



Dear Applicant:

The Division of Liquor Control ("Division") is eager to process your application. In order to process your application in a timely and efficient manner it will be necessary for you to file a complete package in accordance with the items listed on the "Application Required Documents" check off sheet. Please follow and complete this list as you gather the items necessary for your transaction. **If your application is filed without all of the documents, the application will not be accepted and will be returned to you.** It is our goal to provide you with the most efficient and courteous service while processing your application. Your assistance in providing us with a complete application will ensure prompt service. In order to minimize inquiries regarding the status of your application, the following is an outline of the process used in completing your application.

Once your application is received, provided all required documents are submitted, the following process begins:

1. The Division logs your application into a computerized system for processing.
2. The Division will send an Official Notice to the legislative authority of the municipality, city council, or township trustees and county commissioners of your application. Note: Any of these entities has the right to object to your application, provided that they do so within 30 days of that notification. The Division also sends a separate notice to the local law enforcement agency however they do not have a right to formally object to the issuance of your permit.
3. The Division works with the Ohio Bureau of Identification and Investigation ("BCI&I") to have conducted a required background check on all persons involved in your business. In order for the Division and BCI&I to conduct this background check, you are required to provide the Division with the proper documentation/information so that a background check can be performed. Please see the enclosed Form DLC 4191 to determine whether you or persons involved in your business should submit a completed **paper** fingerprint card or be fingerprinted **electronically** via a "Web Check" system.
4. The Division will send the Personal History Background Form(s) you provided to the law enforcement agency in the municipality or township of your permit premises in order to have a background check conducted with them.
5. A Division Compliance Officer will contact you to set up an appointment to conduct an initial physical inspection of your premises. At the time your inspection is completed our compliance officer will survey the area surrounding the proposed permit premises to determine if there are any institutions such as schools, churches, libraries, public playgrounds, or township parks within 500 feet. By law, any of these institutions within 500 feet of your premises can object to the issuance of your permit within 30 days of notification. If the business is not in operation or the premises did not meet all requirements at the initial inspection, a final inspection will need to be conducted at a later date. Please allow two weeks when notifying the Division for a final inspection.
6. The Division will work with your County Board of Elections to determine the wet/dry status of your proposed permit premises. Note: This information is not needed on applications for transfer of ownership.
7. Where required, the Food Service Operation or Food Establishment License must be in the **exact** name as the liquor permit applicant.
8. Your permit certificate is issued for a permit period that expires on either February 1, June 1 or October 1, depending on the county where your permit is located, and is renewed annually on that date. If your permit is issued within six months of the expiration date, you will receive a 50% refund of the class fees paid, not including the \$100.00 application fee. Renewal dates by county may be found by visiting http://www.com.ohio.gov/liqr/docs/LIQR_RenewalDistricts.pdf.

It is our goal to process your application in a timely and efficient manner. Many factors determine the length of time it takes to complete the processing of your application. Your assistance in providing us with a completed application and necessary documents will help in accomplishing our goal.

Licensing Section

For Questions call
 (614) 644-3156
 Office Hours -
 8:00 a.m. - 5:00 p.m.

Ohio Department of Commerce
 Division of Liquor Control
 6606 Tussing Road, P.O. Box 4005
 Reynoldsburg, Ohio 43068-9005
<http://www.com.ohio.gov/liqr>



**APPLICATION FOR TRANSFER OF LOCATION
 OF ALL PERMIT CLASSES LISTED BELOW**

CAUTION: ALLOW 6 TO 8 WEEKS FOR PROCESSING. RETURN TO ADDRESS LISTED ABOVE.

PROCESSING FEE \$100.00

PRINT OR TYPE ALL INFORMATION, EXCEPT SIGNATURES

NOTE: You may NOT sell alcoholic beverages at the new location until the PERMIT(S) have been issued to you at that location.

