



Office Use Only:
Permit #: _____
<input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Renewal

Personal History Background Form

Applicant **MUST** send this form to the Division, and we will send it to the local police agency to conduct a background check.

SECTION A – The applicant MUST only complete Section A				
Permit Applicant/Business Name:		Permit Address:		
Individual Name (Last):	(First)	(Middle):	Height: ft. in.	Weight:
Alias used or Maiden Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:	Social Security Number:
Residential Address:	City:		State:	ZIP Code:
Date of Birth (MM/DD/YYYY):	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Place of Birth:	
Marital Status:	Spouse's Name (Last):	(First):	(Middle):	
PLEASE READ: By signing below, I, the person listed in Section A above, authorize the Division of Liquor Control to ask the local law enforcement agency where the liquor permit will be issued to run a criminal records check on me.				
Signature of Person Listed Above: _____				

SECTION B – ONLY LAW ENFORCEMENT SHOULD COMPLETE THIS SECTION	
Please complete the information below and send to either:	
<ul style="list-style-type: none"> • EMAIL: liquordocs@com.ohio.gov; • FAX: 614-644-3166; OR • Mail to: Division of Liquor Control c/o Licensing Mail Unit - PD Reply 6606 Tussing Rd Reynoldsburg, OH 43068-9005 	
1) Does the individual listed above in Section A have any offenses that resulted in convictions? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please explain: _____	
2) Does your local police department know of any reason why permit should NOT be issued? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please complete the information below:	

Police Department Name	

Signature of Authorized Official	
(We cannot accept a stamped signature)	

Date of Signature	