



STATE OF INDIANA

INDIANA STATE EXCISE POLICE

302 W. Washington Street, Room E-114
Indianapolis, Indiana 46204
www.in.gov/isep

EXCEPTION FROM SMOKING BAN

The owner / authorized representative, _____, hereby certifies that the business, _____, is excepted from the statewide smoking ban pursuant to Ind. Code § 7.1-5-12-5. The business is one of the following:

_____ A horse racing facility operated under a permit under IC 4-31-5 and any other permanent structure on land owned or leased by the owner of the facility that is adjacent to the facility.

_____ A riverboat and any other permanent structure that meets the requirements outlined in IC 7.1-5-12-5(2).

_____ A facility that operates under a gambling game license that meets all the requirements outlined in IC 7.1-5-12-5(3).

_____ A satellite facility licensed under IC 4-31-5.5.

_____ An establishment owned or leased by a business that operates a smoke shop, cigar bar, hookah bar or similar business that meets all the requirements outlined in IC 7.1-5-12-5(5).

_____ A social or fraternal club that meets all the requirements outlined in IC 7.1-5-12-5(6). *(Note: Attach copies of minutes indicating that members voted to allow smoking on the premises within the previous two years and a floor plan indicating the designated smoking room.)*

_____ A retail tobacco store used primarily for the sale of tobacco products and tobacco accessories that meets all the requirements outlined in IC 7.1-5-12-5(7).

_____ A bar or tavern that meets all the requirements outlined in IC 7.1-5-12-5(8).

_____ A cigar manufacturing facility that does not offer retail sales.

_____ A premises of a cigar specialty store that meets all the requirements outlined in IC 7.1-5-12-5(10).

_____ The premises of a business that is located in the business owner's private residence (as defined in IC 3-5-2-42.5) if the only employees of the business who work in the residence are the owner and other individuals who reside in the residence.

I certify that this supplement was completed by me and that any attachments are true and correct. I understand that it is a felony to misrepresent or falsify any portion of this application or attached documents.

Signature of Owner or Representative

Date (month, day, year)

Name of Business or Corporation

Alcoholic Beverage Permit No.

Tobacco Certificate No.

Doing Business As

Address (number and street)

City, State ZIP code

County

Telephone Number

Alternate Telephone Number

Mail or Deliver Completed Form to: Indiana Alcohol & Tobacco Commission
302 W. Washington Street, Room E-112
Indianapolis, IN 46204

After a review of the submitted form, you will be contacted by a representative of the Indiana State Excise Police to arrange for an inspection of your business prior to the approval of your request.

For Office Use Only

Date Received _____

Excise District _____

Date Reviewed _____

Approved

Not approved

Officer _____

Badge # _____