

# APPLICATION FOR RENEWAL OF SOLICITOR REGISTRATION

STATE OF OHIO  
 DEPARTMENT OF COMMERCE  
 DIVISION OF LIQUOR CONTROL  
 BEER AND WINE SECTION  
 6606 TUSSING ROAD - P.O. BOX 4005  
 REYNOLDSBURG, OH 43068-9005  
 614-644-2411

<b>INSTRUCTIONS:</b>			
SECTION I TO BE COMPLETED BY THE <b>EMPLOYER</b>			
SECTION II TO BE COMPLETED BY THE <b>EMPLOYEE</b>			
A \$50.00 FEE IS DUE WITH EACH RENEWAL APPLICATION. MAKE CHECKS PAYABLE TO "DIVISION OF LIQUOR CONTROL"			
<b>SECTION I EMPLOYER INFORMATION - TO BE COMPLETED BY THE EMPLOYER</b>			
EMPLOYER (company name):			
STREET ADDRESS:			CITY:
STATE:	ZIP CODE:	AREA CODE/ PHONE NUMBER:	PERMIT NUMBER:
CONTACT PERSON:		TITLE:	
EMAIL ADDRESS:			
SWORN STATEMENT: I _____, AM AN EMPLOYER OF THIS COMPANY AND STATE THE <small>(EMPLOYER SIGNATURE)</small>			
ABOVE INFORMATION IS TRUE AND CORRECT.			
<b>SECTION II EMPLOYEE / AGENT INFORMATION - TO BE COMPLETED BY THE EMPLOYEE / AGENT</b>			
NAME:		AREA CODE/ PHONE NUMBER:	
ADDRESS:			
CITY:		STATE:	ZIP CODE:
DATE OF BIRTH:		PLACE OF BIRTH:	
EMAIL ADDRESS:			
Have you been convicted of any offense other than a minor traffic violation within the past two years?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, a full explanation and copy of <b>CERTIFIED</b> Journal Entry, sentence or disposition <b>MUST</b> be attached.			
SWORN STATEMENT: I _____, STATE THE ABOVE INFORMATION IS TRUE AND CORRECT. <small>(EMPLOYEE SIGNATURE)</small>			
<b>FOR DIVISION USE ONLY</b>			
ID#	DATE ISSUED	CHECK#	AMOUNT\$
OTHER:			
Superintendent Approval/Denial: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		_____	_____
		<small>(Signature)</small>	<small>(Date)</small>