		R TRANSFER PERMIT –	FOR OFFICE USE ONLY
	RETAILER OR DEALER State Form 51189 (R10 / 7-25)	Date received (mm/dd/yyyy)	
INSTRUCTIO	ONS:		Permit number
1. Type or pr 2. Include pa	int legibly.		Permit type
3. Do not cor	mplete shaded areas.	s an omission, this application will be returned.	Base fee receipt number
5. Please atta 6. Please atta	ach a completed Property Tax Clearance –	Form 1 (State Form 1462), if applicable. siness Location form (State Form 44184), if applicable.	Catering receipt number
8. For a list o	of permit fees, please visit www.in.gov/atc/fil		Processor
	y is requesting your Social Security Number is mandatory, and this record cannot be pro		Jurisdiction
		SECTION 1: GENERAL INFORMATION	
1.1. Applicat	tion type:		
	New Transfer of ownership (\$250 fee)	 Transfer of location (\$250 fee) Transfer of ownership and location ((\$500 fee)
1.2. Permit t	ype for which you are applying:		
1.3. Please I	briefly describe how the applicant qualifies f	for this permit type:	1.4. Permit number (<i>Transfers only</i>)
1.5. Name o	f applicant (individual or business entity)	I	
1.6. Doing b	usiness as (<i>d/b/a</i>)		
1.7. The app	blicant is a: <i>(Check one)</i>		
	, ,		
☐ Sole □ Club		□ Government Entity □ Simple Partnership □ Limited Liability Company □ Club Corporation	Limited Liability Partnership
Club	Association Corporation	□ Government Entity □ Simple Partnership □ Limited Liability Company □ Club Corporation	Limited Liability Partnership
Club	Association Corporation		· · ·
Club	Association Corporation		Limited Liability Partnership Suite number <i>(if applicable)</i>
Club	Association Corporation		· · ·
Club 1.8. Premise Street name	Association Corporation	□ Limited Liability Company □ Club Corporation	Suite number <i>(if applicable)</i>
City / Town E-mail addree	Association □ Corporation as address □ Location pending and number ss address □ Same as above	Limited Liability Company Club Corporation State E: Notices from the ATC will be sent to the mailing	Suite number (if applicable) ZIP code Telephone number of premises address and/or e-mail address provided
City / Town	Association Corporation as address Location pending and number ss ss Same as above MOT this tag	Limited Liability Company Club Corporation	Suite number (if applicable) ZIP code Telephone number of premises address and/or e-mail address provided
City / Town E-mail addree	Association Corporation as address Location pending and number ss ss Same as above MOT this tag	Limited Liability Company Club Corporation State E: Notices from the ATC will be sent to the mailing	Suite number (if applicable) ZIP code Telephone number of premises address and/or e-mail address provided
City / Town E-mail addree 1.9. Mailing on Street name	Association Corporation as address Location pending and number ss address Same as above NOT this t and number	□ Limited Liability Company □ Club Corporation State	Suite number (if applicable) ZIP code Telephone number of premises address and/or e-mail address provided any change in mailing address.
City / Town E-mail addread	Association Corporation as address Location pending and number ss address Same as above NOT this t and number	Limited Liability Company Club Corporation State E: Notices from the ATC will be sent to the mailing form. It is your responsibility to notify the ATC of a State	Suite number (if applicable) ZIP code Telephone number of premises address and/or e-mail address provided any change in mailing address. ZIP code
City / Town L-mail addrea City / Town Cit	Association Corporation as address Location pending and number ss address Same as above NOT this t and number ss	Limited Liability Company Club Corporation State E: Notices from the ATC will be sent to the mailing form. It is your responsibility to notify the ATC of a State Iocated in?	Suite number (if applicable) ZIP code Telephone number of premises address and/or e-mail address provided any change in mailing address. ZIP code
☐ Club 1.8. Premise Street name City / Town E-mail addree 1.9. Mailing on Street name City / Town E-mail addree 1.10. Wh 1.11. Is t	Association Corporation as address Location pending and number ss address Same as above NOT this f and number ss hat county is the proposed permit premises	Limited Liability Company Club Corporation State E: Notices from the ATC will be sent to the mailing form. It is your responsibility to notify the ATC of a State Iocated in? te the corporate limits of a city / town?	Suite number (if applicable) ZIP code Telephone number of premises address and/or e-mail address provided any change in mailing address. ZIP code ZIP code Telephone number of premises address and/or e-mail address provided any change in mailing address. ZIP code Telephone number of applicant

	If no, please check the exception that applies:						
	Church or school has provided a written statement pursuant to IC 7.1-3-21-11, and the applicant is applying for a grocery store, drug store, restaurant, hotel, or catering hall permit. (Must attach a copy of written statement(s) from church and/or school to application.)						
