



## APPLICATION PROCESS

Ohio Department of Commerce  
Division of Liquor Control  
6606 Tussing Road  
Reynoldsburg, OH 43068  
614-644-2360

The Division of Liquor Control ("Division") has outlined the application process below in an effort to avoid your application being returned. Therefore it will be necessary for you to submit all the documents on the "REQUIRED DOCUMENTS FOR ACCEPTANCE" sheet. **If your application is filed without all of those documents, the application will not be accepted and will be returned to you.** Once your application is received, provided all required documents are submitted, the following process begins:

1. The Division logs your application into a computerized system for processing.
2. The Division will send an Official Notice to the legislative authority of the municipality/township it is located in (city council or township trustees and county commissioners). Note: Any of these entities have the right to object to your application, provided they do so within 30 days of that notification. The Division also sends a separate notice to the local law enforcement agency for informational purposes as required by law and to work in conjunction with the Legislative Authority should they desire to object to the issuance of your permit.
3. The Division will work with your County Board of Elections to determine the wet/dry status of your proposed permit premises. Note: This information is not needed on applications for transfer of ownership.
4. The Division will send the Personal History Background Form(s) you provided to the law enforcement agency in the municipality or township of your permit premises in order to have a separate background check conducted with them.
5. The Division works with the Ohio Bureau of Investigation ("BCI") to have conducted a required background check on all persons involved in your business. In order for the Division and BCI to conduct this background check, you are required to provide the Division with the proper documentation and information so that a background check can be performed. Please see DLC 4191 to determine whether you or persons involved in your business should submit a completed **paper** fingerprint card or be fingerprinted **electronically** via a "WebCheck" system.
6. A Division Compliance Officer will contact you to set up an appointment to conduct an initial inspection of your premises. At the time your inspection is completed our compliance officer will survey the area surrounding the proposed permit premises to determine if there are any institutions such as schools, churches, libraries, public playgrounds, or township parks within 500 feet. By law, any of these institutions can object to the issuance of your permit within 30 days of notification. If the business is not in operation or the premises did not meet all requirements at the initial inspection, a final inspection will need to be conducted at a later date. Please allow two weeks when notifying the Division for a final inspection.
7. Your C or D class permit certificate is issued for a permit period that expires on February 1, June 1 or October 1, depending on the county where your permit is located, and is renewed annually on that date. Renewal dates by county may be found by visiting [http://www.com.ohio.gov/liqr/docs/LIQR\\_RenewalDistricts.pdf](http://www.com.ohio.gov/liqr/docs/LIQR_RenewalDistricts.pdf). All A, B, H or G Class permits renew annually on October 1.
8. If you have applied for a New Retail permit (NOT a Transfer), and it is issued within six months of the expiration date, you will receive a 50% refund of the class fee(s) paid. NOTE: The \$100.00 processing fee is non-refundable.

It is our goal to process your application in a timely and efficient manner. Many factors determine the length of time it takes to complete the process of your application, therefore your assistance in providing us with a complete application packet will help us in accomplishing our goal.

Rev. 04/14/2014

FOR TTY USERS DIAL 1-800-750-0750 - EOE/ADA SERVICE PROVIDER



APPLICATION DOCUMENT  
CHECKLIST

Ohio Department of Commerce  
Division of Liquor Control  
6606 Tussing Road  
Reynoldsburg, OH 43068  
614-644-2360

