



# BEER / WINE AUTHORITY / TYPE 118

State Form 35494 (R9 / 9-19)

## 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/iseep/2379.htm> for additional information about the districts.

**Deliver or mail completed application and payment to:**

<p><b>DISTRICT 1</b> 52422 County Road 17 Bristol, IN 46507 Telephone: (574) 264-9480</p> <p><b>DISTRICT 2</b> 1353 South Governors Drive Columbia City, IN 46725 Telephone: (260) 244-4285</p> <p><b>DISTRICT 3</b> 41 West 300 North Crawfordsville, IN 47933 Telephone: (765) 362-8815</p>	<p><b>DISTRICT 4</b> 651 S. Frontage Road Seymour, IN 47274 Telephone: (812) 523-8314</p> <p><b>DISTRICT 5</b> 3650 South US Hwy 41 Vincennes, IN 47591 Telephone: (812) 882-1292</p> <p><b>DISTRICT 6</b> 6400 East 30th Street Indianapolis, IN 46219 Telephone: (317) 541-4100</p>
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### STEP 1. GENERAL INFORMATION

Name of applicant applying for permit ( <i>organization, club, corporation, individual</i> )		TM Permit number ( <i>issued by ATC</i> )
Address of applicant ( <i>number and street, city, state, and ZIP code</i> )		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 ( <i>month, day, year</i> )	Ending day	Ending date ( <i>month, day, year</i> )
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 ( <i>number and street, city, state, and ZIP code</i> )			

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

**STEP 4. ACKNOWLEDGMENT**

In order to qualify for this authority to serve beer and wine, the following guidelines must be met:

1. There must be a **well defined premises**, i.e. building, tent, enclosure, or fenced-in or designated area.
2. You must have a defined floor plan or diagram. This is to be drawn on Page 1, Step 3 of this application. If minors are to be present, you must have a defined separation between the bar area and family area. *(Must be on floor plan.)*
3. There shall be **NO** carry-out privileges, **NO** carry-in privileges and **NO** spirituous beverages allowed.
4. Each applicant must designate an individual to be responsible for the event and such person shall sign the authority.
5. **ANY** and **ALL** persons dispensing or accepting payment for alcoholic beverages **MUST POSSESS** a valid ATC employee permit.
6. The event must meet applicable Indiana State Board of Health requirements, particularly with regard to restroom facilities.
7. If the event is held in a town park, you must have approval from the town board.
8. Legal Hours of dispensing alcoholic beverages: (Prevailing time)  
Monday through Saturday -- 7 AM to 3 AM the following day  
Sunday -- 7 AM to 3 AM the following day
9. **Applicant must file with the district office at which the event will be held at least five (5) days prior to the event.**
10. The authority must be posted in the most conspicuous place at the location of the event. An excise officer or commissioner, for good cause, has the authority to revoke the authority during the event.

**STEP 5. COMMUNITY CLEARANCE**

1. Signature of Sheriff of county, or Chief of Police, or Town Marshall of jurisdiction where the event will be held	Date signed <i>(month, day, year)</i>
2. Signature of the mayor <i>(if the event is held in Fort Wayne)</i>	Date signed <i>(month, day, year)</i>
Note: Please post your approved request in a conspicuous place where the alcoholic beverages are being dispensed at the location. If for any reason this request is denied, you may be notified either in person or by telephone.	
I swear or affirm under penalties of perjury that the information is true and accurate.	
Signature of permittee / agent <i>(Your signature acknowledges that you have read and will abide by the rules and guidelines.)</i>	Date signed <i>(month, day, year)</i>

**FOR DISTRICT USE ONLY**

District number	Date issued <i>(month, day, year)</i>
Reviewed by Excise Police District Representative	<input type="checkbox"/> Approved <input type="checkbox"/> Denied