

| Division Use Only: |
|----------------------------|
| Permit # |
| ☐ New ☐ Transfer ☐ Renewal |
| |

Officer/Shareholder Disclosure Form

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

Ohio Revised Code 4303.293

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.

In Section B below, if a company owns 5% or more of the corporation, a separate Officer/Shareholder Disclosure Form is required for each company. For example, assume the liquor permit applicant is XYZ, Inc. Further assume that on XYZ, Inc's entity disclosure form it lists ABC, LLC as having ownership in Section B. In that case, another disclosure form also needs submitted on behalf of ABC, LLC listing who/what owns ABC, LLC.

| SECTION A - Corp | poration Inf | orma | tion | | | | | | | | | | | | | | | | | |
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--------------|------|----------------|---------------------|-----------|----------|----------|--|
| * Business Entity N | ame as regi | stered | d with th | ne Se | cret | ary of S | State | e : | DB | A (D | oing | Busin | ess A | ıs): | | | | | | |
| * Permit Premises | Address: | | | | | | | | * Cl | narte | er# (| on File | with | Ohic | Secr | etary | of S | ate: | | |
| * City or Township (if premises is outside city limits): | | | | | | * State | * State: | | | | * Zip Code: | | | | * Tax ID: | | | | | |
| * Is this corporation | publicly trac | ded o | n the st | ock e | exch | ange? | | Yes | (If YE | S , sl | kip S | ection | B) | | No | | | | | |
| * Email Address: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| * SECTION B – Ov | vnership | | | | | · | 1 | 1 | · | 1 | | l l | I . | | <u> </u> | I | | 1 | <u> </u> | |
| * 1. What are the * 2. Do any perso □ Yes, conti □ No. No p * 3. List real perso below by each pe space is needed, | ns/companie inue to ques erson or con ons/companierson or com | es hol tion 3 npany ies ov pany | d at lead of individual of ind | ast 5% lually % or p qual t | own own more the to | more on the of t | or me iss mbe | ore of i | ove listends of the isomers shares ssued | ed shaued sued in th shar | d shares | ares. (orporati | on. 7 Que | he # | of "S 1 abo | hares | Hel | | sted | |
| Person/ Company Name | Mailing Address, City, State, Zip Code OR Email Address | | | | | Tax ID or S | | | SSN Birtl (mm/c | | | | | | | # of Shares Held | | | | |
| 1) | | | | | | BCI | bac | kgro | ound c | hecl | k do | ne? Da | ate _ | | | |] No | | N/A | |
| 2) | | | | | | BCI | bac | kgro | ound c | hec | k do | ne? D | ate _ | | | [|] No | <u> </u> | N/A | |
| 3) | | | | | | BCI | har | kar | ound c | hoc | k do | ne2 D | ato | | | Г | ∐ ⊒ No | | NI/Δ | |
| 4) | | | | | | | Dat | , Ngi (| Juliu C | 1166 | K GO | iie: D | ui6 _ | | | [| _ INC | | 1 1/ /\ | |
| , | | | .h.a.r.d | - l · | | | | | ound c | | | | | | | |] No | | | |
| │ * □ Check this bo | ox ir the tota | u num | iber of a | snare | es ne | eia by th | те р | erso | ns/com | ıpan | ıes II | sted a | oove | (Sec | xion E | s (2.3) | aoe | s no | τ | |

equal the total provided in Section B, Q.1, because of others, individually or in combination, that own less than 5%.

| Person Name | Mailing Address, City, State, Zip Code OR Email Address | SSN | Birthdate (mm/dd/yyyy) | Phone # | Management Position Held |
|---------------------------------|----------------------------------------------------------------------------|-----------------|---------------------------|-----------------|--------------------------|
| | | | | | ☐ CEO |
| | | | | | ☐ President |
| 1) | | | | | □ VP |
| | BCI background check done? Date | | | Μ/Λ | ☐ Secretary |
| | BCI background check done? Date | | | N/A | ☐ Treasurer |
| | | | | | ☐ CEO |
| | | | | | ☐ President |
| 2) | | | | | │ □ VP |
| | BCI background check done? Date _ | | □ No □ 1 | N/A | ☐ Secretary |
| | _ | | | | ☐ Treasurer |
| | | | | | ☐ CEO |
| 3) | | | | | ☐ President |
| | | | | | │ □ VP |
| | BCI background check done? Date _ | | ⊓№П | N/A | ☐ Secretary |
| | | | | | ☐ Treasurer |
| | | | | | ☐ CEO |
| | | | | | ☐ President |
| 4) | | | | | ☐ VP |
| | BCI background check done? Date _ | | | √/Δ | ☐ Secretary |
| | Boi baokground oncok done. Bate _ | | = 110 = 1 | 4// (| ☐ Treasurer |
| | | | | | ☐ CEO |
| | | | | | ☐ President |
| 5) | | | | | ☐ VP |
| | BCI background check done? Date | | □ No □ 1 | N/Λ | ☐ Secretary |
| | BCI background check done? Date _ | | ⊔ NO ⊔ I | N/A | ☐ Treasurer |
| SECTION D - Cer | rtification of Form (The person signing m | ust be listed | in Section B or 0 | C above.) | |
| | | | | | |
| | certify and understand that: ority to execute this document on behalf o | of the cornors | ation listed in Sec | ction A | |
| | ation provided is true, correct, and comple | • | | | |
| Individuals | listed in Section B or C are required to co | mplete the D | ivision's backgro | und check pro | |
| | mation changes at any point while a liquor | permit is iss | ued to the applic | ant, there is a | duty to update th |
| Division. | | | | | |
| | | | | | |
| | (Signature of Officer, Managing Member | . or 5% or m | ore Shareholder | or Member) | |
| | (e.g., action of emoor, managing mornion | , 5. 570 51 111 | 5.5 Grianonoidor | o. mombor, | |
| | Please Print Name) | | (Title) | | (Date) |