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OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL
6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
Telephone: (614) 644-2360 - <http://www.com.ohio.gov/liqr>



PARTNERSHIP DISCLOSURE FORM

Section A (This form must accompany all applications of a partnership business entity)

Name of Partnership	DBA Name	
Permit Premises Address	City, State	Zip Code
Township, if in Unincorporated Area	Tax Identification No. (TIN)	
Email Address:		

Section B

- ☐ General Partnership: (partnership name includes names of all partners). Uniform Partnership Law, Chapter 1775 Ohio Revised Code. Attach signed and dated copy of the general partnership agreement. Such agreement need not be filed or recorded in any public office. If the General Partnership has a fictitious name (a name different from and not including the names of all the partners), Section 1777.02 Ohio Revised Code, attach a copy of Partnership Agreement and Certificate of Fictitious Name Partnership filed with the County Recorder's Office.
- ☐ Limited Partnership Association: - Chapter 1783 Ohio Revised Code. Attach a copy of Partnership Agreement and Certificate of Limited Partnership Association filed with the County Recorder bearing the stamp of the County Recorder.
- ☐ Limited Partnership ("LP" or Ltd): - Chapter 1782 Ohio Revised Code. Attach a copy of Partnership Agreement and a copy of Certificate of Limited Partnership filed with the County Recorder bearing the stamp of the County Recorder if partnership was formed prior to July 1, 1994. If partnership was formed after July 1, 1994 attach a copy of the Certificate of Registration filed with the Secretary of State.
- ☐ Limited Liability Partnership ("P.L.L.", "PLL", "L.L.P.", or "LLP"): - Chapter 1775 Ohio Revised Code. Attach signed and dated copy of Limited Liability Partnership Agreement and a copy of Certificate of Registration filed with the Secretary of State.

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement an enforcement action, or collect taxes.

Section C

➡ ALL GENERAL PARTNERS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

1) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
2) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST ALL PARTNERS)

STATE OF OHIO, _____ COUNTY ss,

I, _____ being first duly sworn, according to law, deposes and says that he/she is (Title) _____ of the _____, a business duly authorized by law to do business in the State of Ohio, and that the statements made in the forgoing affidavit are true.

(Signature) _____ (Print Name and Corporate Title) _____

Sworn to and subscribed in my presence this _____ day of _____, _____.



 ALL GENERAL PARTNERS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

3) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
4) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
5) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
6) Individual Name	Social Security No. (if Individual)
Residence Address	Tax Identification No. (if Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
7) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
8) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
9) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
10) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth