
Columbia City, IN 46275
dist2@atc.in.gov

DISTRICT 3
41 W. 300 N.
Crawfordsville, IN 47933
dist3@atc.in.gov

DISTRICT 4
302 W. Washington Street, Room E-114
Indianapolis, IN 46204
dist4@atc.in.gov

DISTRICT 5
302 W. Washington Street, Room E-114
Indianapolis, IN 46204
dist5@atc.in.gov

DISTRICT 6
302 W. Washington Street, Room E-114
Indianapolis, IN 46204
dist6@atc.in.gov

SECTION 1: PERMITTEE INFORMATION

Name of permittee	Permit number
Doing business as (d/b/a)	Permit expiration date (mm/dd/yyyy)
Permit address (number and street, city, state, ZIP code)	
Mailing address (number and street, city, state, ZIP code)	

SECTION 2: EVENT INFORMATION

Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Start time (a.m. / p.m.)	End time (a.m. / p.m.)
Description of event			
Name of contact person	E-mail address	Telephone number	

SECTION 3: FLOOR PLAN

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1. A floor plan of the designated area submitted along with this request form. Permit premises that are not part of an approved designated outdoor refreshment area (DORA) must be well-defined with a fence, rope, or other similar enclosure that reasonably deters ingress and egress.
2. Amended floor plans are still subject floor plan restrictions concerning minors. If minors will be present, there must be separation between any bar area and family dining area. (Must be indicated on floor plan above).
3. All persons dispensing, serving, handling, and/or accepting payment for alcoholic beverages must hold a valid employee permit issued by the ATC.
4. The legal hours for serving alcoholic beverages are 7 a.m. to 3 a.m. the following day (prevailing time).
5. All requests must be submitted at least two (2) business days prior to the event.
6. If approved, this application form must be posted in a conspicuous area on the licensed premises for the duration of the temporary floor plan change.
7. Any alterations to a previously approved floor plan without prior authorization or approval may result in a notice of violation being issued to the permittee.

SECTION 4: CERTIFICATION AND SIGNATURE

By signing below, I hereby certify that the information contained in this application form is true and accurate. I acknowledge and understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application or attached documents.

Printed name	Date (<i>mm/dd/yyyy</i>)
Signature	Title

FOR DISTRICT USE ONLY

District number	Date (<i>mm/dd/yyyy</i>)
Name of reviewing officer	<input type="checkbox"/> Approved <input type="checkbox"/> Denied