

## Marion County Alcoholic Beverage Board Checklist & Procedure

The following items **MUST** be brought to the Marion County Local Alcoholic Beverage Board Hearing in order for your application to be considered by the Local Board. **Do not mail** these items to the Indiana Alcohol & Tobacco Commission.

1. Affidavit of Compliance of Posting
2. Affidavit of Compliance of Notice sent to Property Owners
3. Affidavit from the Department of Metropolitan Development
4. Affidavit from Department of Revenue (Blue Form)

### New & Transfer Permits Except Liquor Dealers

- A. Applicants for new and any type of transfer permit, except Liquor Dealer Permits, must comply with the procedure below:

1. Post sign: Post the permit advertising sign available from the Indiana Alcohol & Tobacco Commission (ATC) at least **ten (10) days** prior to the meeting and bring affidavit of posting to the meeting. This sign is available by contacting the ATC at (317) 232-2430, and must be posted in the front window in a conspicuous location visible from the street.
2. Mail notice to neighborhood organizations: Written notices must be sent to registered neighborhood organizations that represent the area in which the property is located, and to registered churches and schools within 1000' of the property. These notices must be mailed at least **15 days** prior to the meeting

#### **Bring completed Affidavit of Compliance of Notice of Property Owners to the Local Board Hearing**

Names and addresses of property owners, contact persons for neighborhood organizations, churches, and schools can be obtained by submitting the form labeled Exhibit A to:

Current Planning re: Liquor Notifications  
Department of Metropolitan Development  
City-County Building  
200 East Washington Street, Suite 1842  
Indianapolis, IN 46204  
(317) 327-5155  
[PlannerOnCall@Indy.gov](mailto:PlannerOnCall@Indy.gov)

This written notice must include the following information:

- a. The name and address of the applicant, or if the applicant is a corporation, a club, an association, or an organization, the name and address of the applicant's president, secretary, and principal owners who will be responsible to the public for the sale of alcoholic beverages.
- b. A statement that the applicant has filed an application with the Alcohol and Tobacco Commission for the sale of alcoholic beverages.
- c. The specific address where alcoholic beverages are to be sold.
- d. The type of alcoholic beverage permit applied for.
- c. The date, time and location of the public hearing before the local board regarding the application
- e. If there is a desire to remonstrate against the application, the recipient of the notice may attend this public hearing

An affidavit of compliance must be filed with the Local Board stating the notices have been sent and listing the names and addresses to which the notices were sent. A sample affidavit is included.

3. **Zoning Affidavit:** A zoning affidavit, attached as Exhibit B, can be completed online or returned to the mail or email address below:

**Online:** <http://www.indy.gov/eGov/City/DCE/Inspections/Pages/forms.aspx>

**In person:** Bureau of Property Safety & Maintenance Services  
Department of Business & Neighborhood Services - City of Indianapolis  
1200 Madison Avenue, Suite 100, Indianapolis, IN 46225

Completed affidavits should be submitted to:

**Email:** [BNS.PropertyInspections@indy.gov](mailto:BNS.PropertyInspections@indy.gov)

**Mail:** Bureau of Property Safety & Maintenance Services  
Department of Business & Neighborhood Services - City of Indianapolis  
1200 Madison Avenue, Suite 100, Indianapolis, IN 46225

(317) 327-5024

4. **Marion County Tax Clearance Form:** You can obtain a tax clearance form at <https://www.in.gov/dor/3769.htm> and return by mail, in person, or by fax to:

<i>Mail Address</i>	<i>Walk-in Address</i>	<i>Fax:</i>
Indiana Department of Revenue Attn: Titles and Clearances 100 North Senate Indianapolis, IN 46204	Indiana Department of Revenue Room 105 100 North Senate Indianapolis, IN 46204	317-615-2736 Attn: Blue Tax Clearance

To speak to an analyst: (317) 232-5977

If you do not follow the above procedure, you will be required to meet the requirements of IC 7.1-3-1-5.5(g), which requires notices to be mailed to all property owners within 500 feet of the business property. IC 7.1-3-5.5(f)(2).

## **Liquor Dealers New & Transfer Permits**

B. If the application is for a new or transfer permit for a liquor dealer, whether or not located within the Indianapolis special fire district, then the applicant must, in addition to the requirements set forth above, mail written notice to all property owners within 500 feet of the permit premises and provide an affidavit of compliance. IC 7.1-3-1-5.5(f); IC 7.1-3-1-28(d).

