



Division Use Only:
Check #: _____
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# of Checks: _____

# Application for New D-5J Alcoholic Beverage Permit within a Community Entertainment District (CED)

[Ohio Revised Code 4303.181\(J\)](#)

## 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.

<b>SECTION A – Fees due at the time of submission or application will be returned</b> <i>(make checks payable to Treasurer, State of Ohio)</i>	
<ul style="list-style-type: none"> <li>• \$100 Non-Refundable PROCESSING FEE</li> <li>• \$2,344 D-5J Permit Fee</li> </ul> <p>Total due at time of submission = \$2,444</p>	<p>Do you want a D-6 permit (Sunday sales of wine &amp; mixed beverages) with the D-5J?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    If YES, D-6 fee = \$500</p> <p>If YES, total due at time of submission = \$2,944</p>

<b>SECTION B – Applicant Contact Information</b>
* <b>Name of Community Entertainment District:</b> _____ (If unsure, contact your municipal corporation or township for the correct CED name and to make sure your permit address is within the CED boundaries).
* <b>Business Entity as listed with the Secretary of State or Sole Proprietor Name (“Applicant”):</b> _____
* <b>Type of Business Entity</b> ( <input type="checkbox"/> N/A – Entity was created by state law – provide statute reference _____): <input type="checkbox"/> Corporation – Ohio Secretary of State Charter # _____ <input type="checkbox"/> Limited Liability Company (LLC) – Ohio Secretary of State Charter # _____ <input type="checkbox"/> Non-Profit – Ohio Secretary of State Charter # _____ <input type="checkbox"/> Partnership – Ohio Secretary of State Charter # _____ (NOTE: MUST be US Citizens & over the age of 21) <input type="checkbox"/> Sole Proprietor (Individual) – Last 4 digits of SSN: _____ (NOTE: MUST be a US Citizen & over the age of 21)
DBA (Doing Business As): _____
* <b>Permit Premises Address</b> (consult with county auditor websites): _____
* <b>Township</b> (if premises is outside city limits): _____ * <b>City:</b> _____ * <b>Zip Code:</b> _____ * <b>County:</b> _____
* <b>Contact Name:</b> _____ * <b>Who will be the Primary Contact for this Application:</b> <input type="checkbox"/> Contact Listed <input type="checkbox"/> Attorney Listed Below



**SECTION E – General Questions**

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

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

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 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 a new applicant, 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 – applicant is a current permit holder adding a new permit type(s) or 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 \(DLC4096\)](#) for guidance on what documentation you can use to verify your funds).

11. \*Will or does the permit premises have 2 restrooms?  
 YES  NO

If NO, please give a detailed explanation: \_\_\_\_\_  
\_\_\_\_\_

12. \*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: \_\_\_\_\_  
\_\_\_\_\_

**SECTION F – Required Information for application to be deemed complete or the application WILL BE RETURNED**

1.  Meet the statutory requirements for the applied permit (see [Ohio Revised Code 4303.181\(J\)](#)).
2.  Submit the non-refundable \$100 application processing fee.
3.  Submit the applicable permit fee(s) (see Section A 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).

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 \(DLC 4031\)](#)
  - Sole Proprietor – N/A
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 G – MUST BE COMPLETED**

**\*CERTIFICATION OF FORM** – Note, this person signing must be listed on the entity disclosure form, if required (see Section F, 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 for Section C & D #1 above confirms that if the permit premises is “DRY”, I want my application request 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](http://com.ohio.gov/ineedhelp)  
Email [fileinquiry@com.ohio.gov](mailto: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](http://com.ohio.gov/stayinformed)