APPLICATION FOR RENEWAL OF RETAILER OR DEALER ALCOHOLIC BEVERAGE PERMIT

State Form 47 (R22 / 6-26)

FOR OFFICE USE ONLY	
Examined by / date	
Hearing date	
Issue date	
New expiration date	
Release date	
Base fee	Catering
Processor	
Renewal date	
Excise district	Local board

To submit this renewal online, please visit *www.in.gov/atc/alcohol-permit-resources/alcohol-permit-applications-and-forms/.*

INSTRUCTIONS:

1. Type or print legibly.
2. Include payment in the form of a business check, certified check, or money order.
3. Do not complete shaded areas.
4. Application must be received by our office at least ninety (90) days before permit expiration.
5. Do not complete shaded areas.
6. Please attach a completed Property Tax Clearance – Form 1 (State Form 1462).
7. Please attach additional documentation as indicated throughout the application.
8. For a list of permit fees, please visit www.in.gov/atc/files/Complete-ATC-Fee-Schedule.pdf.

SECTION 1: GENERAL INFORMATION

Name of permit holder as printed on permit *(individual or business entity)*	Permit number
Doing business as (*d/b/a)*	Permit expiration date *(mm/dd/yyyy)*
Permit type	Permit status ☐ Active ☐ Inactive / in escrow *Attach Escrow Request (SF 56811)*
Permit premises address *(number and street, city, state, ZIP code – include suite number if applicable)*	
Mailing address *(number and street, city, state, ZIP code)*	
E-mail address	Telephone number of applicant

1.1. Have there been any unapproved changes to the floor plan on file with the ATC since you last applied for or renewed this permit? (*If yes, follow the instructions in Section 6.*)	☐ Yes ☐ No
1.2. Have you or anyone with an interest in this permit been convicted of a felony or misdemeanor since the permit was last applied for or renewed? (*If yes, please attach letter with dates, court, conviction, and sentence information.)*	☐ Yes ☐ No
1.3. 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 Indiana Code 7.1 connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? (*If yes, attach a list of all permits.)*	☐ Yes ☐ No
1.4. Does the applicant have a legal right to possess the permit premises for the term of the permit (ownership or a bona fide lease)?	☐ Yes ☐ No
1.5. 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? *Answering "No" to this question will result in the denial of this application.*	☐ Yes ☐ No

SECTION 2: OWNERSHIP INFORMATION

The applicant is a: *(Check one)*

☐ Sole Proprietorship ☐ Limited Partnership ☐ Government Entity ☐ Simple Partnership ☐ Limited Liability Partnership
☐ Club Association ☐ Corporation ☐ Limited Liability Company

Please provide the following ownership information (*Attach additional sheets if necessary):*

- **SOLE PROPRIETOR** (Business operated as a single individual, without a separate legal entity) – owner information
- **CLUB** – Highest ranking officer and financial secretary or treasurer
- **CORPORATION** – President, secretary, and all stockholders with at least 5% interest in the permit
- **GOVERNMENT ENTITY** – Government employee(s) responsible for permit
- **LIMITED LIABLITY COMPANY** – All members with at least 5% interest in the permit
- **PARTNERSHIP / LIMITED PARTNERSHIP / LIMITED LIABLITY PARTNERSHIP** – All partners with at least 5% ownership in the permit

IC 7.1-3-21-8 requires the disclosure of each person or entity that holds at least a five percent (5%) interest in the permit and managing control or authority over the business conducted (or to be conducted) under it. Unless the applicant is a club, government entity, or nonprofit organization, ownership percentage must be included below. When disclosing a publicly traded corporation, please provide the name and address of the corporate officers and members of the board of directors.

Ownership changes must be disclosed by permittees within ten (10) days of the date when the change became effective. If ownership has changed (by death, transfer, sale of stock or interest, etc.) since the permit was last applied for or renewed, a Disclosure of Interested Parties (State Form 54438), signed by a majority of the previously disclosed ownership, must be submitted in addition to this application.

2.1. Complete name	Date of birth *(mm/dd/yyyy)*	Lawful Status in United States ☐ Yes ☐ No
Address *(number and street, city, state, ZIP code)*	Title	
☐ Sole Owner ☐ Stockholder ☐ Partner ☐ Member ☐ Club Officer ☐ Corporate Officer		Ownership interest (%)
2.2. Complete name	Date of birth (*mm/dd/yyyy*)	Lawful Status in United States ☐ Yes ☐ No
Address *(number and street, city, state, ZIP code)*	Title	
☐ Sole Owner ☐ Stockholder ☐ Partner ☐ Member ☐ Club Officer ☐ Corporate Officer		Ownership interest (%)
2.3. Complete name	Date of birth (*mm/dd/yyyy*)	Lawful Status in United States ☐ Yes ☐ No
Address *(number and street, city, state, ZIP code)*	Title	
☐ Sole Owner ☐ Stockholder ☐ Partner ☐ Member ☐ Club Officer ☐ Corporate Officer		Ownership interest (%)
2.4. Complete name	Date of birth (*mm/dd/yyyy*)	Lawful Status in United States ☐ Yes ☐ No
Address *(number and street, city, state, ZIP code)*	Title	
☐ Sole Owner ☐ Stockholder ☐ Partner ☐ Member ☐ Club Officer ☐ Corporate Officer		Ownership interest (%)
2.5. Complete name	Date of birth (*mm/dd/yyyy*)	Lawful Status in United States ☐ Yes ☐ No
Address *(number and street, city, state, ZIP code)*	Title	
☐ Sole Owner ☐ Stockholder ☐ Partner ☐ Member ☐ Club Officer ☐ Corporate Officer		Ownership interest (%)

☐ Check here if you have disclosed less than 100% of the permit ownership and the remaining undisclosed owners hold less than a 5% ownership interest.

