



REISSUE APPLICATION

State Form 47667 (1-10)

Approved by State Board on Accounts 1996

INDIANA ALCOHOL & TOBACCO COMMISSION

302 W. Washington Street, Rm. E114

Indianapolis, IN 46204

Phone: (317) 232-2430

Web Page: <http://www.IN.gov/atc>

Reissue Fee \$10.00

Payment by mail may be money order, business check, or certified check.

DO NOT SEND CASH OR PERSONAL CHECKS

FOR OFFICE USE ONLY

Cash Receipt #: _____

Date Reissued: _____

Expiration Date: _____

INFORMATION

Type of Certificate to be Reissued (*check one*):

- Alcoholic Beverage Tobacco
 Employee Business

Name on Permit	Date of Birth (Employee)	Social Security Number (<i>Mandatory</i>)	Permit Number
Permittee Address (<i>number and street</i>)			City
State	Zip	Daytime Telephone Number	

REASON FOR REISSUE

Check Reason for Reissue:

- Original document never received (*lost in mail*)
- Original document lost
- Original document stolen
- Original document destroyed
- Articles of Amendment (*name change, copy of articles of amendment must be attached*)
- Articles of Merger (*no change in ownership, copy of article of merger must be attached*)

SIGNATURE AND AFFIRMATION

I understand that the original certificate is null and void upon reissuance, and if I recover the original certificate, I must forward it to the Indiana Alcohol & Tobacco Commission.

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

Signature of applicant	
Printed or typed name of applicant	Date