**REQUIRED DOCUMENTS FOR ACCEPTANCE OF A PERMIT APPLICATION:**

- The Application completed in its entirety signed by applicant; if a transfer signed by both buyer and seller, and notarized.
- If Transfer Application - Processing fee of \$100.00 (Made payable to the Division of Liquor Control)
- New Retail Application – Processing fee of \$100.00 and class fee as applied for – NOTE: These fees may be included in one check (Made payable to the Division of Liquor Control)
- Personal History Background Form (DLC4121)
- If a Corporation – Officer/Shareholder Disclosure Form (DLC4030)
- If a Limited Liability Company – LLC Membership Disclosure Form (DLC4032)
- If a Partnership – Partnership Disclosure Form (DLC4031)
  - along with a signed copy of the Partnership Agreement
- If a Non-Profit Entity – Non-Profit Disclosure Form (DLC4029)
- If Transfer Application to an Executor, Administrator or Court appointed representative
  - Certified copy of Court Appointment
  - Certified copy of your Court Appointment bearing signature of the judge, and the court time stamp, indicating whether you can operate
- If Transfer Application as an Economic Development TREX Transfer
  - Applicable Transfer Application
  - Economic Development TREX Transfer Form (DLC4244). This form MUST accompany a Transfer Application.

**ADDITIONAL DOCUMENTS REQUIRED THAT CAN BE FILED DURING THE PROCESS OF YOUR APPLICATION:**

- Background Check (see DLC Form 4191)
- Lease Agreement in the applicant's name or Summary of Tenancy (Form DLC4085)
- If a Transfer - Signed copy of the Purchase Agreement and/or Summary of Purchase Agreement (DLC Form 4243)
- Financial Verification Sheet (DLC4096), with applicable supporting documents
- If a Corporation - Certificate of Good Standing from the Secretary of State
- If a nonprofit Corporation - Certificate of Continued Existence from Secretary of State
- If a Limited Liability Company - Certificate of Organization from Secretary of State
- If a Fictitious Partnership - Certificate of Fictitious name from Secretary of State
- If not incorporated in the State of Ohio - Certificate of Authority to Do Business in Ohio from Secretary of State
  - Ohio Secretary of State: (614) 455-3910 or 1-877-767-3453 – OR [www.sos.state.oh.us](http://www.sos.state.oh.us)
- Copy of Food Service Operator or Food Establishment License – only if filing for New Retail or Transfer of existing A1A, D1, D2, D3, D5, D5A, D5C, D5D, D5F, D5I, D5J, D5L, D5M, D-5O or D7 permit(s).

**NOTE:** You may be required to file additional documents other than those listed above.

**ADDITIONAL INFORMATION:**

- A SOLE proprietor and all PARTNERS in a partnership must be a U.S. citizen
- You must be 21 to be a permit holder
- If filing a Transfer Application, a Renewal Application must be filed and signed by the PRESENT PERMIT HOLDER (seller), at least fifteen days before the current permit's expiration date.

Rev. 4/11/2014

FOR TTY USERS DIAL 1-800-750-0750 - EOE/ADA SERVICE PROVIDER



For Questions call  
 (614) 644-3156  
 Office Hours -  
 8:00 a.m. - 5:00 p.m.

Ohio Department of Commerce  
 Division of Liquor Control  
 6606 Tussing Road, P.O. Box 4005  
 Reynoldsburg, Ohio 43068-9005  
<http://www.com.ohio.gov/liqr>



**APPLICATION FOR TRANSFER OF LOCATION  
 OF ALL PERMIT CLASSES LISTED BELOW**

**CAUTION: ALLOW 6 TO 8 WEEKS FOR PROCESSING. RETURN TO ADDRESS LISTED ABOVE.**

**PROCESSING FEE \$100.00**

**PRINT OR TYPE ALL INFORMATION, EXCEPT SIGNATURES**

**NOTE:** You may **NOT** sell alcoholic beverages at the new location until the PERMIT(S) have been issued to you at that location.

Permit Holder ( <b>Individual, Corporation, Partnership or LLC</b> )		Current Permit #	
<b>PRESENT PERMIT LOCATION INFORMATION:</b>		<b>NEW PERMIT LOCATION INFORMATION:</b>	
DBA (doing business as):		DBA (doing business as):	
Permit Premises Address:		Permit Premises Address:	
Township (If outside City Limits):		Township (If outside City Limits):	
County:		County:	
City:	State <b>OH</b>	Zip Code:	
City:	State <b>OH</b>	Zip Code:	
Email Address:			

Attorney's Name:	Address:	Phone #
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Mailing Address: (Name, Street Address, City & Zip):

