



**COUNTY VERIFICATION OF BUSINESS LOCATION**

State Form 44184 (R5/12-11)

**ALCOHOL & TOBACCO COMMISSION**

302 W. Washington Street, Room E114

Indianapolis, IN 46204

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

TO THE INDIANA ALCOHOL AND TOBACCO COMMISSION:

I verify that \_\_\_\_\_  
*(Address)*

**ALL COUNTIES EXCEPT MARION COUNTY**

- is within the corporate limits of city or town of \_\_\_\_\_.
- is outside the corporate limits of city or town of \_\_\_\_\_.
- the premises is located outside the corporate limits of an incorporated city or town and the premises are within, or in immediate proximity to an unincorporated town, which unincorporated town meets these qualifications:
  - (1) which has been a settlement or a group of residences for more than ten (10) years;
  - (2) to which the inhabitants of the surrounding countryside resort for purchases or public
  - (3) which has borne a name and has been known by that name for more than ten (10) years.

The county surveyor of the county in which the premises is located shall certify the information set forth below:

\_\_\_\_\_ are within or are in immediate  
*(Address)*  
proximity to the unincorporated town known as \_\_\_\_\_

\_\_\_\_\_, which has borne this name and has been known by this name for more than ten (10) years and has been a settlement or a group of residences for more than ten (10) years to which the inhabitants of the surrounding countryside resort for purchases, public meetings, or as a community or neighborhood center.

**MARION COUNTY ONLY**

- Is within the corporate limits of a consolidated city and
- is within the corporate limits of the excluded city or town of \_\_\_\_\_.
- is within the fire special service district as determined on the December, 1992, Department of Metropolitan Development map (no "unincorporated" permits may locate here).
- is outside the boundary of the fire special service district as determined on the December, 1992, Department of Metropolitan Development map and all excluded cities or towns.

Signature of County Surveyor

Date *(month, date, year)*



## *Hendricks County Surveyor*

### **Verification of Business Location Additional Information Request**

Name of Business: \_\_\_\_\_

Applicants Phone Number: \_\_\_\_\_

Applicants Email Address: \_\_\_\_\_

Applicants Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_