



**STEP 4. OPERATION INFORMATION**

As the owner will you be the individual conducting the type II gaming and maintaining the records?  Yes  No

If the owner is not directly responsible for the type II gaming the Alcohol and Tobacco Commission requires that a manager be responsible. The Alcohol and Tobacco Commission has the following requirement for managers:

- They must have been an Indiana resident for 5 years or work in a restaurant with a minimum of \$100,000 annual food sales;
- They must be a United States citizen or resident alien;
- They must be of sound mind, 21 years of age and of good moral character;
- They cannot be a law enforcement officer; and
- They cannot have a conviction within the last 10 years of an A, B or C felony, in any state, or a federal crime with a sentence of at least one year.

Do you understand the requirements and attest that the managers listed below meet these qualifications? \_\_\_\_\_ ( *initial* )

The Alcohol and Tobacco Commission requires managers as follows:

- At least *one* for each permit premise;
- The manager must have an employee permit unless he or she is a sole proprietor, partner or stockholder
- The manager is someone who has day-to-day authority over:
  1. employees that hold employee permits (*i.e. bartenders, servers*);
  2. the receipt, inventory, stocking, and marketing of alcoholic beverages;
  3. the premises, in the event of an emergency.
  4. the financial records and operation of type II gaming.

**LIST THE MANAGERS FOR THIS PREMISE (ENCLOSE AN ADDITIONAL SHEET IF NECESSARY)**

NAME	EMPLOYEE PERMIT # or OWNERSHIP TYPE	EMERGENCY TELEPHONE NUMBER

**STEP 3. AFFIDAVIT OF APPLICANT**

I certify that there have been no changes regarding my previous application except those noted herein. I certify that this application was completed by myself.

I certify that my premise ownership is true and that I will provide a copy of any applicable lease, deed or contract upon request of the Commission.

I certify that I have met any applicable food and beverage sales requirements. I certify that all information provided herein and on any attached schedules or documents are true and correct. **I UNDERSTAND THAT IT IS A FELONY UNDER LAW TO MISREPRESENT OR**

**FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

Printed name of applicant	Signature of applicant	Date ( <i>month, day, year</i> )
---------------------------	------------------------	----------------------------------

**STEP 4. FEE**

Please remit business, certified checks, or money order - **no personal checks** - application will not be processed without payment **Submit in duplicate** and

**Initial Issuance Fee = \$250**  
**Renewal Fee = Will be determined by your adjusted gross revenue for the following year**

**MAIL TO:**  
 INDIANA ALCOHOL & TOBACCO COMMISSION  
 302 West Washington Street, Room E114  
 Indianapolis, Indiana 46204