5. Post sign: Post the permit advertising sign available from the Indiana Alcohol & Tobacco Commission (ATC) at least **ten (10) days** prior to the meeting and bring affidavit of posting to the meeting. This sign is available by contacting the ATC at (317) 232-2430, and must be posted in the front window in a conspicuous location visible from the street.

Mail notice to neighboring property owners and neighboring organizations:

6. Written notices must be sent to property owners within 500' of the business property and registered neighborhood organizations that represent the area in which the property is located, and to registered churches and schools within 1000' of the property. These notices must be mailed at least **15 days** prior to the meeting.

### **Bring completed Affidavit of Compliance of Notice of Property Owners to the Local Board Hearing**

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This written notice must include the following information:

- a. The name and address of the applicant, or if the applicant is a corporation, a club, an association, or an organization, the name and address of the applicant's president, secretary, and principal owners who will be responsible to the public for the sale of alcoholic beverages.
- b. A statement that the applicant has filed an application with the Alcohol and Tobacco Commission for the sale of alcoholic beverages.
- c. The specific address where alcoholic beverages are to be sold.
- d. The type of alcoholic beverage permit applied for.
- c. The date, time and location of the public hearing before the local board regarding the application
- e. If there is a desire to remonstrate against the application, the recipient of the notice may attend this public hearing

An affidavit of compliance must be filed with the Local Board stating the notices have been sent and listing the names and addresses to which the notices were sent. A sample affidavit is included.

7. Zoning Affidavit: A zoning affidavit, attached as Exhibit B, can be completed online or returned to the mail or email address below:

**Online:** <http://www.indy.gov/eGov/City/DCE/Inspections/Pages/forms.aspx>

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Completed affidavits should be submitted to:

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<i>Mail Address</i>	<i>Walk-in Address</i>	<i>By fax</i>
Indiana Department of Revenue Attn: Titles and Clearances 100 North Senate Indianapolis, IN 46204	Indiana Department of Revenue Room 105 100 North Senate Indianapolis, IN 46204	317-615-2736 Attn: Blue Tax Clearance

To speak to an analyst (317) 232-5977

## Sample Affidavit of Compliance

### Property owners and Registered Groups

#### Affidavit of Compliance of Written Notice for Public Hearing

##### Marion County Local Alcoholic Beverage Board

I ...**Name of person**.... do hereby certify that notice of public hearing to consider an application for alcoholic beverage permit # ..**List permit number** to ....**List name of applicant**.... at .....**Address of permit**... was sent by Certified, Registered, or First Class Mail to the last known address of the property owners within 500' of the business property of the address on the application and registered neighborhood organizations, churches and schools that have registered with the City of Indianapolis Department of Metropolitan Development.

Name

Address

**List names or address or note that names and address are listed on an attachment**

And that said notices were mailed by Certified, Registered or First Class Mail on the **date of month** day of ...**Month**...., **Year**, being at least 15 days prior to the scheduled public hearing.

The foregoing statements are provided under penalty of perjury pursuant to IC 7.1-3-1-28 and Indiana Alcohol & Tobacco Commission Rules.

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Signature

## Sample Affidavit of Compliance

### Registered Groups

#### Affidavit of Compliance of Written Notice for Public Hearing

##### Marion County Local Alcoholic Beverage Board

I ...**Name of person**.... do hereby certify that notice of public hearing to consider an application for alcoholic beverage permit # ..**List permit number** to ....**List name of applicant**.... at .....**Address of permit**... was sent by Certified, Registered, or First Class Mail to registered neighborhood organizations, churches and schools as provided by the Indianapolis Department of Metropolitan Development.

Name

Address

**List names or address or note that names and address are listed on an attachment**

And that said notices were mailed by Certified, Registered or First Class Mail on the **date of month** day of ...**Month**...., **Year**, being at least 15 days prior to the scheduled public hearing.

The foregoing statements are provided under penalty of perjury, IC7.1-3-1-28 and Indiana Alcohol & Tobacco Commission Rules.

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Signature

## Sample notice letter

To Whom It May Concern:

An application for a **(choose the appropriate phrase: new; transfer of owner of an; transfer of location alcoholic of an, transfer of stock of an)** alcoholic beverage permit has been filed with the Indiana Alcohol & Tobacco Commission to sell alcoholic beverages by:

**Name of Applicant**

**Address of applicant**

**For corporations, partnerships, LLC's include the following information:**

**Names and addresses of President, Secretary, and all names and address of all individuals who have an interest in the permit. IC 7.1-3-20-8.**

The address the permit is to be located at is:

**Address of the location where alcoholic beverages are to be sold**

The type of permit applied for is:

**Type Number; Beer Wine Liquor for On/Off Premise Consumption**

There will be a public hearing in front of the Marion County Local Alcoholic Beverage Board on: **day, date and time of hearing**. The hearing will be held at:

Room 260 City-  
County Building  
200 East Washington Street  
Indianapolis, Indiana 46203

If you wish to remonstrate against the issuance of this permit you may attend this hearing.

