



# CATERING AUTHORITY / TYPE 222

State Form 50184 (R / 11-15)  
STATE EXCISE POLICE

- INSTRUCTIONS:**
1. Applicant must complete all requested information.
  2. Please type or print clearly.
  3. Submit application to the local excise district office.

### Send, deliver, mail or fax to:

<b>District #1</b>	52422 County Road 17 Bristol, IN 46507 Fax: (574) 264-9348	<b>District #4</b>	651 S. Commerce Dr. Seymour, IN 47274 Fax: (812) 522-5681
<b>District #2</b>	1353 South Governors Drive Columbia City, IN 46725 Fax: (260) 244-3830	<b>District #5</b>	3650 S. US 41 Vincennes, IN 47591 Fax: (812) 882-1386
<b>District #3</b>	279 W. 300 N. Crawfordsville, IN 47933 Fax (765) 362-8817	<b>District #6</b>	6400 E. 30th St. Indianapolis, IN 46219 Fax: (317) 541-4104

### STEP 1. PERMITTEE INFORMATION

Name of permittee (As it appears on your Indiana Alcoholic Beverage Permit)		Doing Business As (DBA)	Permit number
Address (number and street, city, state, and ZIP code)			Expiration date (month, day, year)
Printed name of contact person for permit		Fax number (      )	Emergency contact telephone number (      )
Printed name of contact person of event		Employee permit number	Emergency contact telephone number (      )

### STEP 2. EVENT INFORMATION (A SEPARATE REQUEST MUST BE SUBMITTED FOR EACH EVENT.)

Beginning Day _____ Date _____		Ending Day _____ Date _____		<input type="checkbox"/> To include Sunday	<input type="checkbox"/> Does not include Sunday
Times of catered function: Start _____ <input type="checkbox"/> AM <input type="checkbox"/> PM    End _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Sunday event times (if applicable) Start _____ <input type="checkbox"/> AM <input type="checkbox"/> PM    End _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
Type or description of event					
Exact address of event (number and street, city, state, and ZIP code)					

### STEP 3. FLOOR PLAN (SEE STEP 4, #2.)

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**STEP 4. ACKNOWLEDGEMENT**

The following are guidelines for the approval of an event catered by a supplemental caterers permit:

1. The exact address of the proposed catered event must be disclosed upon the application form.
2. A floor plan of the designated licensed premises must be submitted along with the application form. There must be a well-defined premises, i.e., a building, a tent, an enclosure, a fenced in area, or a roped off area. The exact area from which the alcoholic beverages shall be dispensed must be listed on the floor plan. Areas where minors will be present must be so designated on the plans. No minors shall be allowed within the area where alcoholic beverages are dispensed. *(Complete Step 3.)*
3. Consumption of alcoholic beverages shall take place on the licensed premises only. There shall be no carry-out privileges.
4. Each applicant shall designate an individual responsible for the event. Such person shall possess an employee's permit and shall be available to the Excise Police during the event.
5. An Excise Officer has the authority to revoke approval of a catered event before or during the event for good cause.
6. The event must meet applicable Department of Health sanitation requirements, particularly with regard to restroom facilities.
7. **All applications should be received a full fifteen (15) days prior to the event.**
8. If the catered event is open to the public, the applicant shall notify the local law enforcement agency responsible for the area in which the catered function will be held. The Excise Police may ask for proof of notification to local police which may be demonstrated by a copy of a letter, a "log" entry by the police department, or other means deemed as an appropriate authentication.
9. The wholesaler servicing a supplemental caterer may deliver the alcoholic beverages directly to the location of the catered event if the supplemental caterer has his letter of authority posted at that location.
10. A supplemental caterers permit is to be used for a specific off premises function or event and not for a permittee to use any adjoining or remote facilities to enlarge or enhance his own business enterprises.

11. Have you?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Completed Step 3, a drawing of your proposed floor plans?   | <input type="checkbox"/> Yes | (See #2, 3 above.)          |
| Read and signed the catering guidelines?  | <input type="checkbox"/> Yes |                             |
| Is the event or function open to the public?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If this event or function is open to the public, you must notify local law enforcement agencies of your intent to cater this event; have you done so? | <input type="checkbox"/> Yes | (See #9 above.)             |

1. Name of law enforcement agency notified	2. Name of law enforcement agency notified
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**Note:**  
**Please post your approved request in a conspicuous place where the alcoholic beverages are being dispensed at the catered location.**  
**If for any reason this request is denied, you may be notified either in person or by phone, and you will be notified by registered mail. (IC 7.1-3-9.5-2)**

**I swear or affirm under penalties of perjury that the information is true and accurate.**

Signature of permittee / agent <i>(Your signature acknowledges that you have read the the rules and guidelines and that you agree to abide by those rules and guidelines.)</i>	Date (month, day, year)
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**FOR DISTRICT USE ONLY**

District number	Date issued (month, day, year)
Reviewed by (must be signed by district lieutenant or sergeant)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied