



APPLICATION FOR TOBACCO SALES CERTIFICATE

State Form 51357 (R5 / 6-26)

Reset Form

INSTRUCTIONS:

1. Please type or print legibly.
2. Complete all questions.
3. Include payment.
4. Please attach a Certificate of Existence from the Indiana Secretary of State.
5. Please attached all required documentation, as stipulated throughout the application.

INDIANA ALCOHOL AND TOBACCO COMMISSION

302 West Washington Street, Room E-114

Indianapolis, IN 46204

Telephone: (317) 232-2430

<http://www.in.gov/atc>

SECTION 1: GENERAL INFORMATION

Name of applicant (<i>individual or business entity</i>)		Doing business as (<i>d/b/a</i>)
Address of premises where tobacco products are sold (<i>number, street, city, state, and ZIP code</i>)		
Mailing address (<i>if different</i>) (<i>number, street, city, state, and ZIP code</i>)		
Name of applicant	Telephone number	E-mail address
Address of applicant (<i>number, street, city, state, and ZIP code</i>)		
Check one: ☐ New application ☐ Renewal	Certificate number (<i>if renewal</i>)	Certificate expiration date (<i>if renewal</i>) (<i>mm/dd/yyyy</i>)

SECTION 2: BUSINESS OWNERSHIP

Check one:	☐ Corporation (Inc.)	☐ Limited Liability Company (LLC)	☐ Partnership
	☐ Limited Partnership (LP)	☐ Limited Liability Partnership (LLP)	☐ Sole proprietorship

Please provide the following information for the business entity type selected above:

CORPORATION – President, secretary, and all other corporate officers

LIMITED LIABILITY COMPANY – All members and managers, including percentage of interest held

PARTNERSHIP / LIMITED PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP – All partners and percentage of interest held

SOLE PROPRIETORSHIP – Owner

Title	Name	Home Address	Date of Birth	Ownership Percentage

Please attach a photocopy of owner's driver's license, identification card issued under IC 9-24-16-1, a similar card issued under the laws of another state or the federal government, or another government issued document that bears the owner's photograph and birth date. If applicant business has multiple owners, please designate a managing owner and provide the required identification for that individual.

Name of Designated Managing Owner (if applicable):

Has the majority of the ownership of the business to which this tobacco sales certificate is applicable changed since the last time the certificate was renewed?

☐ Yes ☐ No

If yes, the majority of ownership has changed since the last tobacco sales certificate was issued, please attach: (1) the tobacco sales certificate issued to the prior owner of the business operating at the applicable location; (2) if the new owner is a business, the articles of incorporation, articles of organization, or other formation documents; and (3) if the new owner is an individual, a copy of the purchase agreement or an executed affidavit verifying the sale and listing the address of the business to which the sales certificate is applicable, and the names and addresses of the buyer and seller.

SECTION 3: OPERATION INFORMATION

For the purposes of this section, "tobacco" has the meaning set forth in Indiana Code 35-46-1-1.7 and "electronic cigarette" or "e-cigarette" have the meaning set forth in Indiana Code 35-46-1-1.5, including any device capable of delivering inhalable nicotine by a vaporized solution (including components, cartridges, and e-liquids).

