



# APPLICATION FOR CARRIER'S ALCOHOLIC PERMIT

State Form 47242 (R4 / 10-20) / Form 601

## ALCOHOL AND TOBACCO COMMISSION

302 W. Washington Street, Room E114

Indianapolis, IN 46204

Telephone: 317-232-2430

http://www.IN.gov/atc

NOTE: This application must be filed and accompanied by the proper fee of \$5.00 (IC 7.1-4-4.1-8); Cashier's Check, Certified Check, Business Check or Money Order made payable to the Alcohol and Tobacco Commission. The application needs to be received forty-five (45) days prior to expiration. Submit completed application and fee to the address listed at the top of the form.

To the Indiana Alcohol and Tobacco Commission:	Permit Number
The undersigned _____ <i>(Type full name of applicant - company name)</i>	<input type="checkbox"/> individual <input type="checkbox"/> general partnership <input type="checkbox"/> corporation <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability corporation
hereby makes application for a Carrier's Alcoholic Beverage Permit to entitle said applicant to haul, convey, move, transport, or import alcoholic beverages along or over public highways of this state, under and subject to the provisions of Indiana Code 1971, I.C. 7.1-3-18-1 through 7.1-3-18-6.	
The applicant consents, that for the duration of the permit term, if issued, to the entrance, inspection, and search by a law enforcement officer, without a warrant or other process of his licensed premises and vehicles within Indiana to determine whether he is complying with the provisions of the alcoholic beverage laws and rules and regulations of Indiana.	
The applicant further consents to keep the proper identification tag or label displayed upon each motor vehicle to which this application applies, and the descriptions of which are attached hereto and made part hereof, and also upon each motor vehicle registered with the Commission under this permit.	
The applicant further states, and warrants as true, the descriptions of motor vehicles desired to be covered by this permit as attached hereto and likewise warrants as true the following information.	

### STEP 1. GENERAL INFORMATION

Complete Business Name	Telephone Number
Business Address <i>(number and street, city, state, ZIP)</i>	
Business Mailing Address <i>(number and street, city state, ZIP)</i>	

### STEP 2. BUSINESS OWNERSHIP

Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Club <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Ownership	<b>CORPORATIONS ONLY</b>
<b>Note: If the ownership has changed (by death, transfer or sale of stock or interest, etc.) since you last applied for renewal, the processor should be notified at once before completing this section.</b>	
<b>Provide the information for the individuals associated with your permit as follows:</b> <i>(Attach a list if more space is required.)</i>	Total shares authorized
CORPORATION - President, secretary, and all stockholders <i>(List total shares authorized / issued and individual shares held and percent of shares issued.)</i>	
LIMITED LIABILITY COMPANY - <i>All members and percent of interest held</i>	
LIMITED PARTNERSHIP / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP - <i>All partners and percent of interest held</i>	
SOLE OWNERSHIP - <i>Owner</i>	

TITLE	NAME AND HOME ADDRESS <i>(number and street, city, state, and ZIP Code)</i>	DATE OF BIRTH <i>(mm/dd/yy)</i>	SHARES OR INTEREST HELD IF APPLICABLE	%

**STEP 3. PERMIT REQUIREMENTS**

- |   |  |
|---|--|
| 1. How long have you been engaged in the business of a common carrier, or carrier for hire?   |  |
| 2. How many vehicles or conveyances do you operate with your business, including the transportation of merchandise other than alcoholic beverages?  |  |
| 3. Indiana Code 7.1-3-18-5 requires the applicant to file a description of the vehicle with the commission. The description of the vehicle shall include the VIN number, date of manufacture, make, and model of vehicle. If you need more space, attach or e-mail the list to <a href="mailto:dhadley@atc.in.gov">dhadley@atc.in.gov</a> . |  |

**STEP 4: AFFIRMATION OF APPLICANT**

I swear or affirm under penalties of perjury that I have read, understand and have made true answers to each of the above questions.

Signature of applicant (if individual) or corporate or partnership name

By: (Signature of officer, agent, or partnership)

Printed name

Date (mm/dd/yy)

**Required.**

State of \_\_\_\_\_

County of \_\_\_\_\_ SS:

Subscribed and sworn to before me by the above named

\_\_\_\_\_  
(Name of individual, officer, agent, or partner)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

County of residence

Signature of Notary

Expiration date of commission (month, day, year)

Name of Notary (typed or printed)

**SEAL**