Reset Form

STATE OF INDIANA
ALCOHOL AND TOBACCO COMMISSION

302 West Washington Street
IGCS Room E114
Indianapolis, IN 46204

Telephone 317 / 232-2430
Fax 317 / 233-6114
www.IN.gov/atc

SUPPLEMENT FOR MICRO-WHOLESALER'S PERMIT APPLICATION

The applicant, _____, seeks a Micro-Wholesaler's Permit under Indiana Code 7.1-4-4.1-13(c). The applicant certifies that he or she has never previously held a wine wholesaler's permit and anticipates selling less than twelve thousand (12,000) gallons of wine and brandy in a year or previously held a wine wholesaler's permit and certifies to the commission that the permit applicant sold less than twelve thousand (12,000) gallons of wine and brandy in the previous year.

I certify that this supplement was completed by myself and that any attachments are true and correct. I UNDERSTAND THAT IT IS A FELONY TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.

_____ _____
Signature of Applicant Date (month, day, year)

Name of Applicant _____

Doing Business as (d/b/a): _____

Address: _____

_____

Telephone Number: _____