☐ Yes ☐ No	1. Do you understand that it is illegal to sell tobacco products and/or e-cigarettes (i.e., a device capable of providing an inhalable dose of nicotine by a vaporized solution, including components, cartridges, and e-liquids) to someone less than twenty-one (21) years of age?
☐ Yes ☐ No	2. Do you understand that it is illegal for individuals less than twenty-one (21) years of age to possess tobacco and e-cigarettes (including components, cartridges, and e-liquids) under Indiana law?
☐ Yes ☐ No	3. Do you understand that it is illegal for individuals less than twenty-one (21) years of age to access tobacco products and/or e-cigarette vending machines under Indiana law?
☐ Yes ☐ No	4. Do you acknowledge and understand that you must post proper tobacco signage depending on the type of tobacco vendor you are under Indiana law? Please visit www.in.gov/atc/tobacco-resources/tobacco-information/ for additional information about required signage.
☐ Yes ☐ No	5. Do you understand that you must check the identification of an individual that appears to be under the age of thirty (30) before selling them a tobacco or e-cigarette product (including e-liquid)?
☐ Yes ☐ No	6. Do you understand that valid forms of identification include only the following government issued photo IDs: a driver license, a state issued identification card, a U.S. passport, a U.S. military ID card, and a US immigration card?
☐ Yes ☐ No	7. Do you understand that cigarettes must be sold in a pack or carton, and that selling single cigarettes is illegal?
☐ Yes ☐ No	8. Do you understand that the penalty for violating certain tobacco laws may include a fine of up to \$1,000.00 per violation?
☐ Yes ☐ No	9. Do you understand that if you sell tobacco or e-cigarette products (including e-liquids) without a valid certificate, you may be fined up to \$1,000.00?
☐ Yes ☐ No	10. Do you understand that tobacco sales certificates must be renewed every three (3) years?
☐ Yes ☐ No	11. <i>For new applicants (renewal applicants skip to Question 12.):</i> Do you understand that a new business that starts selling tobacco products after June 30, 2024 may not operate within one thousand (1,000) feet of school property?
☐ Yes ☐ No	11a. Is your business located within one thousand (1,000) feet of school property (as defined by IC 35-31.5-2-285)? "Yes" to this question will result in denial of this application under IC 35-46-1-11.4, effective July 1, 2024.
☐ Yes ☐ No	12. Is your business located within one thousand (1,000) feet of a public or private elementary or secondary school?
☐ Yes ☐ No	13. Do you understand that you must comply with the requirements of the Indiana Cigarette Fair Trade Act (IC 24-3-2 et seq.) at all times?
☐ Yes ☐ No	14. Do you understand that tobacco sales certificates must be displayed in a conspicuous location visible to the public in accordance with 905 IAC 1-46-1?
☐ Yes ☐ No	15. Do you consent to the entrance, inspection, and search by an enforcement officer of the licensed premises, without a warrant or other process, to determine compliance with the provisions of Title 7.1 of the Indiana Code? <i>Note: Answering "No" to this question will result in denial of this application.</i>
☐ Yes ☐ No	16. In the year immediately preceding the submission of this application, has anyone with an interest in this tobacco sales certificate application had an interest in another tobacco sales certificate that was denied, revoked, or suspended?
☐ Yes ☐ No	17. If the sale of tobacco products (including e-liquids) accounts or is expected to account for 85% of actual or anticipated retail sales for this location, do you understand that it is illegal to allow anyone under the age of twenty-one (21) to enter the licensed premises?
☐ Yes ☐ No	18. Do you understand that all tobacco products must be purchased from a licensed distributor or licensed wholesaler and that you must provide an invoice or documentary evidence of such upon inspection of your premises? (IC 24-3-2-4.7)
☐ Yes ☐ No	19. Do you understand all employees selling tobacco at the licensed premises are required to have legally valid government issued identification and produce evidence of said identification upon request of law enforcement? (IC 7.1-3-18.5-9.2)

SECTION 4: CERTIFICATE QUALIFICATIONS

The following questions pertain to ALL individuals having an ownership interest in this application. All individuals with an interest in the tobacco sales certificate must meet all the qualifications set forth under IC 7.1-3-18.5-2, as listed below.

NOTE: "Individuals" referred to in all questions in the below section include LLCs, LLPs, corporation, partnerships, and all other business structures recognized under Indiana law as well as all-natural persons with a financial or beneficial interest in the permit where applicable.

☐ Yes ☐ No	1. Do all individuals with an interest in this application hold "lawful status" in the United States as defined by Indiana Code 9-13-2-92.3?
☐ Yes ☐ No	2. In the last five (5) years, have any individuals with an interest in this application been convicted of a federal crime with a sentence of at least one (1) year, a felony in the State of Indiana, or crime in a state of than Indiana having a penalty equal to the penalty for an Indiana felony? Do not answer "yes" if the conviction has been expunged under Ind. Code 35-38-9. If yes, please attach conviction or court documents.
☐ Yes ☐ No	3. Do you own or lease, or have a franchise agreement with a franchisor that owns or leases, the premises to which the certificate will be applicable? Please attach a copy of the lease, deed, or franchise agreement.
☐ Yes ☐ No ☐ Yes ☐ No	4. Is your business operated by a manager? 4a. If yes, does the manager possess all of the qualifications required for the issuance of a tobacco sales certificate?
☐ Yes ☐ No	5. Other than stockholders, are all individuals with an interest in the application at least eighteen (18) years of age?
☐ Yes ☐ No	6. Are all individuals with an interest in the application of sound mind?
☐ Yes ☐ No	7. In the year immediately preceding the submission of this application, has anyone with an interest in this tobacco sales certificate application had an interest in another tobacco sales certificate that was denied, revoked, or suspended?
☐ Yes ☐ No	8. In the year immediately preceding the submission of this application, has anyone with an interest in this tobacco sales certificate application had an application for a permit or certificate of any type under Title 7.1 denied for any reason other than procedural or technical defect?

SECTION 5: CERTIFICATION OF APPLICANT

I hereby certify that this application was completed by myself, or the preparer identified below. I 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. I further certify that I have submitted all required documents along with this application.

Signature of applicant	Date signed (mm/dd/yyyy)
Printed name	Telephone number

SECTION 6: CERTIFICATION OF PREPARER (if applicable)

I hereby certify that I have examined this application and any accompanying documents, exercised reasonable due diligence in verifying their accuracy, and to the best of my knowledge and belief, they are true, correct, and complete. I further certify that the applicant has reviewed the completed application form prior to signing.

Signature of preparer	Date signed (mm/dd/yy)
Printed name of preparer	Telephone number

SECTION 7: PAYMENT AND FEE

There is a \$200.00 fee for a three (3) year certificate. You may submit payment via money order, business check, or certified check with checks made payable to the Indiana Alcohol and Tobacco Commission. DO NOT SEND CASH OR PERSONAL CHECKS. You may also apply online at www.in.gov/atc and pay with MasterCard or Visa.