Permit Holder (Individual, Corporation, Partnership or LLC)			Current Permit #		
PRESENT PERMIT LOCATION INFORMATION:			NEW PERMIT LOCATION INFORMATION:		
DBA (doing business as):			DBA (doing business as):		
Permit Premises Address:			Permit Premises Address:		
Township (If outside City Limits):		County:	Township (If outside City Limits):		County:
City:	State OH	Zip Code:	City:	State OH	Zip Code:
Email Address:					

Attorney's Name:	Address:	Phone #
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Mailing Address: (Name, Street Address, City & Zip):

CHECK Classes of Permit(s) Being Transferred:

- A-1 A-1A A-1c A-2 A-3 A-4 B-1 B-2 B-2A
 B-3 B-4 B-5 C-1 C-2 C-2X D-1 D-2 D-2X
 D-3 D-3A D-3X D-4 D-5 D-5J* D-5L* D-6 D-7
 G I S W

*Only within the boundaries of the D5J Community Entertainment District ("CED") or D5L Revitalization District

Is this an Economic Development (TREX) Transfer? YES NO If you answered "YES," you must submit Form DLC4244 (See page 4 of this form for further TREX information).

Data Entry Initials: _____		FOR DIVISION USE ONLY	
CODER FOR PRESENT LOCATION		Data Entry Action: Proc. Fee Pd: <input type="checkbox"/> YES <input type="checkbox"/> NO	Comments/Notes:
RECEIPT NUMBER			
OLD TAXING DISTRICT			
OLD PERMIT #			
NEW TAXING DISTRICT			
NEW LOCATION PERMIT #			

1. Does applicant own the real estate on which the proposed business will be located? YES NO
 If NO, submit a signed and dated copy of your LEASE, RENTAL CONTRACT, OR DLC 4085 Summary of Tenancy Rights Form.

2. Will the applicant be the sole owner of the business and equipment? YES NO
 If NO, and the fixtures or equipment are rented, submit signed and dated copy of rental agreement.

3. Will any person, partnership, LLC, or corporation, excluding banks or building and loan associations, have ANY financial interest (such as money, loans, installment contracts, property or other interest) or share in the profits in your business or your property, real or personal? YES NO
 If YES, attach an affidavit with details. **NOTE: Ohio Revised Code Section 4303.293 provides a criminal penalty for failure to answer this question completely and correctly.**

4. Is there an existing building? YES NO
 If NO, give approximate date construction will begin: _____

5. Are you applying to transfer all the permit classes being used at your present location to the proposed location? YES NO
 If NO, attach a written explanation for not doing so.

DELIBERATE MISREPRESENTATION OF ANY OF THE INFORMATION ON THE APPLICATION CAN RESULT IN THE DIVISION'S REFUSING TO APPROVE THIS APPLICATION.

State of Ohio, _____ County, ss

I, _____ being first duly sworn, according to law, depose and say that the
(Please Print Name)
 statements and answers made in the foregoing application are true.

X _____ _____
(Signature of Individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member identified above) (Title) (Date)

_____ _____
(Residence Address) (City) (State) (Zip Code) (Area Code & Phone Number)

(To be completed by NotaryPublic)

Sworn to before me and subscribed in my presence this _____ day of _____, 20 _____.

(Notary Public) (Notary Expiration)

REQUIRED DOCUMENTS FOR ACCEPTANCE OF A TRANSFER OF LOCATION APPLICATION

Please use the list below to check off all items as you complete them, to submit with the application packet
CAUTION: ALLOW 6 TO 8 WEEKS FOR PROCESSING.

REQUIRED FOR ALL TYPES OF ENTITIES

- Application:** Application must be completed in full, all questions answered, signed, and notarized.
- Application Processing Fee:** \$100.00 - Check made payable to Division of Liquor Control.
- Background Check:** PLEASE READ "**BACKGROUND CHECK INFORMATION**" **DLC4191**
- Personal History Background Form (DLC4121):** Section A ONLY must be completed in full for each stockholder or officer for whom a background check will be performed by the Ohio Bureau of Identification and Investigation (BCI&I).
- Lease or Tenancy Agreement:** Submit copy of signed and dated lease, tenancy agreement, or may submit DLC Form 4085 "Summary of Tenancy Rights" completed in full.

REQUIRED DOCUMENTS TO BE FILED BY INDIVIDUAL APPLICANTS

See list above "Required for All Types of Entities." No other documents are needed, unless requested during processing.

