



APPLICATION FOR NEW OR TRANSFER PERMIT

State Form 51189 (R5 / 2-17)
Approved by State Board of Accounts, 2017

INSTRUCTIONS:

1. Type or print legibly.
2. Include payment.
3. Do not complete shaded areas.
4. Mail to the address at the end of this application form.
5. If there is no opening for this applied permit or there is an omission, this application will be returned.
6. Please attach a completed Property Tax Clearance – Form 1, if applicable, which can be found at <http://in.gov/atc/2409.htm>.
7. Please attach a copy of your Registered Retail Merchant Certificate from Indiana Department of Revenue.
8. Please attach a completed County Verification of Business Location form, if applicable, which can be found at <http://in.gov/atc/2409.htm>.

* This agency is requesting your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory, and this record cannot be processed without it.

STEP 1: GENERAL INFORMATION		
This permit type will allow you to sell: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	This permit type is for: <input type="checkbox"/> On-premise consumption (Retailer) <input type="checkbox"/> Off-premise consumption (Dealer) <input type="checkbox"/> Other (<i>Specify</i>) _____	Type of application: <input type="checkbox"/> New application <input type="checkbox"/> Transfer owner <input type="checkbox"/> Transfer location
Please briefly describe your business that qualifies you for this permit type.		Permit number (<i>Required for transfers.</i>)
This ownership entity is: (<i>Check one</i>)		
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Municipality
<input type="checkbox"/> Simple Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Club Association
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Club Corporation
Business entity making this application		Telephone number of applicant ()
Doing business as (DBA)		
Location where alcoholic beverages will be dispensed (<i>number and street</i>)		
City / Town	State	ZIP code
E-mail address		Telephone number of premises ()
General Questions Part 1		
1. The proposed premises is located in what county? _____		
2. Is the proposed permit premises located inside the corporate limits of a city / town? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If yes, please name the incorporated city / town. _____		
4. If no, please name the unincorporated community which has been known by that name for more than ten (10) years. (<i>This is only required for a beer or a beer and wine application.</i>) _____		
5. Is there at least 200 feet between this premise and any church or school? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If no, have you obtained a written statement from the church or school pursuant to IC 7.1-3-21-11(c)(1)? (<i>If yes, please attach statement.</i>) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business address, if different than premises address: _____ <i>Check here to use business address as mailing address:</i> <input type="checkbox"/>		
Name		
Address (<i>number and street, city, state, and ZIP code</i>)		
General Questions Part 2		
1. Do you understand that you must have a Federal Identification number? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do any individuals, corporations, limited liability companies, limited liability partnerships, or stock owners, members, or partners of such entities have any interest, either directly or indirectly, in any distiller, vintner, farm winery, rectifier, brewer, primary source of supply, or wholesaler permit? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. As owner, do you manage the premise? _____ If no, please complete Step 6, Manager's Questionnaire.		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY
Date received (<i>mm/dd/yy</i>)
Permit number
Permit type
Quota check
Jurisdiction
Checked by
Base fee receipt number
Balance due
Refund
Catering receipt number
Balance due
Refund
Date reviewed (<i>mm/dd/yy</i>)
Hearing date of Local Board (<i>mm/dd/yy</i>)
Commission approved
Permit issued
Date of expiration (<i>mm/dd/yy</i>)
Permit released
Remarks

General Questions Part 2 (continued)

4. Do you sell tobacco products? Yes No
If yes, please provide the Tobacco Sales Certificate number. _____
5. Do you know that an Excise Officer may enter, inspect, and search your permit premise without a warrant or other process to determine if you are complying with the provisions of the Indiana alcoholic beverage laws / rules? Yes No
6. Do you have the right to possess (rent, lease, mortgage, or own) the permit premise for the term of the permit? Yes No

STEP 2: ANNUAL FOOD SALES (FOR EXISTING BUSINESSES ONLY**)**

For the following permits: Type 209 (except golf courses); All retail permits with less than sixty percent (60%) ownership by Indiana residents; Retail permits with limited bar / family room separation.

Date of beginning report (month, day, year)

Date of ending report (month, day, year)

A. Gross food sales (For retail permits, exclude carryout and catering sales.)
(For convenience stores exclude gasoline and automotive oil products.)

B. Gross alcoholic beverage sales

C. Total gross sales (column A + B)

STEP 3: QUALIFICATIONS

SOLE OWNER / PARTNERSHIP PERMIT:

If applying as a sole owner or partnership for any type of permit, answer the following question:

Are you now and have you been a continuous and bona fide resident of this state for five (5) years? Yes No

CORPORATION PERMIT: (PLEASE ATTACH COPY OF "CERTIFICATE OF EXISTENCE" FROM THE INDIANA SECRETARY OF STATE.)

If applying as a corporation for a retailer's permit, answer the following questions:

Is at least sixty percent (60%) of the outstanding common stock owned by persons who have been continuous and bona fide residents of this State for five (5) years? (For exceptions, see IC 7.1-3-21-6.) Yes No

If you meet an exception in IC 7.1-3-21-6, please list and continue to the questions pertaining to all individuals having an interest in this permit.

Is the applicant a retailer corporation with forty-one percent (41%) or more of the common stock held by out of state stockholders? Yes No
If yes, you must agree to and initial below.

I hereby affirm that the annual gross food sales at the permit location currently exceed one hundred thousand dollars (\$100,000) or in the case of a new applicant are expected to exceed two hundred thousand dollars (\$200,000) by the end of the two (2) year period commencing on the date of issuance of the permit and will, thereafter, exceed one hundred thousand dollars (\$100,000) per annum. Initial _____

If applying as a corporation for a package liquor store, answer the following questions:

Is at least sixty percent (60%) of the outstanding stock in the corporation owned by persons who have been continuous and bona fide residents of Indiana for five (5) years; and Yes No

Does the stock described in the previous question constitute a controlling interest in the corporation? Yes No

LLC / LLP PERMIT: (PLEASE ATTACH COPY OF "CERTIFICATE OF EXISTENCE" FROM THE INDIANA SECRETARY OF STATE)

If applying as a limited partnership, limited liability company, or limited liability partnership for a retailer's permit, answer the following questions:

Is at least sixty percent (60%) of the ownership interest held by persons who have been continuous and bona fide residents of this State for five (5) years? (For exceptions, see IC 7.1-3-21-6.) Yes No

If you meet an exception in IC 7.1-3-21-6, please list and continue to the questions pertaining to all individuals having an interest in this permit.

Is the applicant a retailer limited partnership, limited liability company, or limited liability partnership applying with forty-one percent (41%) or more of the ownership interest held by out of state residents? Yes No
If yes, you must agree to and initial below.

I hereby affirm that the annual gross food sales at the permit location currently exceed one hundred thousand dollars (\$100,000) or in the case of a new applicant are expected to exceed two hundred thousand dollars (\$200,000) by the end of the two (2) year period commencing on the date of issuance of the permit and will, thereafter, exceed one hundred thousand dollars (\$100,000) per annum. Initial _____

If applying as a limited partnership, limited liability company, or limited liability partnership for a package liquor store, answer the following questions:

Is at least sixty percent (60%) of the partnership interest or sixty percent (60%) of the outstanding membership interest in the limited liability company owned by persons who have been continuous and bona fide residents of Indiana for five (5) years; and Yes No

Does the partnership or membership interest described in the previous question constitute a controlling interest in the limited partnership, limited liability company, or limited liability partnership? Yes No

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 LLCs, LLPs, corporations, partnerships, and all other business structures recognized under Indiana law as well as a natural person where applicable.

Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor?
(If yes, please attach letter with dates, court, conviction, and sentence.) Yes No

Have any individuals with an interest in this application ever been convicted of, or found to have committed a violation of, the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the ATC?
(If yes, please attach an explanation, including permit number(s).) Yes No

Are all individuals with an interest in this application citizens of the United States? Yes No

Are all individuals with an interest in this application of sound mind, good moral character, and good repute in the community in which they reside? Yes No

Are any individuals with an interest in this application a law enforcement officer, or an officer of a municipal corporation, or government subdivision, of this state charged with any duty or function in the enforcement of Indiana Code Title 7.1? Yes No

Have any individuals with an interest in this application held a permit under this title and had the permit been 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

Have any individuals with an interest in this application made an application for a permit of any type which was denied less than one (1) year prior to this application for a permit (unless the application was denied by reason of a procedural or technical defect)? Yes No

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 endorsements of any kind issued under Indiana Code Title 7.1 connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages?
If yes, list permits below. (Attach additional sheet if necessary.) Yes No