**CHECK Classes of Permit(s) Being Transferred:**

- |                              |                               |                               |                              |                              |                                |                                |                              |                               |
|------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> A-1 | <input type="checkbox"/> A-1A | <input type="checkbox"/> A-1c | <input type="checkbox"/> A-2 | <input type="checkbox"/> A-3 | <input type="checkbox"/> A-4   | <input type="checkbox"/> B-1   | <input type="checkbox"/> B-2 | <input type="checkbox"/> B-2A |
| <input type="checkbox"/> B-3 | <input type="checkbox"/> B-4  | <input type="checkbox"/> B-5  | <input type="checkbox"/> C-1 | <input type="checkbox"/> C-2 | <input type="checkbox"/> C-2X  | <input type="checkbox"/> D-1   | <input type="checkbox"/> D-2 | <input type="checkbox"/> D-2X |
| <input type="checkbox"/> D-3 | <input type="checkbox"/> D-3A | <input type="checkbox"/> D-3X | <input type="checkbox"/> D-4 | <input type="checkbox"/> D-5 | <input type="checkbox"/> D-5J* | <input type="checkbox"/> D-5L* | <input type="checkbox"/> D-6 | <input type="checkbox"/> D-7  |
| <input type="checkbox"/> G   | <input type="checkbox"/> I    | <input type="checkbox"/> S    | <input type="checkbox"/> W   |                              |                                |                                |                              |                               |

\*Only within the boundaries of the D5J Community Entertainment District ("CED") or D5L Revitalization District

Is this an Economic Development (TRES) Transfer?  YES  NO If you answered "YES," you must attach an Economic Development TRES Transfer Form, DLC4244 to this Application.

<b>Data Entry Initials:</b> _____	<b>FOR DIVISION USE ONLY</b>	
<b>CODER FOR PRESENT LOCATION</b>	<b>Data Entry Action:</b>	<b>Comments/Notes:</b>
RECEIPT NUMBER	Proc. Fee Pd: <input type="checkbox"/> YES <input type="checkbox"/> NO	
OLD TAXING DISTRICT		
OLD PERMIT #		
NEW TAXING DISTRICT		
NEW LOCATION PERMIT #		

1. Does applicant own the real estate on which the proposed business will be located?  YES  NO  
 If NO, submit a signed and dated copy of your LEASE, RENTAL CONTRACT, OR DLC 4085 Summary of Tenancy Rights Form.
2. Will the applicant be the sole owner of the business and equipment?  YES  NO  
 If NO, and the fixtures or equipment are rented, submit signed and dated copy of rental agreement.
3. Will any person, partnership, LLC, or corporation, excluding banks or building and loan associations, have ANY financial interest (such as money, loans, installment contracts, property or other interest) or share in the profits in your business or your property, real or personal?  YES  NO  
 If YES, attach an affidavit with details. **NOTE: Ohio Revised Code Section 4303.293 provides a criminal penalty for failure to answer this question completely and correctly.**
4. Is there an existing building?  YES  NO  
 If NO, give approximate date construction will begin: \_\_\_\_\_
5. Are you applying to transfer all the permit classes being used at your present location to the proposed location?  YES  NO  
 If NO, attach a written explanation for not doing so.

**DELIBERATE MISREPRESENTATION OF ANY OF THE INFORMATION ON THE APPLICATION CAN RESULT IN THE DIVISION'S REFUSING TO APPROVE THIS APPLICATION.**

State of Ohio, \_\_\_\_\_ County, ss

I, \_\_\_\_\_ being first duly sworn, according to law, depose and say that the  
 (Please Print Name)  
 statements and answers made in the foregoing application are true.

X \_\_\_\_\_ (Date)  
 (Signature of Individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member identified above) (Title)

\_\_\_\_\_  
 (Residence Address) (City) (State) (Zip Code) (Area Code & Phone Number)

**(To be completed by Notary Public)**

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 (Notary Public) (Notary Expiration)