	Wall of the proposed premises and wall of the church and/or school are separated by at least eighty-five (85) feet, including a two-lane road of at least thirty (30) feet in width.						
	The applicant is applying for a retail restaurant permit located in a facility on the National Register of Historic Places. (Must include documentation of the historic designation.)						
	The applicant is applying for a retail restaurant permit located within the boundaries of an historic district IC 36-7-11-7. (<i>Must include documentation of the historic designation and a map of the historic district w proposed permit premises within the historic district.</i>)						
	☐ The applicant is applying for one of the following permit types:						
	 a) Mall (IC 7.1-3-20-24.4); b) City market (IC 7.1-3-20-25); c) Historic railway station (IC 7.1-3-20-16(e)(1)); d) Renovation (IC 7.1-3-20-16(e)(2)); or e) Food hall master (IC 7.1-3-20-29) or food hall vendor (IC 7.1-3-20-30). 						
	An alcoholic beverage permit premises has continuously operated at the location since prior to the opening	g of the churc	h and/or sch	iool.			
1.14	Do any individuals, corporations, limited liability companies, limited liability partnerships, or stock owners, members, or partners of any such entities have any interest, either directly or indirectly, in any distiller, vintner, farm winery, rectifier, brewer, primary source of supply, or wholesaler permit?		Yes 🗌 No)			
1.15	If issued a permit, will you manage the licensed premises? If no, please complete Section 7, Manager's Questionnaire.		Yes 🗌 No)			
1.16	. Do you sell tobacco products? If yes, please provide the Tobacco Sales Certificate number.	□ [,]	Yes 🗌 No)			
1.17	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? <i>Answering "No" to this question will result in the denial of this application.</i>	. []	Yes 🗌 No)			
1.18	1.18. Do you have a legal right to possess the permit premises for the term of the permit (ownership or a bona fide lease)? \[Yes \] No						
	SECTION 2: QUALIFICATIONS						
	THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS WITH AN INTEREST IN THE PERMIT	BEING APP	LIED FOR.				
	NOTE: "Individuals" referred to in all questions in the below section include limited liability companies (LLCs), limit corporations, partnerships, and all other business entities recognized under Indiana law, as well as a na						
2.1.	Do all individuals with an interest in this application have lawful status in the United States as defined by IC 9-13-2-	-92.3?	🗌 Yes	🗌 No			
2.2.	Are all individuals with an interest in this application of sound mind and good repute in the community in which they	/ reside?	🗌 Yes	🗌 No			
2.3.	Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor? (If yes, please attach a letter with conviction, court, date, and sentence information.)		☐ Yes	🗌 No			
2.4.	Have any individuals with an interest in this application ever been convicted of and/or found to have committed a vior of the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the ATC? (If yes, please attach a letter deta conviction and/or violation, including permit number.)		☐ Yes	🗌 No			
2.5.	Are any individuals with an interest in this application a law enforcement officer, a non-elected officer of a municipal corporation or government 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			
2.6.	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? (If yes, please provide the permit number(s, explanation.)		☐ Yes	🗌 No			
2.7.	Have any individuals with an interest in this application made an application for an alcoholic beverage permit of any which was denied less than one (1) year prior to this application for a permit (unless the application was denied by of a procedural or technical defect)?		🗌 Yes	🗌 No			
2.8.	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 registration kind issued under Title 7.1 of the Indiana Code connected with, but not limited to, the production, distribution, transportation sale of alcoholic beverages? If yes, list permits below. (Attach additional sheet if necessary.)	s of any	☐ Yes	🗌 No			

Permit number(s)								
debt secured by	2.9. 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 on the premises or used in connection with the premises?							
		S	ECTION 3: OWN	IERSHIP INFOR	MATION			
			ing a publicly trade		lirectly) at least a five percent se provide the name and addre tors.			
3.1. Complete name			Social Security nu	mber *	Date of birth (mm/dd/yyyy)	Lawful Status in United States		
Address (number and	d street, city, state,	and ZIP code)			Title			
Sole Owner	Stockholder	Partner	Member	Club Office	r Corporate Officer	Ownership percent (%)		
3.2. Complete name			Social Security nu	mber *	Date of birth (mm/dd/yyyy)	Lawful Status in United States		
Address (number and	d street, city, state,	and ZIP code)			Title			
Sole Owner	Stockholder	Partner	Member	Club Office	r Corporate Officer	Ownership percent (%)		
3.3. Complete name			Social Security nu	mber *	Date of birth (mm/dd/yyyy)	Lawful Status in United States		
Address (number and	d street, city, state,	and ZIP code)			Title	I		
Sole Owner	Stockholder	☐ Partner	Member	Club Office	r Corporate Officer	Ownership percent (%)		
3.4. Complete name			Social Security nu	mber *	Date of birth (mm/dd/yyyy)	Lawful Status in United States		
Address (number and	d street, city, state,	and ZIP code)			Title			
Sole Owner	Stockholder	☐ Partner	☐ Member	Club Office	r Corporate Officer	Ownership percent (%)		
3.5 Complete name			Social Security nu	imber *	Date of birth (mm/dd/yyyy)	Lawful Status in United States		
Address (number and	d street, city, state,	and ZIP code)			Title			
Sole Owner	Stockholder	☐ Partner	Member	Club Office	r Corporate Officer	Ownership percent (%)		
3.6 Complete name			Social Security nu	mber *	Date of birth (mm/dd/yyyy)	Lawful Status in United States		
Address (number and	d street, city, state,	and ZIP code)			Title	1		
Sole Owner	Stockholder	Partner	Member	Club Office	r Corporate Officer	Ownership percent (%)		
3.7 Complete name			Social Security nu	mber *	Date of birth (mm/dd/yyyy)	Lawful Status in United States		
Address (number and	d street, city, state,	and ZIP code)			Title			
Sole Owner	Stockholder	Partner	Member	Club Office	r Corporate Officer	Ownership percent (%)		

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 4: ESCROW REQUEST							
The permit application and issuance process can take up to ninety (90) days or more, including application review, newspaper publication notice, orange sign posting, local alcoholic beverage board hearing, commission approval, and final floor plan approval by the Indiana State Excise Police. If your application is approved and you will not be immediately ready to open to the public upon issuance of the permit, the permit will need to be placed in escrow, (i.e., a non-operational status) pursuant to IC 7.1-3-1.1. All applicants must answer the following questions:							
4.1.1. for	Wher busin	n will the permit premises for which you are applying be ready to open ess?					
				(mm/dd/yyyy)			
4.1.2.	4.1.2. If you will not be ready to open to the public within ninety (90) days of permit issuance, please explain the steps you are taking to make the proposed permit operational and provide an estimated timeframe for when the permit will be operational. (<i>Please attach additional sheets as needed</i>).						
		SECTION 5: RETAILER PER (Skip to next section if you are not app					
5.1. LIC	UOR						
policy of and evidenc the nam	r a lique addres e inclue ne of th	olders, other than those completing <i>and</i> qualifying under the exception or liability endorsement to a general liability insurance policy. Evidence s of the insured party where the permit is or will be issued, coverage a des certificate of liability insurance, policy declaration page, or any oth e insured, coverage amount, policy term, and statement that the polic must originate from the insurance provider; an affidavit or other se r permits that are or will be deposited in escrow, proof of liquor liability	e of c amou er off y incl lf-cer	compliant insurance coverage should include the legal entity name int, policy effective date, and policy expiration date. Acceptable ficial documentation provided by the insurance provider containing ludes liquor liability endorsement. Evidence of insurance coverage tified statement of compliance is not acceptable.			
5.1.1.		establishment operating at this location expected to have less than 00 in gross sales form alcoholic beverages annually?					
requirem must obt must atta	ent. ain	, you qualify for an exception to the liquor liability insurance If your gross sales of alcoholic beverages exceed \$25,000, you the required liquor liability insurance. If you answer no, you proof of required liquor liability insurance.		☐ Yes ☐ No			
5.2. MII	NORS						
5.2.1.		ninors be present on the permit premises? , <i>skip to next applicable section.)</i>		□ Yes □ No			
5.2.2.	Pleas	e select the exception below that allows minors on the permit premise	es: (S	ee IC 7.1-5-7-11 for additional information.)			
