



REQUEST FOR EXTENSION

State Form

ABC USE ONLY

Renewal Filed
 Fee paid
 Sales tax paid

STEP 1. PERMIT INFORMATION

Permit name	Permit number	Expiration date
Doing business as	Telephone number	
Premise address (number and street, city, state, ZIP code)		

STEP 2. APPLICANT INFORMATION

Name of applicant		
Address (number and street, city, state, ZIP code)		
Telephone #1 ()	Telephone #2 ()	Fax Number ()
Check one <input type="checkbox"/> Sole-proprietor <input type="checkbox"/> Corporate officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager		

STEP 3. REASON FOR EXTENSION (Check one and provide reason)

The need for an extension (or its renewal) is occasioned by the act or omission of the permittee or his agent thereof (eg. Attorney, accountant, preparer, etc.). A \$50.00 extension fee is required.
PAY BY CASHIER'S CHECK, CERTIFIED CHECK, BUSINESS CHECK, OR MONEY ORDER TO THE "INDIANA ALCOHOLIC BEVERAGE COMMISSION" (PERSONAL CHECKS CANNOT BE ACCEPTED)

Reason:

The need for an extension or the renewal of an existing extension is occasioned by the act or omission of the Alcoholic Beverage Commission, a local board, or an unrelated third party who is not an employee of the permittee nor under the control of the permittee.

Reason:

STEP 4. SIGNATURE

I affirm under penalties of perjury that all statements in this request are true and that all sales taxes have been paid.

Signature of applicant	Date (month, day, year)
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