



BEER / WINE AUTHORITY / TYPE 118

State Form 35494 (R9 / 9-19)

Deliver or mail completed application and payment to:

DISTRICT 1
52422 County Road 17
Bristol, IN 46507
Telephone: (574) 264-9480

DISTRICT 4
651 S. Frontage Road
Seymour, IN 47274
Telephone: (812) 523-8314

DISTRICT 2
1353 South Governors Drive
Columbia City, IN 46725
Telephone: (260) 244-4285

DISTRICT 5
3650 South US Hwy 41
Vincennes, IN 47591
Telephone: (812) 882-1292

DISTRICT 3
41 West 300 North
Crawfordsville, IN 47933
Telephone: (765) 362-8815

DISTRICT 6
6400 East 30th Street
Indianapolis, IN 46219
Telephone: (317) 541-4100

INSTRUCTIONS:

1. Applicant must complete all requested information.
2. Please type or print clearly.
3. Submit application and payment to the local excise district office.
4. All events are \$50.00 per day (905 IAC 1-11.1-1). Business checks and money orders made payable to the Indiana Alcohol and Tobacco Commission are accepted.
5. Serving past midnight, no later than 3 AM, is one (1) day.
6. No rain checks on any of the listed events.

Visit <https://www.in.gov/atc/iseip/2379.htm> for additional information about the districts.

STEP 1. GENERAL INFORMATION

Name of applicant applying for permit (organization, club, corporation, individual)		TM Permit number (issued by ATC)
Address of applicant (number and street, city, state, and ZIP code)		E-mail address
Name of person making application	Fax number ()	Emergency contact telephone number ()
Printed name of contact person of event		Emergency contact telephone number ()

STEP 2. EVENT INFORMATION

Beginning day	Beginning date (month, day, year)	Ending day	Ending date (month, day, year)
Time of event Start time	<input type="checkbox"/> AM <input type="checkbox"/> PM	End time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Type or description of event			
Exact address of event (number and street, city, state, and ZIP code)			

STEP 3. FLOOR PLAN (See Step 4, Number 2.)

