

INDIANA ALCOHOL & TOBACCO COMMISSION

302 W. Washington Street, Rm. E114
Indianapolis, Indiana 46204
Tobacco Enforcement: (317) 234-4315
Web page: http://www.IN.gov/atc

STEP 1. GENERAL INFORMATION								
Name of Business Entity		Business telephone number			E-mail address			
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Address of principal palce of business	City	,		County		State	Zip	
Mailing Address (if different than business)	City			County		State	Zip	
Name of Contact Person Check one:			License number (if	if renewal)		License Expiration (if renewal)		
Renewal Original application								
STEP 2. BACKGROUND								
Yes No Do you, the applicant, owe at least five hundred dollars (\$500) in taxes imposed under Indiana Code 6-7-1-12.								
Yes No Have you the applicant had your tobacco importer or manufacturer's license revoked within the last two (2) years?								
Yes No Have you, the applicant, violated Indiana Code 24-3-4?								
Yes No Have you, the applicant, committed any offense under Indiana Code 6-7-1-21 and been found guilty or plead guilty?								
Yes No Are you, the applicant, in compliance with Indiana Code 24-3-3-12?								
Yes No Do you understand that cigarettes have to be sold in a pack or carton and that selling single cigarettes is illegal?								
Yes No Do you understand that this license is not transfera	No Do you understand that this license is not transferable?							
Yes No Do you understand that the term of this license is one (1) year?								
Yes No Have you attached the complete list of cigarette distributors licensed in Indiana that you provide cigarettes to?								
Indiana Code Reference								
Any Indiana codes referenced above can be found at http://www.in.gov/legislative/ic/code/ . It is recommended that the applicant review these codes to ensure compliance with Indiana law.								
STEP 3. FEE AND PAYMENT SCHEDULE								
There is no fee for this One Year License. You may apply in person or by mail. You must provide a complete listing of all distributors in which you provide cigarettes that do business in Indiana.								
More information may be found online online at http://www.IN.gov/atc.								
STEP 4. SIGNATURE AND AFFIRMATION								
I certify that this application was completed by myself. I affirm under penalty of perjury that all information provided on this form is true and correct. I understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application.								
Signature of applicant				Date	e signed (mont	h, day, year)		