		Civic center		Convention center			
		Sports arena		Fraternal club (IC 7.1-3-20-7)			
		Social club (IC 7.1-3-20-1)		Boat			
		Dining car		Horse racetrack facility (IC 4-31-5)			
		Satellite facility (IC 4-31-2-20.5)		Private catering hall that is not open to the public (IC 7.1-3-20-24)			
		Entertainment complex (IC 7.1-1-3-16.5)		Indoor golf facility			
		Automobile racetrack					
		Indoor theater (IC 7.1-3-20-26)		Licensed premises owned or operated by a postsecondary educational institution (IC 21-17-6-1)			
		Senior residence facility campus (IC 7.1-3-1-29)		Food hall master permit (IC 7.1-3-20-29) or food hall vendor permit (IC 7.1-3-20-30)			
		Recreational facility (i.e., a golf course, bowling center, or similar facility whose principal business is recreational activity and not the sale of food and beverages)		A hotel (other than a part of the hotel that is in a room of a restaurant in which a bar ¹ is located) (IC 7.1-3-20-18)			
		No alcoholic beverages are served across a bar ¹ and service is accomplished by an employee		A restaurant with full separation** between the barroom and family dining room			
		A restaurant with limited separation*** between the barroom and family dining room that is subject to the minimum food sales requirement set forth in 905 IAC 1-41-2.		A restaurant operated by the holder of an artisan distiller, small brewer, and/or farm winery permit with limited separation*** between the barroom and family dining room that is <u>not</u> subject to the minimum food sales requirement set forth in 905 IAC 1-41-2.			

¹ For purposes of this section, a "bar" refers to a counter over which alcoholic bever <u>Full** or limited*** separation is required for any bar located in a restaurant if mino exception applies</u> .						
** Full separation is a nontransparent wall at least seventy-two (72) inches in height with a doorway or open archway of no more than five (5) feet in width which separates the barroom and the family dining room.						
*** Limited separation is a structure or barrier that reasonably deters free access and egress without requirement for doors or gates which separates the barroom and the family dining room. Under 905 IAC 1-41-2, in order to qualify for limited separation, a permittee or applicant must have minimum food sales or projected food sales of at least \$200,000 per year or 60% of gross food and alcoholic beverage sales (not including carryout or catering sales) must be in the sale of food.						
5.4. BEER, WINE, AND LIQUOR RETAILER RESTAURANT (209) IN UNINC	ORPORATED AREA					
5.4.1. If you are seeking a beer, wine, and liquor retailer permit in an unincorporated area (type 209 permit), do you project that annual gross food sales at the location will reach \$200,000 by the end of the first two (2) years and that annual gross food sales will be at least \$100,000 each year thereafter?	☐ Yes	□ No				
5.5. LIQUOR RETAILER IN INCORPORATED AREA (Does not include beer only	y, wine only, or beer and wine retai	lers.)				
5.5.1. Is the proposed permit premises located in an incorporated city having a population of less than 5,000?	☐ Yes	□ No				
5.5.2. 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?	C Yes	□ No				
5.6. CARRYOUT OF ALCOHOLIC BEVERAGES						
5.6.1. Do you wish to sell alcoholic beverages for carryout? (<i>If yes, please attach State Form 56312, Carry-out Supplement.</i>)	☐ Yes	□ No				
5.7. CATERING HALL						
5.7.1. Are you applying for a catering hall permit to sell alcoholic beverages for consumption on the licensed premises with accommodations for at least 250 people which may only be used for private catered events?	☐ Yes	□ No				
5.8. CLUBS						
5.8.1. If you are applying for a club permit, please select the appropriate club type:	Fraternal Club] Social Club				
5.8.2. If a social club, does your association or organization meet the general requirements of IC 7.1-3-20-1?	🗌 Yes	🗌 No				
5.8.3. 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				
5.8.4. If the club premises is outside corporate limits, do you meet the requirements of IC 7.1-3-20-3?	☐ Yes	🗌 No				
5.9. HOTEL / RESORT HOTEL						
5.9.1. If you are seeking a hotel permit, do you meet the general requirements of IC 7.1-3-20-18?	☐ Yes	🗆 No				
5.9.2. If you are seeking a resort hotel permit, do you meet the requirements of IC 7.1-3-20-21?	☐ Yes	No				
5.10. HISTORIC DISTRICT						
5.10.1. If you are seeking a historic district permit, is the premises a restaurant located in a district that is on the National Register of Historic Places which includes a county courthouse, historic opera house, and historic jail and sheriff's house in accordance with IC 7.1-3-20-16(g)?	C Yes	□ No				
 If yes, you must submit the appropriate documentation, 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. 5.11. AIRPORT, ECONOMIC DEVELOPMENT AREA, MOTOR SPORTS DISC. 						
