



OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
 6606 TUSSING ROAD, P.O. BOX 4005
 REYNOLDSBURG, OHIO 43068-9005

PERSONAL HISTORY BACKGROUND FORM

<http://www.com.ohio.gov/liqr>

FOR OFFICE USE ONLY		
<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT # _____		

Please be advised that any social security numbers provided to the Division of Liquor Control on this form 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.

The applicant is required to **fill out Section A only**.
 The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.
 THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION A (PLEASE PRINT)

Name (Last)		(First)	(Middle)	Height ft. in.	Weight
Alias used or Maiden Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone #		Social Security #	
Residence Address		City	State	Zip Code	
Date of Birth	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth			
Marital Status:	Spouse's Name (Last)	(First)	(Middle)		

Permit Address: _____

YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK

X _____

PLEASE READ: The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B. will be completed. THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION (B)

THIS SPACE FOR LAW ENFORCEMENT AGENCY USE

Please complete the information below and either fax to (614) 644-3166, OR mail to
 Division of Liquor Control, 6606 Tussing Rd., Reynoldsburg, OH 43068-9005

1) Does applicant have a police record? YES NO

If Yes , Give Details _____

2) Does local police department know of any reason why permit should NOT be issued? YES NO
 (If YES, Please Attach Supporting Evidence)

3) Please complete the information below:

 Police Department Name

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

 Date Of Signature