

Office Use Only:

Check #: _____

Amount: _____

of Checks: _____

Application for New Alcoholic Beverage Quota Based Permit for a Carryout, Restaurant or Bar

[Ohio Revised Code 4303.11 – 12 & 4303.181 - 182](#)

READ BEFORE YOU START YOUR APPLICATION

For your application to be deemed complete, you must fully and legibly complete this application, including:

- Answering all required questions (“*” indicates a required field);
- Paying all the required fees listed below; **and**
- Submitting any additional required forms listed below.

Your application will be returned, unprocessed, if the application is incomplete, which may jeopardize your spot in the quota (i.e., waiting list).

The permit types (aka classes) on this application are subject to Ohio’s quota. This means there are a limited number of permit types that can be issued within a specific city, village, or township based on the population of that area. If the permit type is not available, you are not required to submit the *Permit Fee* below for the specific Permit Type. For more information about Ohio’s quota and how to access and read the quota availability table, see our [Quota Guide](#).

SECTION A – Application Type

* **Are you** (select one):

- ☐ a new applicant?
- ☐ an existing permit holder adding an additional permit type(s) at the same location (e.g., you have a D-1 permit and want to add a D-2 permit)? If so, provide the Existing Permit # _____
- ☐ an existing permit holder adding a new permit premises? If so, provide the Existing Permit # _____
- ☐ adding a permit type(s) to an existing transfer application? If so, provide the Existing (Seller) Permit # _____

SECTION B – Applicant Contact Information

* **Business Entity as listed with the Secretary of State or Sole Proprietor Name (“Applicant”):**

* **Type of Business Entity** (☐ N/A – Entity was created by state law – provide statute reference _____):

- ☐ Corporation – Ohio Secretary of State Charter # _____
- ☐ Limited Liability Company (LLC) – Ohio Secretary of State Charter # _____
- ☐ Non-Profit – Ohio Secretary of State Charter # _____
- ☐ Partnership – Ohio Secretary of State Charter # _____ (NOTE: MUST be US Citizens & over the age of 21)
- ☐ Sole Proprietor (Individual) – Last 4 digits of SSN: _____ (NOTE: MUST be a US Citizen & over the age of 21)

DBA (Doing Business As):

* **Permit Premises Address** (check with county auditor website to verify):

* **Township** (if premises is outside city limits):

* **City**

* **Zip Code:**

* **County:**

* **Taxing District Information:**

Go to com.ohio.gov/findmytaxingdistrict and click the “Launch” button.

Enter the permit premises address where it says, “Find address or place.”

Enter the result listed under “Taxing District Information” in the box to the right.

* **Taxing District Result:**

* Contact Name:																																																		* Who will be the Primary Contact for this Application: <input type="checkbox"/> Contact Listed <input type="checkbox"/> Attorney Listed Below																																																																					
* Phone Number:																																																		* Business Phone Number:																																																																					
* Applicant Email Address:																																																																																																																							
* Alternate Mailing Address, City, State, Zip (must be different than the permit premises address):																																																																																																																							
Attorney Information (if applicable)																																																		Name:																																																																					
Address:																																																		City:																									State:															Zip Code:															Phone #:														
Attorney Email Address:																																																																																																																							

* SECTION C – Applied for Permit(s) and Fees Due (<i>make checks payable to Treasurer, State of Ohio</i>)																																																																																																																								
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Fee Calculation: <ul style="list-style-type: none"> \$100 (Non-Refundable) PROCESSING FEE \$ <u>100.00</u> PLUS Permit Fee(s) Due – for each permit type selected above, add the total amount of fees due. While not required, it is strongly encouraged to submit the permit fees at the time of submission for reduced processing time. Enter N/A on the line if you are not submitting payment of permit fees with this application. + \$ _____ EQUALS Total Fees to be Submitted with App (add the Processing Fee to the Permit Fee(s)) = \$ _____ 																																																																																																																								
No “Openings” or “Dry” Vote: As discussed above, the permit type(s) contained in this application are subject to quota. If there are no “openings” for the permit type(s) requested, select how you want us to proceed with your application (choose one): <ul style="list-style-type: none"> <input type="checkbox"/> CANCEL the application for the affected permit type(s) and REFUND any submitted permit fee(s). <input type="checkbox"/> RETAIN the application on a waiting list for the affected permit type(s) and REFUND any submitted permit fee(s). <input type="checkbox"/> RETAIN the application on a waiting list for the affected permit type(s) and RETAIN any submitted permit fee(s). 																																																																																																																								

Additionally, the applied-for permit premises address must be voted "WET" for the permit type(s) requested. If the applied for permit premises address is "DRY" for the permit type(s) requested, select how you want us to proceed with your application (choose one):

- ☐ **CANCEL** the application for the affected permit type(s) and **REFUND** any submitted permit fee(s).
☐ **RETAIN** the application on a waiting list for the affected permit type(s) and **REFUND** any submitted permit fee(s).
☐ **RETAIN** the application on a waiting list for the affected permit type(s) and **RETAIN** any submitted permit fee(s).

