



APPLICATION FOR ALCOHOLIC BEVERAGE PERMIT SCHEDULE - MQ

Managers's Questionnaire
State Form 40767 (R5 / 12-02)

ATC USE ONLY
Received
Entered
Processor's initials

INSTRUCTIONS: Every application must be filed in duplicate.
This form must be completed by the manager.

PERMIT PREMISE NUMBER

* Your **Social Security number** is being requested by this state agency in order to pursue its statutory responsibilities. Disclosure is mandatory and this application cannot be processed without it.

(Please Print)

1. GENERAL INFORMATION						
Name of manager (last, first, middle initial)				Social Security number *		
ATC employee permit number	Expiration date	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Height	Weight
Home address (number and street)						
City, state, ZIP code						

1. GENERAL QUESTIONS	
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 21 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it true 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 is engaged in carrying on any phase of manufacture of, traffic in, or transportation of alcoholic beverages without a permit when one is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a State 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your alcoholic beverage permit been revoked within one year prior to the date of this application for a permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made an application for a permit of any type which has been denied less than one year prior to this application for a permit? (Unless the application was denied by a reason of a procedural or technical defect.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now and have you been for the five years last past a continuous and bona fide resident of the State of Indiana? If no, does the permit premise you are managing have a minimum annual gross food sales of at least \$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold any other 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? If yes, explain below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been convicted of a felony? If yes, attach places and dates of arrest, court of record, and conviction and attach relevant court record.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a violation of the Indiana Alcoholic Beverage Laws, rules, regulations, or orders of the Commission? If yes, explain on a separate attachment:	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. SIGNATURES
Signatures of manager or agent referred to in this schedule
Signature of owner verifies that the manager listed above meets the above listed qualifications