



NONSMOKING EXEMPTION FORM

Office of the City Attorney
44 West Washington Street
Shelbyville, Indiana 46176
Tel: 317-398-6624 Fax: 317-392-5143

<i>Office Use Only</i>	
Rec'd: _____	Resp. _____

BUSINESS INFORMATION
Name of business claiming exemption
Business address
Business telephone number
Owner
Owner's address
Owner's telephone number

ALCOHOL AND TOBACCO COMMISSION PERMIT INFORMATION
Permit Type
Permit Number

NONSMOKING EXEMPTION
Type of exemption claimed (circle only): BAR PRIVATE CLUB* SELF-ENCLOSED BAR AREA
Description of facility or area to be exempted
<small>*Any business claiming an exemption as a private club may be required to submit additional information to the City Attorney before the exemption registration process can be completed (for example, membership qualifications or guest policies).</small>

By completing and submitting this registration form to the City Attorney, I hereby give notice that the above-described business qualifies for the exemption claimed herein, as it meets all of the criteria set forth in § 99.04 of the Shelbyville City Code of Ordinances.

All of the information that has been provided is complete, accurate, and responsive, and I fully understand that any inaccuracies in the information herein provided may invalidate any exemption that may be claimed herein.

Signature: _____

Date: _____

Printed Name: _____

Title: _____