



WITHDRAWAL OF APPLICATION

State Form 44166 (9-90)

Date (month, day, year)
ABC file number

Type of permit for which applied	
Name of applicant	
Address of applicant	City or town
	County
This is to certify that I, _____ wish to withdraw my application for an Alcoholic Beverage Permit at _____ which is now on file at the Indiana Alcoholic Beverage Commission office at Indianapolis, Indiana.	
Signature of applicant X	Date signed (month, day, year)

NOTARY CERTIFICATE

STATE OF _____
COUNTY OF _____ } ss:

I, _____, first being duly sworn on oath say that I am the
Name of applicant
above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn To (Notary Public)	County of residence	Date commission expires

NOTARY

SEAL