



PROPERTY TAX CLEARANCE SCHEDULE - FORM NO. 1
 (For a Person Business Corporation)
 State Form 1462 (R6 / 7-10)
 Approved by State Board of Accounts, 2011
 INDIANA ALCOHOL AND TOBACCO COMMISSION

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

Name of individual or company		TYPE (Check all that apply)	
If transfer, give former name of business		<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	
Mailing Address (street and number of rural route)		STATUS	
City	State	<input type="checkbox"/> Permit escrow <input type="checkbox"/> DBA change	
City	State	<input type="checkbox"/> Permit escrow <input type="checkbox"/> DBA change	
Doing business as (DBA)	ZIP Code	<input type="checkbox"/> Permit escrow <input type="checkbox"/> DBA change	
Permit location (street address)	ZIP Code	<input type="checkbox"/> Permit escrow <input type="checkbox"/> DBA change	
City	State	<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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