Permit number(s)

Are you indebted to a person or an officer or agent of that person, who holds a brewer's permit or wholesale permit, for a debt, secured by a lien, mortgage, or otherwise upon the premises for which the beer retailers permit is to be applicable or upon any of the property or fixtures in the premises, or used, or to be used in connection with the premises? Yes No

STEP 4. AFFIDAVIT OF OWNERSHIP

Complete name	Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership
Complete name	Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership
Complete name	Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership
Complete name	Social Security number *	Date of birth (month, day, year)	Citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (number and street, city, state, and ZIP code)			
Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporate President <input type="checkbox"/> Stockholder <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Club Officer			Percent of ownership

If you need more space, please attach additional sheets.

STEP 5. PERMIT TYPE SPECIFIC QUESTIONS

You must meet specific requirements to hold certain types of permits. Please answer only the following questions that are applicable to your permit application.

LIQUOR RETAILER

Is the proposed permit premise located in an incorporated city having a population of less than 5,000? Yes No

If the answer is yes, have you attached to the application the enabling ordinance from the city consenting to the issuance of liquor retailer's permits? Yes No

CATERING HALL

Are you applying for a special three-way catering hall permit that will allow you to sell alcoholic beverages for on-premises consumption only on a premises that is used only for private catered events and has accommodations for at least 250 individuals? Yes No

CLUBS

If you are applying for a club permit, please check the appropriate box: Social Club Fraternal Club

If a social club, does your association or organization meet the general requirements of IC 7.1-3-20-1? Yes No

If a fraternal club, does your association or corporation meet the general requirements of IC 7.1-3-20-1 and the specific requirements of IC 7.1-3-20-7? Yes No

If your club permit premises is outside the corporate limits, do you meet the requirements of IC 7.1-3-20-3? Yes No

HOTEL

If you are applying as a hotel, do you meet the general requirements of IC 7.1-3-20-18? Yes No

HISTORIC DISTRICT

If you are applying for an historic district permit, is the restaurant located in a district that is on the National Register of Historic Places that includes a county courthouse, a historic opera house, and a historic jail and sheriff's house pursuant to IC 7.1-3-20-16(g)? Yes No

If yes, you must submit the appropriate verification, including a district map identifying the location of your restaurant, an approval letter from a city or town representative that indicates whether the city or town adopted an ordinance that requires a written commitment pursuant to IC 7.1-3-19-17, and a copy of the ordinance creating the district. If the city or town ordinance requires a written commitment, you must also submit a copy of the written commitment.

AIRPORT, REDEVELOPMENT, RIVERFRONT, RAILWAY STATION, CULTURAL CENTER, SPEEDWAY, LAKE FRONT

If you are applying for a permit authorized by IC 7.1-3-20-16 or IC 7.1-3-20-16.8, do you meet the requirements for the designated permit? Yes No

Specify the type of permit for which you are applying. _____

NOTE: *If you are applying for a municipal riverfront development permit (IC 7.1-3-20-16(d) and IC 7.1-3-20-16.1) or a lakefront development permit, motorsports development permit IC 7.1-3-20-16(k) or (l), or redevelopment permit (IC 7.1-3-20-16.8), you must also submit a letter indicating that the statutory requirements have been met and the mayor's approval of the permit, a map of the district identifying the premises location, and a copy of the ordinance creating the district.*

If you are applying for a permit in a publicly owned airport (IC 7.1-3-20-16(b)), union railway station (IC 7.1-3-20-16(c)), railway station (IC 7.1-3-20-16(e)), cultural center (IC 7.1-3-20-16(f)), or redevelopment district (IC 7.1-3-20-16(h) and (i)), please submit supporting documentation showing that your premises is located in a district that meets the qualification of the section authorizing the permit.

If you are applying for a lakefront district permit pursuant to IC 7.1-3-20-16(j) and IC 7.1-3-20-16.2, please submit a map of the district identifying the location of your restaurant, detailed information concerning the expenditures of the state, local, and federal funds on the municipal lakefront development project, and a copy of the local ordinance or resolution authorizing the municipal lakefront development project.

