



|   |       |        |           |          |
|---|-------|--------|-----------|----------|
| * Alternate Mailing Address, City, State, Zip (must be different than the permit premises address): |       |        |           |          |
| <b>Attorney Information (if applicable)</b>   |       | Name:  |           |          |
| Address:  | City: | State: | Zip Code: | Phone #: |
| Email Address:  |       |        |           |          |
|   |       |        |           |          |

|  |
|--|
| <b>SECTION C – Questions for D-6 Permit Applicants</b> (only complete if applying for a D-6 Permit)  |
| <p>1. *The applied-for permit premises address must be locally voted “WET” for Sunday Sales (D-6 permit). If the permit premises address is “DRY” for Sunday Sales, select how you want us to proceed with your application (choose one):</p> <p><input type="checkbox"/> <b>CANCEL</b> the D-6 portion of this application and <b>REFUND</b> your \$400/\$500;</p> <p><input type="checkbox"/> <b>RETAIN</b> your D-6 application on a waiting list and <b>REFUND</b> your \$400/\$500; or</p> <p><input type="checkbox"/> <b>RETAIN</b> your D-6 application on a waiting list and <b>RETAIN</b> your \$400/\$500.</p> <p>If the local vote for Sunday Sales 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.</p> <p><b>NOTE:</b> If you fail to check one of the items above, the Division will <b>CANCEL</b> your D-6 permit request and <b>REFUND</b> your \$400/\$500.</p> <p>2. If you have or applied for on-premises consumption and we determine the D-6 permit is restricted for <i>carryout sales only</i>, do you still want the Division to process your D-6 permit application?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> N/A - only have carryout sales</p> <p>3. Will or does the sale of food and/or other goods and services be more than/exceed 50% of your total gross receipts?</p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO</p> |

|  |
|--|
| <b>SECTION D – Required Information for application to be deemed complete or the application WILL BE RETURNED</b>  |
| <p>1. <input type="checkbox"/> Meet the statutory requirements for the applied permit (see <a href="#">Ohio Revised Code 4303.182</a>).</p> <p>2. <input type="checkbox"/> Submit the non-refundable \$100 application processing fee.</p> <p>3. <input type="checkbox"/> Submit the applicable permit fee(s) (see Section A above) and ensure:</p> <ul style="list-style-type: none"> <li>• the payment is by check or money order (NO CASH) and made payable to "Treasurer, State of Ohio"</li> <li>• the payment is signed,</li> <li>• the numeric amount listed matches the written amount, and</li> <li>• the applicant listed in Section B is in the memo line (if different than contact information printed on payment).</li> </ul> <p>4. <input type="checkbox"/> Submit this application (answer ALL questions, including any requested applicant business information).</p> <p>5. <input type="checkbox"/> 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).</p> <p style="padding-left: 20px;"><input type="checkbox"/> N/A   <input type="checkbox"/> N/A – Already on File</p> |

**SECTION E – MUST BE COMPLETED**

**\*CERTIFICATION OF FORM:**

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 #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

For Questions call (614) 644-3155  
Or email [fileinquiry@com.ohio.gov](mailto:fileinquiry@com.ohio.gov)  
Office Hours: 8:00 a.m. - 5:00 p.m. EST