

FOR OFFICE USE ONLY							
Received date							

NOTE: This form is for Permittee Evaluation and shall **NOT** be assumed as FINAL APPROVAL FOR ANY PERMITTEE. INSTRUCTIONS: Mail payment, completed form, and any supporting documents to the address at the bottom of this form.

Name 0	County		City of alea		basic annual permit lee		
Type of	permit				Unique auction permit numbe	er	
NOTE: Attach bid security ( <b>certified or cashier's check only</b> ) in the amount of the basic annual permit fee for the type of permit and amount indicated above (905 IAC 1-33.1-1(f)). See the fee schedule at the end of the form for more information about basic annual permit fees. Payment should be made payable to the Indiana Alcohol and Tobacco Commission.							
APPLICANT INFORMATION							
Name of applicant (name of person, partnership, corporation, LLC or LP who will hold the permit)							
Home address (number and street)							
City, st	ate, and ZIP code			E-mail address			
Busine	ss telephone number	Home teleph	one number	Will this application be for: Sole Ownership	Partnership	LLC	☐ LP
THE A	INSWERS TO THESE QUESTIC	NS PERTAIN	TO ALL PERSONS HAVII	NG AN INTEREST IN THIS	APPLICATION. (See IC 7.1-3-	4-2 and IC	7.1-3-5-2)
<b>NOTE:</b> "Individuals" referred to in all questions in the below section include LLCs, LLPs, corporations, partnerships, and all other business structures recognized under Indiana law as well as a natural person where applicable.							tures
1.	Have any individuals having an interest in this permit been convicted of a felony or a misdemeanor (other than a traffic violation)? If yes, explain and attach copy of judgement and details.				nor (other than a traffic	☐ Yes	□No
2.	2. Have any individuals having an interest in this application ever been convicted of or found to have committed a violation of the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the Commission? <i>If yes, explain and attach copy of details.</i>						□No
3.	3. Are all individuals with an interest in this application citizens of the United States?						□No
4. Are all individuals with an interest in this applications twenty-one (21) years of age or older?						☐ Yes	□No
5. Are all individuals with an interest in this application of sound mind, good moral character, and good repute in the community in which they reside?						☐ Yes	□No
6.	Are any individuals with an interest in this application a law enforcement officer, or an officer of a municipal corporation, governmental subdivision, or this state charged with any duty or function in the enforcement of Title 7.1 of the Indiana Code?						□No
7.	Have any individuals with an interest in this application held a permit under Title 7.1 of the Indiana Code and had the permit revoked within one (1) year prior to the date of application for a permit?						□No
8.	. Have any individuals with an interest in this application made an application for a permit of any type which has been de less than one (1) year prior to this application for a permit? (Unless the application was denied by reason of a procedur technical defect.)					☐ Yes	□No
9.	partners of such entities have any interest either directly or indirectly, in any other permits of any kind issued under Indiana Code Title 7.1 connected with, but not limited to, the production, distribution, transportation, or sale of alcoholic beverages? If yes, list permit numbers. (Attach additional sheets if necessary.)						□No
Permit	numbers						
I swear or affirm under penalties of perjury all of the answers given herein and on the accompanying forms and schedules are true and correct.  I understand that it is a felony under law to misrepresent or falsify any portion of this application or attached documents.							
Signature of applicant  Date (month, day, year)							

## FEE SCHEDULE \*

Permit	Fee	Statutory Authority
Beer only or wine only	\$500	IC 7.1-4-4.1-9(c)(1) (retailer); IC 7.1-4-4.1-12 (c)(1) (dealer)
Beer and wine	\$750	IC 7.1-4-4.1-9(c)(2) (retailer); IC 7.1-4-4.1-12(c)(2) (dealer)
Beer, wine, and liquor	\$1000	IC 7.1-4-4.1-9(c)(3) (retailer); IC 7.1-4-4.1-12(c)(3) (dealer)

<sup>\*</sup> Payment must be in the form of a **certified check or cashier's check**. For information about fees for other permit types, please contact the ATC at (317) 232-2430.

Please submit this form and payment to:

Indiana Alcohol and Tobacco Commission 302 West Washington Street, Room E114 Indianapolis, IN 46204 For additional information: (317) 232-2430

www.in.gov/atc