



**(This form must be submitted when a corporate business is the applicant/permit holder)**

Corporate businesses wanting to obtain a liquor permit are required to disclose ownership/controlling interest and management information to the Division. **“\*” indicates a required field.**

<b>SECTION A – Corporation Information</b>																											
* Business Entity Name as registered with the Secretary of State:																DBA (Doing Business As):											
* Permit Premises Address:																* Charter # on File with Ohio Secretary of State:											
* City or Township (if premises is outside city limits):										* State:						* Zip Code:						* Tax ID:					
* Is this corporation publicly traded on the stock exchange? <input type="checkbox"/> Yes ( <b>If YES</b> , skip Section B) <input type="checkbox"/> No																											
* Email Address: <div style="border: 1px solid black; height: 20px;"></div>																											

- \* 1. What are the total number of shares issued by the corporation (provide #)? \_\_\_\_\_
- \* 2. Do any persons/companies hold at least 5% or more of the above listed shares?  
☐ Yes, continue to question 3.  
☐ No. No person or company individually owns 5% or more of the issued shares. Continue to Section C.
- \* 3. List real persons/companies owning 5% or more of the issued shares in the corporation. The # of "Shares Held" listed below by each person or company must equal the total number of issued shares listed in Question 1 above. If more space is needed, provide an additional sheet. Mailing addresses CANNOT be the permit premises.

Person/ Company Name	Mailing Address, City, State, Zip Code OR Email Address	Tax ID or SSN	Birthdate (mm/dd/yyyy)	Phone #	# of Shares Held
1)					
		<u>BCI background check</u> done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			
2)					
		BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			
3)					
		BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			
4)					
		BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A			

Licensing New & Transfer Section  
6606 Tussing Road  
PO Box 4005  
Reynoldsburg, OH 43068-9005 U.S.A.

**\* SECTION C – Management of Corporation** – Provide the information below for the corporation's management.

- Mailing addresses cannot be the permit premises.
- If person(s) listed below is already identified in Section B, **ONLY** provide the name and position held.
- If more space is needed, provide an additional sheet.

Person Name	Mailing Address, City, State, Zip Code OR Email Address	SSN	Birthdate (mm/dd/yyyy)	Phone #	Management Position Held
1)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
	<b>BCI background check</b> done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
2)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
	<b>BCI background check</b> done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
3)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
	<b>BCI background check</b> done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
4)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
	<b>BCI background check</b> done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				
5)					<input type="checkbox"/> CEO <input type="checkbox"/> President <input type="checkbox"/> VP <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer
	<b>BCI background check</b> done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A				

**\* SECTION D – Certification of Form** (The person signing must be listed in Section B or C above.)

By signing below, I certify and understand that:

- I have authority to execute this document on behalf of the corporation listed in Section A.
- The information provided is true, correct, and complete to the best of my knowledge and belief.
- Individuals listed in Section B or C are required to complete the Division's background check process.
- If this information changes at any point while a liquor permit is issued to the applicant, there is a duty to update the Division.

 \_\_\_\_\_  
 (Signature of Officer, Managing Member, or 5% or more Shareholder or Member)

 \_\_\_\_\_  
 (Please Print Name)

 \_\_\_\_\_  
 (Title)

 \_\_\_\_\_  
 (Date)