



DESIGNATED OUTDOOR REFRESHMENT AREA (DORA) DESIGNATION

State Form 57288 (6-23)

INDIANA ALCOHOL AND TOBACCO COMMISSION

302 West Washington Street, Room E-114

Indianapolis, IN 46204

(317) 232-2430

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

INSTRUCTIONS

1. Please type or print clearly.
2. There is no charge or fee to be designated as part of a designated outdoor refreshment area (DORA).
3. If you already hold a retail permit within a DORA and are requesting a DORA permittee designation, please complete Sections 1, 3, and 4 below.
4. If you will be obtaining a temporary beer and wine permit, requesting supplemental catering authority, or are a craft manufacturer requesting to operate within a DORA on a temporary basis, please complete Sections 2, 3, and 4 below.

SECTION 1: RETAIL PERMITTEES

Permittee name (as printed on permit)		Permittee number	
Doing business as (d/b/a)		Permit expiration date (mm/dd/yyyy)	
Permit address (number and street, city, state, and ZIP code)			
Name of person making application		Telephone number	E-mail address
Has the DORA already been approved by the ATC? <input type="checkbox"/> Yes <input type="checkbox"/> No		DORA Reference Number (approved DORAs only)	

SECTION 2: TEMPORARY VENDORS, SUPPLEMENTAL CATERERS & CRAFT MANUFACTURERS

Please select one:

- Temporary beer and wine permit Supplemental catering permit Craft manufacturer (artisan distiller, farm winery, small brewer)

Permittee name		Permit number (catering and manufacturing permits only)	
Doing business as (d/b/a)		Permit expiration date (mm/dd/yyyy) (catering and manufacturing permits only)	
Address (number and street, city, state, or ZIP code) or description of designated vendor/caterer area			
Name of person making application		Telephone number	E-mail address
DORA Reference Number		Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)

SECTION 3: LOCAL JURISDICTION APPROVAL

Printed name of city or town official		Date (mm/dd/yyyy)
Signature		Title

SECTION 4: CERTIFICATION AND SIGNATURE

I hereby certify that I have reviewed this application form prior to signing, and that all information provided herein is true and correct. I acknowledge and understand that it is a felony under Indiana law to misrepresent or falsify any portion of this application or attached documents.

Printed name of applicant		Date (mm/dd/yyyy)
Signature		Title