SECTION 3. ANNUAL GROSS SALES FIGURES

(All figures are subject to verification by the Indiana Department of Revenue.)

NOTE: If the permit was in escrow (i.e., inactive) the previous year, skip to Section 4.

3.1. Do you hold a beer, wine, and liquor retailer permit issued in an unincorporated area (type 209 permit)?	☐ Yes ☐ No
3.2. Do you hold a beer, wine, and liquor retailer permit with limited barroom / family room separation?	☐ Yes ☐ No
3.3. Do you operate a convenience store or food mart (as defined by IC 7.1-1-3-18.5(a)(2))?	☐ Yes ☐ No
3.4 Do you hold a beer, wine, and liquor retailer permit that allows minors and sells at least $100,000 in food per year pursuant to IC 7.1-5-7-11(a)(36)?	☐ Yes ☐ No

NOTE: If you answered "No" to all questions above, skip to Section 4.

Date of beginning report *(mm/dd/yyyy)*	Date of ending report *(mm/dd/yyyy)*	
A. Gross food sales *(exclude carryout and catering sales)*	**B.** Gross alcohol sales	**C.** Total gross sales *(A + B)*

SECTION 4: OPERATIONAL INFORMATION

4.1. Is there a contract of any kind to sell the permit and/or business at this time?	☐ Yes ☐ No
4.2. Have all necessary employees obtained employee permits and completed employee training if required?	☐ Yes ☐ No
4.3. Do you sell tobacco products at the licensed premises? *(If yes, please provide the tobacco sales certificate number)*	☐ Yes ☐ No _____
4.4. Do you conduct type II gaming at the licensed premises? *(If yes, please provide the type II gaming endorsement number)*	☐ Yes ☐ No _____

SECTION 5: MANAGER QUESTIONNAIRE

Name of manager *(last, first, middle)*	Date of birth *(mm/dd/yyyy)*
Employee permit number	Employee permit expiration date *(mm/dd/yyyy)*
Home address *(number and street, city, state, and ZIP code)*	

5.1. Do you have Lawful Status in the United States?	☐ Yes ☐ No
5.2. Are you at least twenty-one (21) years old?	☐ Yes ☐ No
5.3. 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?	☐ Yes ☐ No
5.4. Are you 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?	☐ Yes ☐ No
5.5. Have you ever been convicted of a felony or misdemeanor? *If yes, please attach a letter detailing the conviction, court, date, and sentence information.*	☐ Yes ☐ No
5.6. Have you ever been found to have committed a violation of the Indiana alcoholic beverage laws, rules, regulations, or orders of the ATC? *If yes, please attach a letter detailing the violation(s), including any permit number(s).*	☐ Yes ☐ No
5.7. Have you held an alcoholic beverage 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? *If yes, please provide the permit number(s) and an explanation.*	☐ Yes ☐ No

5.8. Have you 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)? *If yes, please attach an explanation.*	☐ Yes ☐ No
5.9. 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 connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? *If yes, please list the permit number(s) below.*	☐ Yes ☐ No
Permit number(s)	
Signature of manager	Date *(mm/dd/yyyy)*

SECTION 6: FLOOR PLAN

If there have been any changes to the floor plan since the initial application or the last renewal that have not been approved by the ATC, the applicant must submit a floor plan drawing on letter size paper (8 ½" x 11") and attach the drawing to this renewal application. The drawing must include dimensions and identification of any existing family room(s), seating arrangement(s), ballroom(s), bar(s), dance floor area(s), kitchen area(s), restrooms, storage areas, entrances/exits, patios, beer gardens, service windows, and alcoholic beverage display areas for all types of permits. The drawing must be signed and dated.

NOTE: All floor plan changes must be approved by the Commission. If you have amended your floor plan and have not had it approved by the ATC, please contact your local Excise district office for a floor plan inspection. To locate the appropriate Indiana State Excise Police district office, please visit www.in.gov/atc/isep/contact-us/.

SECTION 7: RETAILER PERMIT QUESTIONS

7.1. CARRYOUT PRIVILEGES

For retailer permittees with carryout privileges, please complete and attach the Renewal of Retail Carry-Out (State Form 56515).

7.2. LIQUOR LIABILITY INSURANCE

Retail permit holders, other than those completing *and* qualifying under the exception below, must maintain during the permit term a liquor liability insurance policy or a liquor liability endorsement to a general liability insurance policy. Evidence of compliant insurance coverage should include the legal entity name and address of the insured party where the permit is or will be issued, coverage amount, policy effective date, and policy expiration date. Acceptable evidence includes certificate of liability insurance, policy declaration page, or any other official documentation provided by the insurance provider containing the name of the insured, coverage amount, policy term, and statement that the policy includes liquor liability endorsement. Evidence of insurance coverage must originate from the insurance provider; an affidavit or other self-certified statement of compliance is not acceptable.

NOTE: For permits that are or will be deposited in escrow, proof of liquor liability insurance must be provided prior to the permit being made active.

7.2.1. Has the establishment operating at this location had less than $25,000 in gross sales from alcoholic beverages in the previous year? *If yes, you qualify for an exception to the liquor liability insurance requirement. If your gross sales of alcoholic beverages exceed $25,000, you must obtain the required liquor liability insurance. If no, you must attach proof of required liquor liability insurance.*	☐ Yes ☐ No

SECTION 8: CERTIFICATION OF APPLICANT

I certify that this application was completed by myself or by the preparer identified below. 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 UNDER LAW TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

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.

Note: The applicant MUST sign this application unless a valid ATC Power of Attorney form is submitted or already on file with the ATC.

Signature	Date *(mm/dd/yyyy)*
Printed name	Title

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	Date *(mm/dd/yyyy)*
Printed name	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