



# APPLICATION FOR TOBACCO SALES CERTIFICATE

State Form 51357 (R6 / 9-24)

## INDIANA ALCOHOL AND TOBACCO COMMISSION

302 W. Washington Street, Room E114

Indianapolis, IN 46204

Phone: (317) 232-2430

Fax: (317) 234-1520

[www.in.gov/atc](http://www.in.gov/atc)

### INSTRUCTIONS:

1. Please type or print legibly.
2. Complete all questions.
3. Include payment.
4. Please attach a Certificate of Existence from the Indiana Secretary of State.
5. Please attach any other required documentation as indicated throughout the application.
6. To apply online, please visit [www.in.gov/atc/tobacco-resources/tobacco-applications-and-forms/](http://www.in.gov/atc/tobacco-resources/tobacco-applications-and-forms/).

\* 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.

### SECTION 1: GENERAL INFORMATION

Name of applicant ( <i>individual or business entity</i> )		Doing business as ( <i>d/b/a</i> )	
Address of premises where tobacco products will be sold ( <i>number, street, city, state, and ZIP code</i> )			
Mailing address ( <i>number, street, city, state, and ZIP code</i> )			
Telephone number		E-mail address	
Application type	Certificate number ( <i>if renewal</i> )	Certificate expiration date ( <i>if renewal</i> ) ( <i>mm/dd/yyyy</i> )	
<input type="checkbox"/> New application <input type="checkbox"/> Renewal			

### SECTION 2: OWNERSHIP INFORMATION

- Corporation (Inc.)                       Limited Liability Company (LLC)                       Partnership  
 Limited Partnership (LP)                       Limited Liability Partnership (LLP)                       Sole proprietorship

CORPORATION – President, secretary, and all other corporate officers

LIMITED LIABILITY COMPANY – All members and managers, including percentage of interest held

PARTNERSHIP / LIMITED PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP – All partners and percentage of interest held

SOLE PROPRIETORSHIP – Owner

Title	Name	Home Address	Date of Birth ( <i>mm/dd/yyyy</i> )	Social Security Number (SSN) *	Ownership Percentage (%)

Has a majority of the ownership of the certificate holder changed since the last application date?                       Yes     No

If yes, please attach: (1) the tobacco sales certificate issued to the prior owner of the business operating at the applicable location; (2) the articles of incorporation, articles of organization, or other formation documents (if the new owner is a business); and (3) an executed purchase agreement or affidavit verifying the sale of the business to which the sales certificate is issued and the name(s) and address(es) of the buyer and seller.

### SECTION 3: QUALIFICATIONS

The following questions pertain to ALL individuals having an ownership interest in this application. All individuals with an interest in the tobacco sales certificate must meet all the qualifications set forth under IC 7.1-3-18.5-2, as listed below.

For purposes of this section, the term "individual" includes a natural individual, a firm, a corporation, a partnership, a limited partnership (LP), a limited liability partnership (LLP), a limited liability company (LLC), an incorporated or unincorporated association, or any other legal entity recognized under Indiana law.

<input type="checkbox"/> Yes <input type="checkbox"/> No	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)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are all individuals with an interest in the application at least twenty-one (21) years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are all individuals with an interest in the application of sound mind?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Do all individuals with an interest in this application have a legal right to possess the premises to which the certificate will be applicable through an ownership interest, a lease agreement, and/or a franchise agreement with a franchisor that owns or leases the premises to which the certificate will be applicable?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do all managers possess the qualifications required for the issuance of a tobacco sales certificate?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. In the previous five (5) years preceding the submission of this application, have any individuals with an interest in this application been convicted of a federal crime with a sentence of at least one (1) year, a Level 1, 2, 3, 4, or Level 5 felony in the State of Indiana, and/or a crime in another state having a penalty equal to an Indiana Level 1-Level 5 felony? <i>If yes, please attach a letter detailing the conviction, court, date, and sentence information. (Note: Convictions that has been expunged under IC 35-38-9 do not count.)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. In the year immediately preceding the submission of this application, has anyone with an interest in this tobacco sales certificate application had an interest in another tobacco sales certificate that was denied, revoked, and/or suspended?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. In the year immediately preceding the submission of this application, has anyone with an interest in this tobacco sales certificate application had an application for a permit or certificate of any type under Title 7.1 denied for any reason (other than procedural or technical defect)?

