



**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		
If transfer, give former name of business		
Mailing Address (street and number of rural route)		
City	State	ZIP Code
Doing business as (DBA)		
Permit location (street address)		
City	State	ZIP Code

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

<b>STATUS</b>
<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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