



APPLICATION FOR REISSUE

State Form 47667 (R2 / 1-14)
Approved by State Board of Accounts, 2014

INDIANA ALCOHOL & TOBACCO COMMISSION

302 West Washington Street, Room E114
Indianapolis, Indiana 46204
Telephone: (317) 232-2430
Web page: www.IN.gov/atc

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

The fee for reissue is \$10.00.

Payment may be made by mail using a money order, business check, or certified check.

DO NOT SEND CASH OR PERSONAL CHECKS.

FOR OFFICE USE ONLY

Cash receipt number	Date of reissue (month, day, year)	Date of expiration (month, day, year)
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APPLICANT INFORMATION

Name of permittee		
Social Security Number *	Permit number	Daytime telephone number ()
Address of permittee (number and street, city, state, and ZIP code)		

REISSUE INFORMATION

Type of certificate to be reissued (check one)
<input type="checkbox"/> Alcoholic beverage <input type="checkbox"/> Tobacco <input type="checkbox"/> Business <input type="checkbox"/> Employee
Reason for reissue (check one)
<input type="checkbox"/> Original document never received (lost in mail) <input type="checkbox"/> Original document lost <input type="checkbox"/> Original document stolen <input type="checkbox"/> Original document destroyed <input type="checkbox"/> Articles of Amendment (Name change; copy of Articles of amendment must be attached.) <input type="checkbox"/> Articles of Merger (No change in ownership; copy of Articles of Merger must be attached.)

SIGNATURE AND AFFIRMATION

I understand that the original certificate is null and void upon reissuance and if I recover the original certificate, I must forward it to the Indiana Alcohol and Tobacco Commission.	
I affirm under the penalties of perjury that the foregoing representations are true and correct.	
Signature of applicant	Date (month, day, year)
Typed or printed name of applicant	