



CERTIFICATE OF APPOINTMENT, OATH OF OFFICE BY APPOINTEE TO LOCAL ALCOHOLIC BEVERAGE BOARD

State Form 22658 (R5 / 6-19)

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED.
RETURN ALL FORMS TO: INDIANA ALCOHOL AND TOBACCO COMMISSION
302 W WASHINGTON ST RM E114
INDIANAPOLIS, IN 46204

CERTIFICATE OF APPOINTMENT (To be completed by the appointing authority.)

WHEREAS, pursuant to the authority vested in this office, as duly elected and qualified official(s) of this city / county, by the laws of the State of Indiana particularly IC 3-10-2-13 and 36-2-2-2; and

WHEREAS, under IC 7.1-2-4-6, an appointment to the local alcoholic beverage board for a county with one or less cities having a population over ten thousand (10,000) population is to be made by the following:

- 1) Board of county commissioners;
- 2) County council; and
- 3) Mayor of the city with the largest population, or executive of the town within the county having the largest population if the county does not contain a city (see IC 7.1-2-4-8).

WHEREAS, under IC 7.1-2-4-6 and IC 7.1-2-4-7, an appointment to the local alcoholic beverage board for a county with two or more cities over ten thousand (10,000) population is to be made by the following:

- 1) Board of county commissioners;
- 2) County council; and
- 3) Mayor of each city with a population over ten thousand (10,000) population.

WHEREAS, we find that the appointee herein named is twenty-one (21) years of age or older and has been a bone fide resident of this county for a period of five (5) years previous to the date of this instrument (see IC 7.1-2-4-2(a) and (b)); and

WHEREAS, we find that the appointee does not hold other lucrative public office or employment.

WHEREAS, we find that said person is of good moral character and has never been convicted of a felony under the laws of the State of Indiana or of the United States of America (see IC 7.1-2-4-2(c) and (d)).

THEREFORE, at a regular session and in the name and by the authority of the State of Indiana, we do hereby appoint and commission

_____ of _____ County
(Name of appointee)

as a member of the Local Alcoholic Beverage Board of said county, to serve for the term of one (1) year from the date of this appointment. However, said appointee will continue to serve until successor is appointed and qualified. (See IC 7.1-2-4-13.)

SIGNATURE(S) OF APPOINTING AUTHORITY(IES)

Select one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Designated member of the board of county commissioners | <input type="checkbox"/> Designated member of the county council |
| <input type="checkbox"/> Board of county commissioners (Attach additional signature page if necessary.) | <input type="checkbox"/> Mayor |
| <input type="checkbox"/> County council (Attach additional signature page if necessary.) | <input type="checkbox"/> Town Executive |

Printed name	Printed name	Printed name	Printed name
Signature	Signature	Signature	Signature
Date (mm/dd/yy)	Date (mm/dd/yy)	Date (mm/dd/yy)	Date (mm/dd/yy)

SWORN OATH

(To be completed by the appointee and filed with the office of the clerk of the circuit court of the judicial circuit in which the local board sits.) (See IC 7.1-2-4-20).

I solemnly swear that I will support the Constitution of the United States of America and the Constitution of the State of Indiana, and that I will honestly, faithfully and impartially discharge my duties as a member of the Local Alcoholic Beverage Board of this county according to the best of my skill and ability; so help me God.	Name of appointee	County
	Signature of appointee	
Subscribed and sworn to before me this _____ day of _____, 20_____, A.D.	CIRCUIT COURT CLERK OF THE	
	Date signed (mm/dd/yy)	

* 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.

QUESTIONNAIRE

(To be completed by the appointee.)

Name of appointee <i>(first, middle initial, last)</i>		Date of birth <i>(mm/dd/yy)</i>	Social Security number *	
Address <i>(number and street, city, state, ZIP code)</i>				
County of residence		City where appointed		County where appointed
Name of appointing authority <i>(Mayor, County Council or Board of Commissioners)</i>				
Total distance <i>(in miles)</i> to and from place where board meets (for mileage reimbursement under IC 7.1-2-4-18)	Occupation or profession		Employer	
	Business address <i>(number and street, city, state, ZIP code)</i>		Business telephone ()	Home telephone ()
1. Have you been convicted of a federal crime having a sentence of at least one (1) year in the last ten (10) years, excluding convictions expunged under IC 35-89-9?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been convicted of an Indiana Class A, Class B, or Class C felony (before July 1, 2014) or a Level 1, Level 2, Level 3, Level 4 or Level 5 felony (after June 30, 2014) in the last ten (10) years, excluding convictions expunged under IC 35-89-9?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been convicted of a crime in a state other than Indiana having a penalty equal to the penalty for an Indiana Class A, Class B, or Class C felony (before July 1, 2014) or a Level 1, Level 2, Level 3, Level 4 or Level 5 felony (after June 30, 2014) in the last ten (10) years, excluding convictions expunged under IC 35-89-9?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you any interest of any nature whatsoever in any business which manufactures, sells, transports, or stores alcohol or alcoholic beverages, or any real estate or lease to property where alcohol or alcoholic beverages are manufactured, sold or stored <i>(see IC 7.1-5-9-1)?</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been a bone fide resident of the county wherein you have been appointed for a continuous period of five (5) years prior to your appointment as required by IC 7.1-2-4-2(b)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you twenty-one (21) years of age or older as required by IC 7.1-2-4-2(a)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.a. Do you hold public office or full or part-time public employment as prohibited by IC 7.1-2-4-5?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.b. If your answer to question 7.a. was yes, is your position an elected or appointed position?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.c. If your answer to question 7.b. was yes, is your position created by state statute?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.d. If your answer to question 7.c. was yes, do you receive compensation for your position?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you personally read and answered all the foregoing questions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature of appointee		Date signed <i>(mm/dd/yy)</i>