If your applied-for location is "DRY" and you intend to put a question on the ballot to get your address voted "Wet" in the next election, the Division recommends you choose to leave your application and fees on file (i.e., RETAIN). Any questions regarding local option elections should be directed to your County Board of Elections or your personal attorney.

NOTE: If you fail to check one of the items above, the Division will **CANCEL** your application request for the *affected* permit type(s) and **REFUND** any submitted permit fee(s).

SECTION D – Question for C &/or D Permit Applicants

1. * Will or does the Applicant have an agency contract with the Division's Agency Operations Section?

☐ YES ☐ NO If YES, what is the Applicant's assigned agency # _____

SECTION E – Questions for D Permit Applicants (only complete if applying for a D1, D2, D3, D3A, or D5 Permit in Section C)

1. *Will or does the permit premises have 2 restrooms?

☐ YES ☐ NO

If NO, please give a detailed explanation: _____

2. *Will or does the permit premises have a Food Service License ("FSO") or Food Establishment License ("FE") issued in the name of the Applicant?

☐ YES ☐ NO

If YES, submit a copy of the FSO or FE License when available.

If NO, please give a detailed explanation: _____

3. *Will or does the applicant in Section B operate a passenger service water transportation vessel (e.g., boat) that crosses portions of two or more Ohio Counties?

☐ YES ☐ NO

4. *Is the Applicant in Section B a municipally owned golf course?

☐ YES ☐ NO

SECTION F – Questions for D-6 Permit Applicants (only complete if applying for a D-6 Permit)

1. If you have or applied for on-premises consumption and we determine the D-6 permit is restricted for *carryout sales only*, do you still want the Division to process your D-6 permit application?

☐ YES ☐ NO

2. Will or does the sale of food and/or other goods and services be more than/exceed 50% of your total gross receipts?

☐ YES ☐ NO

SECTION G – General Questions

NOTE: For purposes of Section G, questions 1 through 4 below, a **significant stakeholder** includes:

- Partner(s) in the business entity
- Managing Member(s)
- 5% or more voting interest holder(s) in an LLC
- Office Holder(s)
- 5% or more member(s)
- Manager of the permit premises
- 5% or more shareholder(s)
- Spouse

1. *Does the applicant in Section B or any **significant stakeholder** hold or have any interest in another liquor permit business currently or previously issued?

☐ YES ☐ NO

If YES, provide the permit #(s) & business address(es): _____

2. *Has the applicant in Section B (whether a business or sole proprietor) or any **significant stakeholder** ever been convicted of a felony or misdemeanor crime, including any alcohol-related offenses, in Ohio or any other state? NOTE: You should disclose a conviction even if you think it was minor or that it happened long ago.

☐ YES ☐ NO

If YES, provide the company or individual's name with an explanation that includes the when, where, what, and result of the offense (if needed, you can provide a written statement on an additional sheet of paper): _____

3. *Has the applicant in Section B or any **significant stakeholder** ever been refused a permit, denied a renewal, or had a permit revoked by this Division or the Liquor Control Commission?

☐ YES ☐ NO

If YES, provide the stakeholder's name and a detailed explanation: _____

4. *Will the spouse of a **significant stakeholder** (except the on-premises manager's spouse) work on the permit premises?

☐ YES ☐ NO

If YES, list the spouse(s) names _____

Each working spouse MUST submit a [Personal History Background Form-DLC 4121](#) with this application and complete a [BCI background check](#) before the permit can be issued.

5. *Does the applicant in Section B or anyone else who has an interest in the ownership or operation of this business, whether disclosed or not, own any stock or have any interest in the business of an Ohio alcohol manufacturer or wholesale distributor of alcoholic beverages?

☐ YES ☐ NO

If YES, please give a detailed explanation, including permit #'s: _____

6. *Does applicant, as listed in Section B, own the real estate on which the proposed business will be located?

☐ YES ☐ NO

If NO, submit a [Summary of Tenancy Rights Form \(DLC 4085\)](#) when available.

7. *Will the applicant in Section B be the sole owner of the business?

☐ YES ☐ NO

If NO, please give a detailed explanation: _____

8. *Will the applicant in Section B be the sole owner of the equipment used at the business (e.g., taps, coolers, etc.)?

☐ YES ☐ NO

If **NO**, please give a detailed explanation: _____

9. *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 the business or the property, real or personal?

☐ YES ☐ NO

If **YES**, please give a detailed explanation: _____

10. *If applying for a new permit, has the applicant in Section B been open and operating at the permit premises at least 6 months prior to filing this application?

☐ YES ☐ NO ☐ N/A – current permit holder adding a new permit type(s) or a Division designated Master File

If **NO**, please provide the amount of money used/spent to get your business set-up \$ _____. You are required to provide financial information documenting the source of these funds (refer to the [Financial Verification Guide](#) for guidance on what documentation you can use to verify your funds).

SECTION H – Required Information for application to be deemed complete or the application WILL BE RETURNED.

If an application is deemed incomplete and returned, the applicant will lose their spot in the quota line, if applicable.

1. ☐ Meet the statutory requirements for the applied permit (see [Ohio Revised Code 4303.11 – 12 & 4303.181 - 182](#)).
2. ☐ Submit the non-refundable \$100 application processing fee.
3. ☐ Submit the applicable permit fee(s) (see Section C above) and ensure the:
 - Payment is by check or money order (NO CASH) and made payable to "Treasurer, State of Ohio"
 - Payment is signed,
 - Numeric amount listed matches the written amount, and
 - Applicant listed in Section B is in the memo line (if different than contact information printed on payment).
4. ☐ Submit this application (answer ALL questions, including any requested applicant business information).

If you are an *existing permit holder only adding new permit type(s) to your current permit OR a Division designated Master File*, items 5 – 8 below are **NOT** required to be submitted.

5. ☐ Submit [Personal History Background Form\(s\) \(DLC 4121\)](#) (PHBF) (complete top portion only) for **ALL** required individuals.
For a list of individuals required to complete a PHBF and an Ohio Bureau of Criminal Investigation fingerprint webcheck, see the [Background Check Process](#) "Persons Required to Get Both Background Checks". While an Ohio Bureau of Criminal Investigation fingerprint webcheck is not required at the time of application submission, it is strongly encouraged.
6. Submit Entity Disclosure Form based on entity type:
 - ☐ Corporation – [Officer/Shareholder Disclosure Form \(DLC 4030\)](#)
 - ☐ LLC – [LLC Membership Disclosure Form \(DLC 4032\)](#)
 - ☐ Non-Profit Entity – [Non-Profit Entity Form \(DLC 4029\)](#)
 - ☐ Partnership – [Partnership Disclosure Form \(DLC 4031\)](#)
 - ☐ N/A – applicant is a Sole Proprietor

7. Submit confirmation of [Ohio Secretary of State](#) Filing (web print outs are acceptable) based on entity type:
- ☐ Corporation – Certificate of Good Standing or Certificate of Authority to Do Business in Ohio
 - ☐ LLC – Certificate of Organization or Certificate of Authority to Do Business in Ohio
 - ☐ Non-Profit Entity – Certificate of Continued Existence or Certificate of Authority to Do Business in Ohio
 - ☐ Partnership – Certificate of Good Standing, Fictitious Name or Authority to Do Business in Ohio
 - ☐ N/A – Applicant is a Sole Proprietor or an organization created by state law
8. ☐ If the Entity Type in Section B above is a Partnership, submit a signed copy of the Partnership Agreement.
☐ N/A
9. ☐ Executed Power of Attorney Agreement (must submit an executed power of attorney if you are signing this document on behalf of another person or company).
☐ N/A ☐ N/A – Already on File

SECTION I – ACKNOWLEDGMENT AND SIGNATURE

***CERTIFICATION OF FORM** – Note, the person signing must be listed on the entity disclosure form, if required (see Section H, Item #6 above) or you provided an executed power of attorney with this application.

By signing below, I certify and understand that:

- I have authority to execute this document.
- The information provided is true, correct, and complete to the best of my knowledge and belief.
- Failing to select an option in the “No Openings or Dry Vote” area of Section C above confirms I want my application request for the *affected* permit(s) to be cancelled and fee(s) refunded.
- Failing to complete this application, consistent with the above listed instructions, will result in this application being returned to me, unprocessed, until a corrected, complete application is received by the Division.
- During the review of this application further documentation or actions may be needed and my failure to timely comply could delay the processing of my application.
- This permit is subject to Ohio’s wet/dry laws and that governmental entities and institutions as defined in [R.C. 4303.26](#) must be notified and can object to the issuance of the permit.

(Signature of Individual, Partner, Officer, Managing Member, or 5% or more Shareholder or Member)

(Please Print Name)

(Title)

(Date)

(Street Address, City, State, Zip Code)

(Telephone with Area Code)

Submit the application, fees, and required forms to:
Ohio Department of Commerce – Division of Liquor Control
c/o Licensing New & Transfer Section
6606 Tussing Road
Reynoldsburg, OH 43068-9005

Questions? Go to com.ohio.gov/ineedhelp
Email fileinquiry@com.ohio.gov
Call (614) 644-3155
Office Hours: 8:00 a.m. - 5:00 p.m. EST
Sign-up to stay informed at com.ohio.gov/stayinformed