

# Wholesale Transfer Request

## Liquor Agency Information

Assigned Agency Information:

Assigned Agency Number: \_\_\_\_\_

Assigned Agency  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Proposed Agency Information:

Proposed Agency Number: \_\_\_\_\_

Proposed Agency  
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reason for Transfer Request:

## Permit Holder Information

Permit Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Dbas: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please allow 7-10 business days for processing.

*Please return request to:*

Thomas S. Kappa, Chief, Agency Operations  
Ohio Division of Liquor Control  
6606 Tussing Road . Reynoldsburg, Ohio 43068-9005  
(614) 644-2380 phone . (614) 644-2480 fax