

INDIANA ALCOHOL AND TOBACCO COMMISSION

302 West Washington Street, Room E-114 Indianapolis, IN 46204 (317) 232-2430 www.in.gov/atc

INSTRUCTIONS:

- 1. Type or print legibly.
- 2. Include payment.
- 3. Employee permits are valid for three (3) years from the date of issuance.
- Volunteer employee permits and restricted employee permits are valid for two (2) years from the date of issuance.

 4. If you have questions, please contact Employee Permits at (317) 232-2455.
- * This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

SECTION 1: GENERAL INFORMATION									
Name of applicant (first, middle initial, last)			Telephone number	E-mail address					
Mailing a	address (number and street	t, city, state, and ZIP code)		Permit number (if renewal)					
Social S	ecurity Number *	Date of birth (mm/dd/yyyy)	Age	│ Sex │	☐ Female				
Driver lie	ense number / identification	a cord number	State where driver license or identif	fination and was incur	۸				
Driver iic	ense number / identification	ication card was issue	u						
Application type									
Employee Permit (3-year) Volunteer Permit (2-year) Restricted Employee Permit (18-20-year-olds)									
Name and address of permit premises where employee permit will be used (if known):									
If you are	e applying for a Volunteer Er	mployee Permit, please list the name and	d address of the not-for-profit organiza	tion you will be serving					
SECTION 2: BACKGROUND QUESTIONS									
2.1.	2.1. Are you aware that you must successfully complete an approved server training course within 120 days of employment?								
(Not applicable for 18–20-year-old Restricted Employee Permit.)] No			
2.2.	П Усс. Г	l No							
	ten (10) years? (If yes, please attach a letter with dates, court, conviction, and sentence information.)								
2.3.									
	Indiana or another state?	Yes] No						
2.4.									
	(If yes, you cannot have a permit until all liabilities have been paid.)								
2.5.		coholic beverage permit or employee's p			☐ Yes ☐] No			
	last live (5) years and/or r	have you received a violation in the last	Tive (5) years? (If yes, please aπacri	an explanation.)					
2.6.		ver's license or state identification card i		last ten (10) years?	☐ Yes ☐] No			
	(ir yes, you must attach a	copy of your driving record from each s	state.)			_			
2.7.	Do you understand that a warrant, and you must pro	☐ Yes ☐] No						
2.8.	Do you understand that the enforcement officer in the	by any law	☐ Yes ☐] No					
2.9.									
2.3.	permit?	nis employee permit is yours and that yo	our omployer is only allowed to copy y	your employee	☐ Yes ☐] No			
2.10.		Class B Misdemeanor, punishable by up cohol to an intoxicated person?	to six (6) months in jail and/or a \$1,0	000 fine, to	Yes] No			
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SECTION 3: RESTRICTED EMPLOYEE PERMITS										
To receive a Restricted Employee Permit, you must attach the original Certified Server Training Certificate issued to you at your training session. Photocopies will not be accepted.										
SECTION 4: FEE AND PAYMENT SCHEDULE										
Employee Permit – \$45.00 Volunteer Employee Permit – \$15.00 Restricted Employee Permit – \$30.00 Please note that employee permit fees are NON-REFUNDABLE. Payment must be made in the form of a business check, certified check, or money order made payable to the Indiana Alcohol and Tobacco Commission.										
SECTION 5: SIGNATURE AND AFFIRMATION										
I certify that this application was completed by myself, and that all information provided herein and on any attachments is true and correct. I affirm under the penalties of perjury that I am at least eighteen (18) years of age. I UNDERSTAND THAT IT IS A FELONY UNDER LAW TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.										
Signature of applicant	Date signed (mm/dd/yyyy)									
FOR OFFICE USE ONLY										
Operating while intoxicated (OWI) background check										
☐ No OWI	OWI Eligible	OWI Ineligible	☐ No re	cord on file						
Date(s) of conviction(s) (mm/dd/yyyy)	Date eligible (mm/dd/yyyy)	Disclosed?	☐ No	Initial	Date (mm/dd/yyyy)					