



**APPLICATION FOR TYPE II GAMING MANUFACTURER, DISTRIBUTOR,  
AND MANUFACTURER/DISTRIBUTOR LICENSE**

State Form

ALCOHOL AND TOBACCO COMMISSION

**INSTRUCTIONS:** 1. Type or print legibly.

2. Submit in duplicate. Include payment.

3. Do not complete shaded areas.

4. Mail to the address at the end of this application form.

5. If there is no money order or cashiers check attached (if new or renewal), or there is an omission, this application will be returned.

**FOR OFFICE USE ONLY**

Date received

Permit number

GD

GM

Commission Approval

Date issued

Checked by

Cash Number

Balance Due

Date Issued

Expiration Date

Refund

Date Released

**STEP 1. GENERAL INFORMATION**

Type of License <input type="checkbox"/> Distributor - \$1000 License Fee <input type="checkbox"/> Manufacturer - \$1500 License Fee <input type="checkbox"/> Manufacturer/Distributor - \$2500 License Fee	Application type <input type="checkbox"/> New application <input type="checkbox"/> Renewal <input type="checkbox"/> Report Changes
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To be eligible for this license you must already have issued to you an Indiana Charity Gaming manufacturers and/or distributors license. Please provide that license number:	License number
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This ownership entity is: (Check one)		
<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Simple Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company

Business entity making this application	Business telephone number
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Doing business as (DBA)
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Location of principal office	Contact Person
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City / Town	State	ZIP code
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Federal Identification Number	Indiana Tax Identification Number (if applicable)	Email address
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List the full name, home address, social security number and date of birth for each of the following persons involved with this business:

- If a sole proprietorship, list the individual owner
- If a partnership, list each partner
- If a limited liability company, list each member
- If a corporation, limited partnership or limited liability company, list each officer and each person or entity holding ten percent or more of the debt or equity of the entity (attach list if more space is required).
- If employed in a managerial position with the business.

Complete Name	Social Security Number	DOB	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (number and street, city, state, ZIP)
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Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate President <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Stockholder <input type="checkbox"/> Club Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	Percent of ownership
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Complete Name	Social Security Number	DOB	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (number and street, city, state, ZIP)
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Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate President <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Stockholder <input type="checkbox"/> Club Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	Percent of ownership
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Complete Name	Social Security Number	DOB	Citizen of US <input type="checkbox"/> Yes <input type="checkbox"/> No
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Address (number and street, city, state, ZIP)
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Nature of interest <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate President <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Stockholder <input type="checkbox"/> Club Officer <input type="checkbox"/> Manager <input type="checkbox"/> Member	Percent of ownership
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**THE FOLLOWING QUESTIONS PERTAIN TO ALL INDIVIDUALS HAVING AN INTEREST IN THIS APPLICATION.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any individuals with an interest in this permit been convicted of a felony or a misdemeanor? (If yes, please attach letter with dates, court, conviction, and sentence of new conviction.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any individuals with an interest in this application ever been convicted of a violation of the Indiana Alcoholic Beverage laws, rules, regulations, or orders of the Commission?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all individuals with an interest in this application citizens of the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all individuals with an interest in this application of sound mind, good moral character, and good repute in the community in which they reside?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any individuals with an interest in this application a law enforcement officer, or an officer of a municipal corporation, or government subdivision, or of this state charged with any duty or function in the enforcement of this title?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any individuals with an interest in this application held a permit under this title and has the permit been revoked within one year prior to the date of this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any individuals with an interest in this application made an application for a permit of any type which has been denied less than one year prior to this application for a permit? ( <i>unless the application was denied by reason of a procedural or technical defect.</i> )
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any individuals with an interest in this application hold any other permit of any kind connected with the sale of alcoholic beverages, or do they have any interest in any such permit directly or indirectly, through ownership of stock or otherwise? If yes, list permit numbers below:
Permit numbers	

**AFFIRMATION OF APPLICANT**

I certify that this application was completed by myself or by the preparer identified herein. I certify that all information provided herein and on any attachments are true and correct. **I UNDERSTAND THAT IT IS A FELONY TO MISREPRESENT OR FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

Printed name and title of applicant	Signature	Date
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**NOTE: The applicant MUST sign this application unless the proper Power of Attorney forms are attached to this application.**

**MAIL TO:**  
INDIANA ALCOHOL & TOBACCO COMMISSION  
302 W. Washington Street, Room E114  
Indianapolis, IN 46204  
(317) 232-2430  
<http://www.state.in.us/atc>