



Department of Commerce

Division of Liquor Control

Division Use Only:

Permit # _____

New Transfer Renewal

Limited Liability Company (LLC) Disclosure Form

(This form must be submitted when an LLC is the applicant/permit holder)

[Ohio Revised Code 4303.293](#)

Limited Liability Companies wanting to obtain a liquor permit are required to disclose member/voting interest and management information to the Division. **“*” Indicates a required field.**

In Sections B and D below, if a company owns or has a voting interest of 5% or more, a separate LLC Disclosure Form is required for each company. For example, assume the liquor permit applicant is XYZ, LLC. Further assume that on XYZ, LLC's entity disclosure form it lists ABC, Inc. as having either membership or voting interests in Sections B or D, respectively. In that case, another disclosure form also needs submitted on behalf of ABC, Inc. listing who/what owns ABC, Inc.

| SECTION A – LLC Information | | | |
|---|--|---|--|
| * 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: | * Tax ID: |
| * City or Township (if premises is outside city limits): | | * State: | * Zip Code: * Total Membership Units Issued: |
| * Email Address: | | | |

| * SECTION B – Ownership in LLC – List individual(s)/company(ies) owning 5% or more of the LLC: | | | | | | |
|--|---|--|-----------|---------|-----------------------------------|--|
| <ul style="list-style-type: none"> The % of “Membership Units Held” must total 100% (include the percentage of those that own less than 5% of the LLC in your calculation) If more space is needed, provide an additional sheet. Mailing address cannot be the permit premises. | | | | | | |
| Person/Company Name | Mailing Address, City, State, Zip Code OR Email Address | Tax ID or SSN | Birthdate | Phone # | Membership Units # Held % Held | |
| 1) | | | | | | |
| | | BCI background check 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 | | | | |

If the above listed percentages do not equal 100%, are there other people/companies that individually or in combination own less than 5% of the LLC?

YES – there are other persons/companies that own less than 5% N/A - all persons/companies own at least 5%

*** SECTION C – Management of LLC** – Provide the information below for the LLC's Management.

- Mailing address cannot be the permit premises.
- If person(s) listed below is listed 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 | 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 <input type="checkbox"/> Managing Member |
| | BCI background check 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 <input type="checkbox"/> Managing Member |
| | BCI background check 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 <input type="checkbox"/> Managing Member |
| | BCI background check 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 <input type="checkbox"/> Managing Member |
| | BCI background check 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 <input type="checkbox"/> Managing Member |
| | BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | |

*** SECTION D – Voting Interest in LLC** – Provide the information below for person(s)/company(ies) with voting interest of 5% or more for the LLC.

If a person/company listed in Section B has a DIFFERENT 5% or more voting interest percentage than the membership percentage listed in Section B, you will need to complete the Name and Voting Interest % columns below (e.g., John Doe has 50% membership interest, but only 25% voting interest, John Doe should be listed below).

Mailing address cannot be the permit premises. If more space is needed, provide an additional sheet.

| Person/Company Name | Mailing Address, City, State, Zip Code OR Email Address | Tax ID or SSN | Birthdate | Phone # | Voting Interest % |
|---------------------|---|---|-----------|---------|-------------------|
| 1) | | | | | |
| | | <u>BCI background check done?</u> Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 2) | | | | | |
| | | <u>BCI background check done?</u> Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 3) | | | | | |
| | | <u>BCI background check done?</u> Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |

*** SECTION E – Certification of Form** (The person signing must be listed in Section B or C above or provide an executed power of attorney)

By signing below, I certify and understand that:

- I have authority to execute this document on behalf of the LLC 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)