DRUG STORE

If you are the proprietor of a drug store, do you hold a valid permit issued by the State Board of Pharmacy? Yes No

NOTE: *You must designate on your floor plan the pharmacy area that has been submitted and approved by the State Board of Pharmacy.*

Permit number of pharmacy	Date of issuance (month, day, year)	Date of expiration (month, day, year)
---------------------------	-------------------------------------	---------------------------------------

RIVERBOAT

Are you applying for a riverboat / excursion permit and do you currently hold a valid riverboat owner's license issued by the Indiana Gaming Commission? Yes No

License number of riverboat owner	Date of issuance (month, day, year)	Date of expiration (month, day, year)
-----------------------------------	-------------------------------------	---------------------------------------

Are you applying for an adjacent landsite permit? Yes No

HORSE TRACK

Are you applying for a horse track permit and do you currently hold a valid recognized meeting permit issued by the Indiana Gaming Commission? Yes No

Permit number of recognized meeting	Date of issuance (month, day, year)	Date of expiration (month, day, year)
-------------------------------------	-------------------------------------	---------------------------------------

Are you applying for a satellite permit? Yes No

License number of satellite facility	Date of issuance (month, day, year)	Date of expiration (month, day, year)
--------------------------------------	-------------------------------------	---------------------------------------

STEP 5. PERMIT TYPE SPECIFIC QUESTIONS (continued)

BOAT (SEASONAL)

If you are applying for a boat permit, do you engage in regular passenger service which makes regular runs in seasonal weather between established locations? Yes No

BEER WHOLESALER

Do you have available for investment capital and cash or property necessary and useful in your business, exclusively as a beer wholesaler, of at least \$15,000 (exclusive of motor vehicles), and do you agree that you will, if the application is granted, actually make the investment and submit proof to the Commission before you engage in business as a beer wholesaler? Yes No

BREWER

I certify that the projected number of barrels of beer to be manufactured during the permit year will not exceed 90,000 barrels. (A barrel equals thirty-one (31) gallons.) (Small Brewer) Yes No

I certify that the projected number of barrels of beer to be manufactured during the permit year will exceed 90,000 barrels. (A barrel equals thirty-one (31) gallons.) (Brewer) Yes No

If a small brewer, do you own or lease a building separate from the brewery premises that is used to store and condition beer pursuant to IC 7.1-3-2-7(5)(K)? Yes No

VINTER / DISTILLERY / FARM WINERY

Check if you qualify and are applying for one of the following permits.

- Vintner (IC 7.1-3-12-1) Distiller (IC 7.1-3-7-2) Farm Winery (IC 7.1-3-12-3)
 Artisan Distiller (IC 7.1-3-27-2) Farm Winery Brandy Distiller (IC 7.1-3-7.5-2)

BOND REQUIREMENTS

The following applicants are required to file with this application the appropriate non-revocable surety bond, made payable to the State of Indiana. (Check the appropriate bond amount, if applicable.)

- Brewer (\$10,000) Liquor Wholesaler (\$10,000) Vintner (excludes farm winery) (\$10,000)
 Distiller (\$10,000) Rectifier (\$10,000)

MICROWINE WHOLESALER

I certify that the annual projected number of gallons of wine and brandy sold will not exceed twelve thousand (12,000) gallons. Yes No

STEP 6. MANAGER'S QUESTIONNAIRE

Name of manager (last, first, middle initial)	Social Security number *
---	--------------------------

Date of birth (month, day, year)	Employee permit number of manager	Date of expiration (month, day, year)
----------------------------------	-----------------------------------	---------------------------------------

Home address (number and street, city, state, and ZIP code)

Are you a citizen of the United States? Yes No

Are you at least twenty-one (21) years old? Yes No

Is it true that you are not an officer or employee of a person engaged in:
 The alcoholic beverage traffic, which person is a non-resident of this state; or
 The carrying on of any phase of manufacture of, traffic in, or transportation of alcoholic beverages without a permit under this title when one is required by this title? Yes No

Are you a law enforcement officer, or a non-elected officer of a municipal corporation or government subdivision charged with any duty or function in the enforcement of Alcoholic Beverage Laws? Yes No

Has an alcoholic beverage permit held by you been revoked within one (1) year prior to the date of this application for a permit? Yes No

Have you made an application for a permit of any type which has been denied less than one (1) year prior to this application for a permit (unless the application was denied by a reason of a procedural or technical defect)? (If yes, please attach an explanation.) Yes No

Are you now, and have you been for the last five (5) years a continuous and bona fide resident of the State of Indiana? Yes No
 If no, does the permit premise you are managing have a minimum annual gross food sales of at least \$100,000? Yes No

Do you hold a permit of any kind for the sale of alcoholic beverages in Indiana, or do you have any interest in any such permit, directly or indirectly, through ownership of stock or otherwise? Yes No
 If yes, list permit numbers. (Attach additional sheet, if necessary.)

