



WITHDRAWAL OF APPLICATION

State Form 44166 (R / 3-16)
ALCOHOL AND TOBACCO COMMISSION

FOR OFFICE USE ONLY

Date received (*month, day, year*)

Date processed (*month, day, year*)

Type of permit for which applied			Permit number
Name of applicant			
Address of applicant (<i>number and street</i>)			
City or town	State	ZIP code	County
This is to certify that I, _____, wish to withdraw my Application for an Alcoholic Beverage Permit at _____ which is now on file at the Indiana Alcohol and Tobacco Commission office at Indianapolis, Indiana. *			
Signature of applicant			Date signed (<i>month, day, year</i>)

* Only a pending application may be withdrawn. Permits approved by the Alcohol and Tobacco Commission cannot be withdrawn.