



APPLICATION FOR SALESMAN PERMIT

State Form 33 (R7 / 4-16)

Approved by the State Board of Accounts, 2016

CHECK APPROPRIATE BOX.

<input type="checkbox"/>	A: TYPE 701 - Brewer, Beer, Wine and Liquor Wholesalers
<input type="checkbox"/>	B: TYPE 702 - Distillery, Rectifier, Winery, Importer
<input type="checkbox"/>	C: TYPE 703 - Agent / Representative

Fee -- \$20.00 for two (2) years. We accept only cashier's check, certified check, or money order.

*Your social security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee received (month, day, year)	Receipt Number
Permit number (if new application)	Date issued (month, day, year)	

STEP 1. GENERAL INFORMATION

Applicant's Name	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (month, day, year)	Height	Weight
Home Telephone Number	Business Telephone Number			Social Security Number *	
Street Address (number and street)	City			State	ZIP code
Driver License Number	Permit Number (if renewal)		E-mail address		

STEP 2. EMPLOYER INFORMATION

Name of employer	Permit number	Expiration Date (month, day, year)
Physical Address (number and street)	City	State ZIP code

STEP 3. BACKGROUND QUESTIONS - READ CAREFULLY PRIOR TO ANSWERING

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you aware that a salesman is any person who procures or seek to procure and order, bargain, contract, or agreement for the sale, for the delivery, or for the transportation of alcoholic beverages, or who is engaged in promoting the sale of alcoholic beverages, or in promoting the business of any person engaged in the manufacturing, selling, delivery or transportation of alcoholic beverages for sale or delivery, whether the seller resides within Indiana and sells to buyers either within or without Indiana? (IC 7.1-1-3-41)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you aware that no salesman's or agent's permit shall be issued to any person unless he is of good moral character? (905 IAC 1-8-1(b))
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you aware if you violate any law concerning alcoholic beverages or any rule of the commission made pursuant to law the commission can revoke your permit? (905 IAC 1-8-1(d))
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you aware you must be prepared to exhibit your permits at any time while engaged in soliciting, taking orders for, or promoting the sale of, alcoholic beverages upon demand of a duly authorized representative of the commission, or upon the request of any permittee? (905 IAC 1-8-3)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you aware if a licensed salesman changes employment to another permittee, he or she shall notify the commission within fifteen (15) days? Failure to notify the commission within the specified time shall make the salesman ineligible for the issuance of any kind of alcoholic beverage permit for definite period to be determined by the commission. (906 IAC 1-8-6)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you aware if a licensed salesman changes his or her address, he or she shall notify the commission within fifteen (15) days? Failure to notify the commission within the specified time shall make the salesman ineligible for the issuance of any kind of alcoholic beverage permit for definite period to be determined by the commission. (905 IAC 1-8-7)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you aware that you must hold a Salesman's permit for every company you work for or represent? (905 IAC 1-8-5 and IC 7.1-3-18-8(b))

STEP 4. SIGNATURE AND AFFIRMATION

I certify that this application was completed by myself. I affirm under penalties of perjury that all information provided on this form is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application, and also realize I may be fined.

Signature of applicant	Date Signed (month, day, year)
------------------------	--------------------------------

MAIL TO:
 Indiana Alcohol and Tobacco Commission
 302 West Washington Street, Room E114
 Indianapolis, Indiana 46204