Have you been convicted of a felony? Yes No
 If yes, attach places and dates of arrest, court of record, and conviction and attach relevant court record(s).

Have you been found in violation of the Indiana alcoholic beverage laws, rules, regulations, or orders of the Commission? Yes No
 If yes, explain on a separate attachment.

Signatures of manager referred to in this schedule

STEP 7. FLOOR PLAN

INSTRUCTIONS: Applicant must submit four (4) drawings on letter size paper (8½" x 11"). These drawings must show dimensions and identifications of any existing family room(s), seating arrangement(s), ballroom(s), service bar(s), dance floor area(s), kitchen area(s), restrooms, storage and office areas, exits, and alcoholic beverage display areas for all types of permits. Please sign and date each drawing.

If a restaurant or a restaurant located in a hotel or motel, will anyone under the age of twenty-one (21) be guests to the permit premises? Yes No

If the answer to the above question is "yes," there must be COMPLETE SEPARATION of the barroom from the room or rooms where individuals under the age of twenty-one (21) will be present. Yes No

Are you requesting approval for limited separation? Yes No

NOTE: All drawings must be approved by the Commission before the permit is issued. We recommend you receive approval before construction begins. Contact your local excise district office. Contact information for local excise district offices can be found at <http://in.gov/atc/isept/2379.htm>. (Please attach all drawings to this application.)

STEP 8. AFFIRMATION OF APPLICANT

I certify that this application was completed by myself or by the preparer identified herein. 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 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 the proper Power of Attorney forms are attached to this application.

Signature of applicant		Date signed (month, day, year)
Printed name of applicant	Title of applicant	

STEP 9. SIGNATURE 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 of preparer		Date signed (month, day, year)
Printed name of preparer	Telephone number ()	

STEP 10. FEES

Please remit business check, certified check, or money order – application will not be processed without payment. (See attached fee schedule.)

Checks should be made payable to the Indiana Alcohol and Tobacco Commission.

MAIL COMPLETED APPLICATION, PAYMENT, AND SUPPORTING DOCUMENTS TO:

INDIANA ALCOHOL AND TOBACCO COMMISSION
302 West Washington Street, Room E114
Indianapolis, IN 46204

For additional information: www.IN.gov/atc or (317) 232-2430

FEE SCHEDULE *

Permit	Fee	Statutory Authority
Beer only or wine only	\$500	IC 7.1-4-4.1-9(c)(1) (retailer); IC 7.1-4-4.1-12 (c)(1) (dealer)
Beer and wine	\$750	IC 7.1-4-4.1-9(c)(2) (retailer); IC 7.1-4-4.1-12(c)(2) (dealer)
Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9(c)(3) (retailer); IC 7.1-4-4.1-12(c)(3) (dealer)
Three-way (fraternal club)	\$250	IC 7.1-4-4.1-10
Supplemental catering	\$150	IC 7.1-4-4.1-2
Wholesaler	\$2000	IC 7.1-4-4.1-13(b)
Micro wine wholesaler (selling less than 12,000 gallons of wine and brandy)	\$100	IC 7.1-4-4.1-13(c)
Brewer (manufacturing more than 90,000 barrels)	\$2000	IC 7.1-4-4.1-14
Brewer (manufacturing 90,000 barrels or less)	\$500	IC 7.1-4-4.1-16
Distiller	\$2000	IC 7.1-4-4.1-14
Artisan distiller	\$250	IC 7.1-3-27-15
Vintner	\$2000	IC 7.1-4-4.1-14
Farm winery	\$500	IC 7.1-4-4.1-15
Rectifier	\$2000	IC 7.1-4-4.1-14
Wine bottler	\$2000	IC 7.1-4-4.1-14
Farm winery brandy distiller	\$250	IC 7.1-4-4.1-17

* For information about fees for other permit types, please contact the Alcohol and Tobacco Commission at (317) 232-2430.