



PROPERTY TAX CLEARANCE SCHEDULE - FORM NO. 1
(For a Person Business Corporation)

State Form 1462 (R5 / 10-01)
 Approved by State Board of Accounts, 1992

INDIANA ALCOHOL AND TOBACCO COMMISSION

ATC permit number
Expiration date (Month, day, year)

Individual's name or company name		
If transfer, give former business name		
Mailing Address (Street and number of rural route)		
City	State	Zip Code
Doing business as (DBA)		
Permit location (Street address)		
City	State	Zip Code

TYPE (Check all that apply)
<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer (Check all that apply) <input type="checkbox"/> Ownership <input type="checkbox"/> Location <input type="checkbox"/> Stock

STATUS
<input type="checkbox"/> Permit escrow <input type="checkbox"/> DBA change

I, Treasurer of _____ County, hereby certify that the person or company named above has paid all property taxes in 20____ (for 20____ assessment) and property taxes for all prior years, or is exempt from property tax by reason of _____

Signature of County Treasurer	Date (Month, day, year)
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