

REQUEST FOR EXTENSION

State Form 4125 (R5 / 6-19)

State 1 01111 4 123 (135 / 0-19)

 ${\it 1. Send completed form and payment to the address at the \ top of this form.}$

- 2. No extension will be issued unless:
 - a. Renewal fees are on file with the commission or submitted at the same time as this request.
 - b. Renewal form is on file with the commission or submitted at the same time as this request.

Alcohol and Tobacco Commission 302 W. Washington St., Room E114 Indianapolis, IN 46204 <u>www.in.gov/atc</u> 317-234-1498

STEP 1. PERMIT INFORMATION		
Permit name	Permit number	Expiration date (month, day, year)
Doing business as	Telephone number	
Premises address (number and street, city, state, and ZIP code)		
STEP 2. APPLICANT IDENTIFICATION		
Name of applicant		
Address (number and street, city, state, and ZIP code)		
ephone number E-mail Fax Number		
	()	
Check one: ☐ Sole-proprietor ☐ Corporate officer ☐ Pa	rtner	☐ Manager
STEP 3. REASON FOR EXTENSION (Check one and provide reason)		
The need for an extension or the renewal of an existing permit extension is occasioned by the act or omission of the permittee or his agent thereof (e.g. attorney, accountant, preparer, etc.). A \$200.00 extension fee is required (IC 7.1-4-4.1-7). PAY BY CASHIER'S CHECK, CERTIFIED CHECK, BUSINESS CHECK, OR MONEY ORDER TO THE "INDIANA ALCOHOL AND TOBACCO COMMISSION" (PERSONAL CHECKS CANNOT BE ACCEPTED). Reason:		
The need for an extension <i>or the renewal of an existing extension</i> is occasioned by the act or omission of the Alcohol and Tobacco Commission, a local board, or an unrelated third party who is not an employee of the permittee nor under the control of the permittee.		
Reason:		
STEP 4. SIGNATURE		
I affirm under penalties of perjury that all statements in this request are true and that all sales taxes have been paid. Signature of applicant Printed name of applicant Date (month, day, year)		
ATC USE ONLY: Renewal Filed Fee pai	id □ Sales tax p	aid