Sincerely,

*EXHIBIT A*

CITY OF INDIANAPOLIS  
DEPARTMENT OF METROPOLITAN DEVELOPMENT  
PLANNING DIVISION

LIQUOR LICENSE NOTIFICATION

Fax: (317) 327-7883

Phone:(317) 327-5155

FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

Please print clearly the search address: (Street Number, Direction, Name and Suffix): Example:  
1234 N. Illinois St.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date information needed: \_\_\_\_\_

Please allow a minimum of two(2) full working days for a response to your request.

Note: If you have any questions, please contact the Department of Metropolitan Development at  
(317) 327-5155. Liquor notification labels include schools, churches and neighborhood  
organizations.



**ZONING CODE INFORMATION  
AFFIDAVIT OF APPLICATION**

Please complete this form and return it to the Department of Business & Neighborhood Services, 1200 Madison Ave., Suite 100, Indianapolis, Indiana 46225 or email [BNS.PropertyInspections@indy.gov](mailto:BNS.PropertyInspections@indy.gov)

I certify that \_\_\_\_\_ intends to operate  
(Owner, Partnership or Corporation)

\_\_\_\_\_ located at  
(Type of establishment, definitions attached)

\_\_\_\_\_ Parcel # \_\_\_\_\_  
(Address of Establishment)

Name of establishment: \_\_\_\_\_

ABC File/Permit #: \_\_\_\_\_

**ZONING INFORMATION**

I further certify the following information:

SUNDAY SALES OF ALCOHOL: \_\_\_\_\_ YES \_\_\_\_\_ NO

AREAS WHERE PERSONS UNDER 21 YEARS CAN BE SERVED FOOD: \_\_\_\_\_ YES \_\_\_\_\_ NO

MAXIMUM SEATING CAPACITY: \_\_\_\_\_

TOTAL SQ FT. OF BUILDING: \_\_\_\_\_

# OF EMPLOYEES PER LARGEST SHIFT: \_\_\_\_\_

ON-SITE PARKING SPACES: \_\_\_\_\_

LEASED SPACES: \_\_\_\_\_

Leased spaces must meet zoning requirements applicable to subject property

REQUIRED PARKING SPACES: \_\_\_\_\_

DISTANCE OF BUILDING TO NEAREST PROTECTED DISTRICT: \_\_\_\_\_

Dwelling, Hospital, Parks, University Quarter, Church District (SU1); School District (SU2)

YEAR BUILDING BUILT \_\_\_\_\_

FIRST YEAR OF OPERATION SERVING/SELLING ALCOHOL: \_\_\_\_\_

**Department of Business & Neighborhood Services**

1200 Madison Ave., Ste. 100 | Indianapolis, IN 46225 | Phone: (317) 327-8700 | [www.indy.gov/bns](http://www.indy.gov/bns)

Fax Numbers: Building - 327-8475 | Business Licensing - 327-0817 | Contractor Licensing - 327-8401

Crafts - 327-5397 | Infrastructure/Right of Way - 327-3125 | Permits - 327-5174 | Zoning - 327-8696



KNOWN ZONING VIOLATIONS: \_\_\_\_\_YES \_\_\_\_\_NO

It shall be the responsibility of the owner, partnership or corporation to verify compliance with any development standard, use limitation, commitment, condition or covenant applicable to the subject property.

If any information submitted is false or violations are verified by the Department of Business & Neighborhood Services that would prohibit the above referenced establishment, the Affidavit of Zoning shall be automatically void until the subject property is in full compliance with the applicable restrictions or limitations.

**ADDITIONAL INFORMATION**

TYPE OF LICENSE REQUESTED \_\_\_\_\_

\_\_\_\_NEW \_\_\_\_TRANSFER OWNERSHIP/STOCK \_\_\_\_TRANSFER LOCATION \_\_\_\_COMBINATION

Hearing Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Daytime Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

I affirm, under the penalty of perjury, that the foregoing statements are true:

Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

State of Indiana )

ss

County of Marion )

Before me, a Notary Public, personally appeared \_\_\_\_\_ who acknowledged the execution of the foregoing instrument and who having been duly sworn, state that any representations contained therein are true.

Witness my hand and Notary Seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

County Of Residence: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Department of Business & Neighborhood Services**

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