REQUIRED DOCUMENT TO BE FILED BY NON PROFIT ENTITIES

- 4029 Form:** To be filed by Governmental or Educational entities, or other non-profit businesses. Form must be completed in full. List the top five officers, including social security numbers. This form must be notarized.

REQUIRED DOCUMENTS TO BE FILED BY CORPORATIONS

- 4030 Form (Corporation):** Form must be completed in full. List the top five officers, including social security numbers. Indicate all stock holders over 5% including social security numbers. Indicate total shares issued. Must be notarized.
- Certificate of Good Standing From the Secretary of State:** If not incorporated in the State of Ohio, submit a copy of CERTIFICATE OF AUTHORITY TO DO BUSINESS IN OHIO, issued by the Ohio Secretary of State. If corporation is nonprofit, submit a Certificate of CONTINUED EXISTENCE from the Ohio Secretary of State. Ohio Secretary of State: (614) 466-3910 or 1-877-767-3453 - www.sos.state.oh.us

REQUIRED DOCUMENTS TO BE FILED BY PARTNERSHIPS

- 4031 Form (Partnership):** Form must be completed in full. Indicate all partners including social security and/or Tax ID numbers. Limited Partnerships need only indicate general partners. Must be notarized.

REQUIRED DOCUMENTS TO BE FILED BY LIMITED LIABILITY COMPANIES

- 4032 Form (LLC):** Form must be completed in full, indicating all members with 5% or more membership or voting interest, all managing members, and officers, if applicable, including social security numbers. Must be notarized.
- Certificate of Organization from the Secretary of State:** Ohio Secretary of State: (614) 466-3910 or 1-877-767-3453
www.sos.state.oh.us

REQUIRED DOCUMENT TO BE FILED WITH ECONOMIC DEVELOPMENT (TRES) TRANSFER

- DLC Form 4244:** Note: In lieu of Section B being completed, you may attach to this completed form a letter of endorsement from the City, Village or Township in which the TRES transfer will be located.

GENERAL INSTRUCTIONS FOR FILING TRANSFER OF LOCATION
CAUTION: ALLOW 6 TO 8 WEEKS FOR PROCESSING

1. A RENEWAL application must be filed, for the PRESENT LOCATION, at least fifteen (15) days before the current permit's expiration date.
2. If the NEW location is in a political subdivision different from the present permit location, check the quota availability of permits by calling or writing to the Division of Liquor Control, as the issuance of all permits is subject to existence of an opening under the quota.
3. On the application form, mark the classes being transferred. Give the current permit number and expiration date.

ECONOMIC DEVELOPMENT TREX TRANSFERS:

Ohio Revised Code 4303.29 allows for the transfer of location or the transfer of ownership and location of a C-1, C-2, D-1, D-2, D-3, or D-5 permit from a municipal corporation or the unincorporated area of a township to an economic development project located in another municipal corporation or the unincorporated area of another township in which no additional permits of that class may be issued to the applicant under the permit quota. However the transfer may occur only if the applicant notifies the municipal corporation or township to which the location of the permit will be transferred regarding the transfer and the municipal corporation or township acknowledges in writing to the Division of Liquor Control that the transfer will be to an economic development project. A permit may be transferred to a different owner at the same location, or to the same owner or a different owner at a different location in the same municipal corporation or in the unincorporated area of the same township. The statute requires the municipal corporation or township to submit the acknowledgment at the time the application for transfer is filed with the Division. Note: When filing a Transfer as an Economic Development Project, you are required to attach DLC Form 4244 to your transfer application. DLC Form 4244 outlines the factors used to designate the area as an economic development project. Factors that may be used include, but are not limited to, amount invested in the project, total number of jobs created, tax revenues, projected earnings from the project, or plans/drawings of the project.

Return the application, all fees, and all required documents to: OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005

WARNING: NO permit will be issued until the proposed business is ready for operation and meets Division regulations. All construction or remodelling costs are at the applicant's risk, as the Division cannot guarantee the transfer of this license. Issuance of all permits are subject to WET or DRY status of location.



