

FOR OFFICE USE ONLY

NEW TRANSFER REN

PERMIT #

**OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL**

6606 Tussing Road, P.O. Box 4005,
Reynoldsburg, Ohio 43068-9005

Telephone: (614) 644-2360 - <http://www.com.gov/liqr>



NON PROFIT ENTITY DISCLOSURE FORM
(This form should be used by all non profit businesses, municipal corporations and educational institutions organized not for profit.)

Section A

Name of Non Profit Entity	DBA Name	
Permit Premises Address	City, State	Zip Code
Township, if in Unincorporated Area	Tax Identification No. (TIN)	
Email Address:		

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement an enforcement action, or collect taxes.

SECTION B. If the non profit entity has officers, indicate the top five individuals. If there are no officers, please indicate by writing NONE. These officers are not required to have a background check.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	BIRTHDATE
1) CEO		
2) President		
3) Vice-President		
4) Secretary		
5) Treasurer		

SECTION C. Indicate the officer or individual who is responsible for overseeing the food and beverage service operations of the business/organization.

THE INDIVIDUAL LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

Name	Social Security No. (if individual)
Residence Address	
City and State	Zip Code
Telephone No.	Date of Birth

State of Ohio, County, ss

I, _____ being first duly sworn, according to law, deposes and says that he/she is (Title) _____

of the _____, a business duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) _____ (Print Name and Title) _____

Sworn to and subscribed in my presence this _____ day of _____,

(Notary Public) (Notary Expiration)