#### SECTION 4: OPERATIONAL INFORMATION

For purposes of this section, "tobacco" has the meaning set forth in IC 35-46-1-1.7, "tobacco product" has the meaning set forth in IC 7.1-1-3-47.5, "electronic cigarette" and "e-cigarette" have the meaning set forth in IC 35-46-1-1.5, and "e-liquid" has the meaning set forth in IC 7.1-7-2-10.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Do you understand that it is illegal to sell tobacco products and/or e-cigarettes to individuals less than twenty-one (21) years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Do you understand that it is illegal for individuals less than twenty-one (21) years of age to possess tobacco and e-cigarettes (including components, cartridges, and e-liquids) under Indiana law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you understand that it is illegal for individuals less than twenty-one (21) years of age to access tobacco products and/or e-cigarette vending machines under Indiana law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Do you acknowledge and understand that you must post proper tobacco signage depending on the type of tobacco vendor you are under Indiana law? <i>Please visit <a href="http://www.in.gov/atc/tobacco-resources/tobacco-information/">www.in.gov/atc/tobacco-resources/tobacco-information/</a> for additional information about required signage.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Do you understand that you must check the identification of any individual that appears to be under the age of thirty (30) before selling them a tobacco product, e-cigarette, and/or including e-liquid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you understand that valid forms of identification include only the following government-issued photo IDs: a driver license, a state-issued identification card, a U.S. passport, a U.S. military ID card, and a U.S. immigration card?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Do you understand that cigarettes must be sold in a pack or carton, and that selling single cigarettes is illegal?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you understand that the penalty for violating certain tobacco laws may include a fine of up to \$1,000.00 per violation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Do you understand that if you sell tobacco products and/or e-cigarette products (including e-liquids) without a valid certificate, you may be fined up to \$1,000.00?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Do you understand that tobacco sales certificates must be renewed every three (3) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Do you understand that a tobacco sales certificate must be displayed in a conspicuous location visible to the public on the licensed premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you understand that as a certificate holder, you must comply with the requirements of the Indiana Cigarette Fair Trade Act (IC 24-3-2 <i>et seq.</i> ) and that all tobacco products must be purchased from a licensed distributor or licensed wholesaler?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you understand all employees selling tobacco products at the licensed premises are required to have a valid U.S. government-issued identification and must produce evidence of their identification upon request of law enforcement? (IC 7.1-3-18.5-9.2)
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Do you consent to the entrance, inspection, and search by an enforcement officer of the licensed premises, without a warrant or other process, to determine compliance with the provisions of Title 7.1 of the Indiana Code? <i>Note: Answering "No" to this question will result in denial of this application.</i>

<input type="checkbox"/> Yes <input type="checkbox"/> No	15a. Are you a tobacco and vaping business and/or do tobacco products, electronic cigarettes, and/or e-liquids account for at least eighty-five percent (85%) of the retail establishment's actual or anticipated gross sales?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15b. <i>If "Yes" to Question 16a:</i> Do you understand that individuals less than twenty-one (21) years of age may not enter the retail establishment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>For new applications:</i> 16a. Do you understand that a new tobacco and vaping business may not operate within one thousand (1,000) feet of school property (as defined by IC 35-31.5-2-285)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16b. Is your business located within one thousand (1,000) feet of school property (as defined by IC 35-31.5-2-285)? <i>Note: Answering "Yes" to this question will result in denial of this application under IC 35-46-1-11.4 if you meet the definition of a tobacco or tobacco and vaping business.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>For renewal applications:</i> 17a. Do you understand that a tobacco and vaping business may not operate within one thousand (1,000) feet of a public or private elementary or secondary school?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17b. Is your business located within one thousand (1,000) feet of a public or private elementary or secondary school? <i>Note: Answering "Yes" to this question will result in denial of this application under IC 35-46-1-11.4 if you meet the definition of a tobacco or tobacco and vaping business.</i>

**SECTION 5: CERTIFICATION OF APPLICANT**

I hereby certify that this application was completed by myself, or the preparer identified below. I further certify that I have reviewed this application form prior to signing below, and that all information provided herein is true and correct. **I UNDERSTAND THAT IT IS A FELONY UNDER INDIANA LAW TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

Signature of applicant	Date signed (mm/dd/yyyy)
Printed name	Title

**SECTION 6: CERTIFICATION OF PREPARER (if applicable)**

I hereby certify that I have examined this application and any accompanying documents, exercised reasonable due diligence in verifying their accuracy, and to the best of my knowledge and belief, they are true, correct, and complete. I further certify that the applicant has reviewed the completed application form prior to signing.

Signature of preparer	Date signed (mm/dd/yy)
Printed name of preparer	Telephone number

**SECTION 7: PAYMENT AND FEE**

There is a \$200.00 fee for a three (3) year certificate.

You may submit payment via money order, business check, or certified check with checks made payable to the Indiana Alcohol and Tobacco Commission.  
**DO NOT SEND CASH OR PERSONAL CHECKS.**