BASIC REQUIREMENTS FOR PHYSICAL INSPECTION

OVERVIEW :

The following are some of the basic requirements for physical inspection of a permit premises. It must be understood, however, that additional requirements may exist. These are only some of the basic requirements.

NOTE: If the foundation or footers for a new building are present, a preliminary inspection will save additional delays, which may be caused by the existence of churches, schools, libraries or other institutions within 500 feet of the premises. When premises are completed and ready to operate, a final inspection would then be required.

“C” CLASS PERMITS:

Prior to the issuance of the permit, any construction must be completed. That is, equipment and fixtures on the premises are hooked up. Also, there must be non-alcoholic inventory on premises, although not necessarily on shelves or other sales area.

“D” CLASS PERMITS:

Prior to the issuance of the permit, any construction must be completed. That is, equipment and fixtures on the premises are hooked up. There must be a three-compartment sink or commercial automatic dishwasher, and two complete restrooms, one for each sex, containing one or more water-flushed toilets, complete with seats. If two or more such toilets are installed, partitions and doors shall be provided to ensure complete privacy. Available to both sexes must be hand-washing facilities including warm water, soap, and individual-type sanitary towels or hand dryers. The doors of restroom facilities for patron or customer use cannot open directly into the kitchen or other food preparation area, and must be equipped with automatic self-closing devices.

D-8 EXCEPTION: A D-8 permit premises is not required to have restroom facilities [see O.A.C. 4301:1-1-17(G)].

All permit premises are required to have an area designated for on-premises consumption with available seating.

STATE AGENCY EXCEPTION: This requirement will not apply to D permit holders who are also agencies for the sale of spirituous liquor, pursuant to Ohio Revised Code Section 4301.17.

The premises must be equipped to serve the minimum food required by the division: hot soup, sandwiches, and a hot and a cold non-alcoholic beverage. A food service permit (FSO – Food Service Operation License, or FE – Retail Food Establishment License) must be on premises and issued to the same address and entity as the liquor permit application (or can be in seller’s name if transfer of ownership).

D-5 PERMITS: require all of the above, with the following additions and/or exceptions:

- The permit premises must provide entertainment.
- The permit holder is not required to prepare food on the premises; however, if it is not prepared on the premises, catered food as indicated above must be available during all hours of operation on the premises. A food service permit is still required.



Ohio Department of Commerce - Division of Liquor Control

6606 Tussing Road, Reynoldsburg, OH 43068

BACKGROUND CHECK INFORMATION

In the processing of a liquor permit application, the Division of Liquor Control conducts a thorough investigation of the individuals involved, through a fingerprint background check. A background check is required from any individual applicant, any partner in a partnership, all officers and five percent or more stockholders in a corporation, and all Limited Liability Company Managing Members, persons holding 5% or greater membership or voting interest, corporate/LLC officers, as well as the spouse of a sole proprietor or partnership whom will work on the premises. Officers listed on Form DLC 4029 (Non Profit Entity Disclosure Form) are not required to have a background check.

A background check is conducted through the Ohio Bureau of Criminal Identification and Investigation (BCI&I) in London, Ohio for any arrest or conviction record, as well as to the local law enforcement authority where the proposed permit is to be located for a similar records check. The fee to process a Civilian Background Check is \$22.00, plus any additional processing fee charged by the WebCheck Agency.

HOW DO I GET MY FINGERPRINTS TAKEN?

Effective July 1, 2008, the Ohio Bureau of Identification and Investigation ("BCI&I") will no longer accept paper fingerprint cards to process a Civilian Background Check for persons residing in the State of Ohio. Fingerprint background checks for Ohio residents must be done electronically through BCI&I's Web Check system.

Paper fingerprint cards will continue to be accepted and processed for Civilian Background Checks of individuals residing outside the State of Ohio. In such cases, the paper fingerprint cards will be provided by the Division upon request of the applicant by contacting (614) 644-2360. You **must** include with each Civilian Identification Card a completed "[Request for Exemption from Electronic Fingerprint Submission Requirement](#)" form from the Ohio Attorney General's Office. When completing this form under the "EMPLOYER or LICENSING AGENCY:" section please indicate "Ohio Division of Liquor Control", and in order to determine the basis for your exemption please see the [Request for Exemption Information Sheet](#). The completed Fingerprint Card & Exemption Form must be **returned to the Division of Liquor Control at 6606 Tussing Rd., Reynoldsburg, OH 43068-9005**.