8.11. AIRPORT, ECONOMIC DEVELOPMENT AREA, MOTOR SPORTS DIS REDEVELOPMENT DISTRICT, RENOVATION PROJECT, RIVERFROM						

5.11.1.	Please specify the type of permit for which you are applying:				
5.11.1.	Do you meet the statutory requirements for the designated permit i above?	dentified		□ Yes	□ No
	If you are applying for a municipal riverfront/lakefront 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)), redevelopment permit (IC 7.1-3-20-16.8), or renovation project (IC 7.1-3-20-16(e)(2)), you must also submit a letter indicate 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 16(b)), union railway station (IC 7.1-3-20-16(c)), railway station (IC 20-16(e)), cultural center (IC 7.1-3-20-16(f)), or redevelopment dist 7.1-3-20-16(h) and (i)), please submit supporting documentation sl that your premises is located in a district that meets the qualificatio section authorizing the permit.	7.1-3- rict (IC nowing			
	If you are applying for a lakefront district permit pursuant to IC 7.1- 16(j) and IC 7.1-3-20-16.2, please submit a map of the district iden 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.	tifying			
5.12. E	XCURSION BOAT				
5.12.1.	If you are applying for an excursion boat permit, do you engage in passenger service which makes regular runs in seasonal weather testablished locations?	regular between		☐ Yes	No No
5.12.2.	Are you requesting a jumbo boat designation? (If yes, please attach a copy of the United States Coast Guard cert	ification)		🗌 Yes	□ No
	5.12.3. If yes, is the boat at least 135 feet long and 35 feet wide?	?			
	5.12.4. If yes, will the boat dock in more than one county?			☐ Yes	□ No
				🗌 Yes	🗌 No
	If yes, please list each county:				
5.13. H	ORSE TRACK FACILITY / SATELLITE		1		
5.13.1.	If you are applying for a horse track permit, do you currently hold a recognized meeting permit issued by the Indiana Gaming Commiss			🗌 Yes	□ No
Permit n	umber of recognized meeting	Date of iss	suance <i>(mm/dd/yyyy)</i>		Date of expiration <i>(mm/dd/yyyy)</i>
5.13.2.	Are you applying for a satellite permit?			□ Yes	□ No
License	number of satellite facility	Date of is	suance (<i>mm/dd/yyyy</i>)	Dat	e of expiration (<i>mm/dd/yyyy</i>)
LICCHSC		Date of is		Dat	
5.14. C	CIVIC CENTER, MALL, MARKET				
5.14.1.	Please check the permit type for which you are applying:				
	Public facility of a stadium, exhibition hall, auditorium, theater, c	onvention c	enter, or civic center that	qualifies f	or a permit under IC 7.1-3-1-25.
	An entertainment complex that qualifies for a permit under IC 7.	1-3-1-25(e)			
	☐ Retail space in a mall pursuant to IC 7.1-3-20-24.4.				
	☐ Retail space in a city market pursuant to IC 7.1-3-20-25.				
5.15 II	NDOOR THEATER				
5.15.1.	Do you meet the requirements set forth in IC 7.1-3-20-26(b)?			🗌 Yes	□ No
5.16. F	OOD HALL MASTER		L		
5.16.1.	Do you meet the requirements set forth in IC 7.1-3-20-29?			☐ Yes	□ No

Τ

5.17. F	FOOD HA	LL VENDOR						
5.17.1.	Are you	applying for a one-way, two-way, or	three-w	vay permit?	🗌 One-way	y 🗌 Two-way 🗌 Three-w		
5.17.2.	List the permit number for the master food hall permit where the premises is located:							
5.17.3.	3. What is the size of your vending space?							square feet
5.18. 0	GAMING S	SITE						
5.18.1.	license under IC 4-33-6, an operating agent contract under IC 4-33-6.5, or a gambling game license under IC 7.1-25?							
License	License number of gaming site Date of issuance (mm/dd/yyyy) Date of expiration (mm/dd/yyyy)							
5.19. C	DINING C	AR						
5.19.1.		wn a railroad as a public carrier or	cars wh	ich are operated as part		🗌 Yes	🗌 No	
5.20. F	RACE TR	ACK						
5.20.1.	Do you o organize 7.1-3-1-2 city that paved tra	perate an outdoor facility with the r d sporting competition that does no 25(a) applies or a tract located in a d contains a premises used in connec ack more than two (2) miles in lengt auto racing?	t include county c ction with h that is	a facility to which IC ontaining a consolidated in the operation of a used primarily in the		☐ Yes	□ No	
				N 6: DEALER PERMIT				
64.05			ext sect	ion if you are not applyin	g for a dealer permit.)	_	_	
6.1. GR	ROCERY	STORE						
6.1.1.		e applying for a beer and/or wine gr ormation on what qualifies as a groo			ne appropriate category	below: <i>(Ple</i>	ease refer to) IC 7.1-1-3-18.5 for
	 A supermarket, grocery store, or delicatessen that is primarily engaged in the retail sale of a general food line, including: (a) canned and frozen foods; (b) fresh fruits and vegetables; and (c) fresh and prepared meats, fish, and poultry. 							
		A convenience store or food mart (a) the retail sale of a line of (b) the retail sale of automoti (c) the sale of alcoholic beve products).	goods, i ve fuels	ncluding milk, bread, soda, and the retail sale of a line	of goods including mill			
	□ of	A warehouse club, superstore, su groceries or gourmet foods in con appliances.						
		A specialty or gourmet food store and not made on the premises, no and (d) baked goods.						
6.2. PA	CKAGE	LIQUOR STORE						
6.2.1.		ur business meet the definition of a	package	e liquor store under		🗌 Yes	🗌 No	
63 BE	FR WIN	E, AND LIQUOR DRUG STOR						
6.3.1.	3.1. If you are applying for a beer, wine, and liquor drug store permit, do you hold a valid permit issued by the State Board of Pharmacy? □ Yes □ No							
Permit n	umber of p	harmacy	Date c	f issuance <i>(mm/dd/yyyy)</i>	Date of expiration (mr	n/dd/yyyy)		
		S	ECTIO	N 7: MANAGER QUES	TIONNAIRE			
7.1. Na	me of man	ager (last, first, middle initial)			7.2. Social Security n	umber *		
		. ,						
7.3. Dat	7.3. Date of birth (<i>mm/dd/yyyy</i>) 7.4. Employee permit number 7.5. Date of expiration (<i>mm/dd/yyyy</i>)							
7.6. Hoi	7.6. Home address (number and street, city, state, and ZIP code)							

7.7.	Do you have lawful status in the United States as defined by IC 9-13-2-92.3	? 🗌 Yes	□ No			
7.8.	Are you at least twenty-one (21) years old?	☐ Yes	□ No			
7.9.	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?	C Yes	□ No			
7.10.	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			
7.11.	Have you ever been convicted of a felony or misdemeanor? If yes, please attach a letter with conviction, court, date, and sentence information. Do not include convictions that have been expunged under IC 35-38-9.	☐ Yes	□ No			
7.12.	Have you ever been found to have committed a violation of the Indiana alcoholic beverage laws, rules, regulations, or orders of the Commission? <i>If yes, please attach a letter detailing the conviction(s) and/or violation(s), including any permit number(s).</i>	☐ Yes	□ No			
7.13.	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? <i>If yes, please provide the permit number(s) and an explanation.</i>	☐ Yes	□ No			
7.14.	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 (unles the application was denied by reason of a procedural or technical defect)? <i>If yes, please attach an explanation.</i>	S 🗌 Yes	□ No			
7.15.	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? <i>If yes, please list the permit number(s) below.</i>	☐ Yes	□ No			
Permit n	umber(s)					
Signatu	re of manager	Date (mm/dd/yyyy)				
	SECTION 8: FLOOR	PLAN				
ident	applicants must submit a floor plan drawing on letter size (8½" x 11") paper atta ifications of any existing family room(s), seating arrangement(s), ballroom(s), b areas, entrances/exits, patios, beer gardens, service windows, and alcoholic b the drawing.	ar(s), dance floor area(s), kitchen ar	ea(s), restrooms, storage and			
	NOTE: A floor plan of the licensed premises must be approved before a pern please contact the appropriate Indiana State Excise Police di					
	SECTION 9: 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 OF FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.					
	y consent for the duration of the permit term to inspection and search by an en emises, any approved satellite facility, approved storage facility, and vehicles t					
	NOTE: The applicant MUST sign this application unless the proper Po	-	d to this application.			
Signatu	re of applicant	Date signed (<i>mm/dd/yyyy)</i>				
Printed	name of applicant	Title of applicant				
SECTION 10: CERTIFICATION OF PREPARER (if applicable)						
l certi	fy that I have examined this application and the accompanying documents, and complete. I certify that the applicant reviewed the		lief, they are true, correct, and			
Signatu	re of preparer	Date signed (mm/dd/yyyy)				
Printed	name of preparer	Telephone number				

SECTION 11: 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