

**FOR OFFICE USE ONLY**

NEW  TRANSFER  REN

PERMIT #

OHIO DEPARTMENT OF COMMERCE  
DIVISION OF LIQUOR CONTROL  
6606 TUSSING RD  
REYNOLDSBURG, OH 43068-9005  
http://www.com.ohio.gov/liqr  
(614) 644-2360



**SUMMARY OF TENANCY RIGHTS**

**PLEASE PRINT OR TYPE**

IF YOU OWN THE REAL PROPERTY AT THE PLACE OF BUSINESS, YOU ARE **NOT REQUIRED** TO COMPLETE THIS FORM.

A. IF YOU RENT DIRECTLY FROM THE OWNER OF THE PROPERTY, HAVE THE OWNER COMPLETE SECTION A.

**IF A CORPORATION, TENANCY MUST BE IN THE CORPORATE NAME.**

B. IF YOU OBTAINED YOUR TENANCY RIGHTS THROUGH EITHER AN ASSIGNMENT OF A LEASE, OR THROUGH A SUBLEASE, HAVE THE PREVIOUS TENANT COMPLETE SECTION B. ALSO, THE OWNER OF THE REAL PROPERTY MUST COMPLETE THE CONSENT PORTION.

**SECTION A.**

**RENT/LEASE FROM PROPERTY OWNER**

I/We, being the owner of the real property located at \_\_\_\_\_  
(Street Number and Street Name)

\_\_\_\_\_ Ohio, hereby certify that \_\_\_\_\_  
(City or Township) (Name of Applicant - (i.e., Corporation, LLC, Partnership or Individual))

has sole and exclusive tenancy rights at this location at a rental/lease rate of \_\_\_\_\_; per \_\_\_\_\_;  
(Week, Month or Year)

beginning on \_\_\_\_\_ to \_\_\_\_\_  
(Month, Date, Year) (Month, Date, Year)

\_\_\_\_\_  
(PRINT Name of Real Property Owner) (Address of Real Property Owner)

(Signed) \_\_\_\_\_ Date \_\_\_\_\_  
(Real Property Owner) (Telephone Number of Real Property Owner)

**SECTION B.**

**ASSIGNMENT OR SUBLEASE OF TENANCY RIGHTS**

I/We, hereby certify that the tenancy rights at \_\_\_\_\_, Ohio  
(Street Number and Street Name) (City or Township)

have been  ASSIGNED;  SUBLET; to \_\_\_\_\_ at an agreed  
(Check One) (Name of Applicant)

rental rate of \$ \_\_\_\_\_ per \_\_\_\_\_ beginning \_\_\_\_\_ to \_\_\_\_\_  
Week, Month or Year Month, Day, Year Month, Day, Year

\_\_\_\_\_  
(PRINT Name of Assignor or Sublessor) (Address of Assignor or Sublessor)

(Signed) \_\_\_\_\_  
(Assignor or Sublessor) (Date) (Telephone Number of Assignor or Sublessor)

**CONSENT OF REAL PROPERTY OWNER TO ASSIGNMENT OR SUBLEASE**

I/We, being the owner of the realty located at the above address, hereby give formal consent to the above mentioned  ASSIGNMENT;  SUBLEASE  
(Check One)

\_\_\_\_\_  
(PRINT Name of Real Property Owner) (Address of Real Property Owner)

(Signed) \_\_\_\_\_  
(Real Property Owner) (Date) (Telephone Number of Real Property Owner)