



**DESIGNATED OUTDOOR REFRESHMENT AREA
(DORA) DESIGNATION**

State Form 57288 (R / 7-24)

INDIANA ALCOHOL AND TOBACCO COMMISSION

302 West Washington Street, Room E-114

Indianapolis, IN 46204

(317) 232-2430

www.in.gov/atc

- INSTRUCTIONS:**
1. Please type or print clearly.
 2. There is no fee or charge to be designated as part of a designated outdoor refreshment area (DORA).
 3. If you hold a retailer or craft manufacturer permit that is located within the boundaries of a DORA and are requesting to be a designated permittee, please complete Sections 1, 3, and 4 below.
 4. If you are or will be obtaining a temporary beer and wine permit, requesting supplemental catering authority, or are a craft manufacturer requesting to operate within a DORA on a temporary basis, please complete Sections 2, 3, and 4 below.
 5. If you have any questions regarding DORAs, please visit www.in.gov/atc/alcohol-permit-resources/designated-outdoor-refreshment-areas/.

SECTION 1: RETAILERS & CRAFT MANUFACTURERS

Permittee name (as printed on permit)		Permit number	
Doing business as (d/b/a)		Permit expiration date (mm/dd/yyyy)	
Address of permit premises (number and street, city, state, and ZIP code)			
Name of person making application		Telephone number	E-mail address
Has the DORA already been approved by the ATC? <input type="checkbox"/> Yes <input type="checkbox"/> No		DORA number (approved DORAs only)	

SECTION 2: TEMPORARY VENDORS, SUPPLEMENTAL CATERERS & CRAFT MANUFACTURERS

Please select one:

- Temporary beer and wine permit Supplemental catering permit Craft manufacturer (artisan distiller, farm winery, small brewer)

Permittee name (as printed on permit)		Permit number (caterers and craft manufacturers only)	
Doing business as (d/b/a)		Permit expiration date (mm/dd/yyyy) (caterers and craft manufacturers only)	
Name of person making application		Telephone number	E-mail address
DORA number (approved DORAs only)		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)

SECTION 3: LOCAL JURISDICTION APPROVAL

Printed name of city or town official		Date (mm/dd/yyyy)	
Signature		Title	

SECTION 4: CERTIFICATION AND SIGNATURE

I hereby certify that I have reviewed this application form prior to signing, and that all information provided herein is true and correct. I acknowledge and understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application or attached documents.

Printed name of applicant		Date (mm/dd/yyyy)	
Signature		Title	