An electronic background check can be completed by one of the independent companies listed on the reverse side of this form approved and authorized by the Division of Liquor Control to perform your electronic fingerprint. These companies charge a minimal processing fee in addition to the BCI&I fee for this service.

INDEPENDENT OHIO BACKGROUND COMPANIES

Note: Information provided below, may change without notice.

Please visit our website at www.com.ohio.gov/liqr to see our most current list of authorized providers

- 1) Absolute Background Check
Fairview Park - (440) 799-3644
www.absolutebackgroundcheck.net
- 2) Accurate Investigative Services
Akron - (330) 253-1288
Twinsburg - (330) 963-6674
accurate-detective.com &
domestic-investigations.com
- 3) Advanced Fingerprinting Services LLC
Bowling Green - (419) 806-4365
Cuyahoga County - (216) 236-6148
Marietta - (740) 706-1557
Milford - (513) 965-0161
www.afsfingerprinting.com
- 4) Affirmatrace Background Solutions LLC
Columbus - (614) 818-9392 OR
(877) 746 5772
www.affirmatrace.com
- 5) Affordable Fingerprinting, LLC
Columbus - 614-456-0808
- 6) Amerisearch Background Alliance
Ashtabula - 1-800-569-6133
www.americanbga.com
- 7) Background Management Solutions LLC
Akron - (330) 376-1805
- 8) Background Screening Solutions, Inc.
Worthington - (614) 432-9321
- 9) Biometric Information Management LLC
Hilliard OR Dublin Area Location
(614) 791-3220
Sarasota, FL - (941) 955-8400
(By Appointment Only)
- 10) Bowsher License Bureau #15
Lima - (419) 229-9888
- 11) Columbus Police Department
Columbus - (614) 645-4696
- 12) Confidential Solutions, Inc.
Lakewood - (216) 228-3394
Akron - (330) 253-5188
- 13) Copeland Oaks
Sebring - (330) 938-1502
- 14) Corporate Investigative Services, Inc.
North Olmsted - (440) 614-0100
OR 1-800-899-1173
- 15) Corporate Screening Services, Inc.
Cleveland - 1-800-229-8606
OR 1-440-816-0500
www.corporatescreening.com
- 16) Fast fingerprints (a National Background Check, Inc. Co.)
Locations can be found in the Columbus, Dayton, Cincinnati, Toledo, Cleveland & Northern Ohio areas. For more information please call 1-877-932-2435 OR
www.fastfingerprints.com
- 17) Info Search Solutions
Akron - (330) 376-1606
www.infosearchsolutions.net
- 18) Integrity Verifications, Inc.
Cleveland - (440) 886-0900
Medina - (330) 725-3866
www.integrityverifications.com
- 19) Master Security, Inc.
Youngstown - (330) 746-4448
www.mastersecurityinc.com
- 20) Nationwide Background Checks
Commercial Point - (614) 877-3357
www.mynwbc.com
- 21) PrintChek LLC
Lewis Center - 740-548-9555
www.printchek.com
- 22) Refcheck Information Services, Inc.
Hilliard - (614) 777-8844
- 23) SafeGuard Background Screening
Beachwood - 1-877-700-7345
www.safeguardcertify.com
- 24) Sandusky License Bureau
Sandusky - (419) 625-1983
- 25) Secure Check Inc.
Columbus - (614) 252-7300
Dayton - (937) 853-2710
- 26) Security Hut, Inc.
Lakewood - (216) 226-0461
- 27) Statewide Identification Services
Cuyahoga Falls License Bureau
(330) 929-6469
- 28) The Pre-Check Company
Akron - 330-645-0411
Austintown - 330-270-3660
Cleveland - 216-812-6338
Parma - 216-398-0349
Toledo - 419-517-1027
Westlake - (216) 226-7700
- 29) Van Wert License Bureau
Van Wert - 419-238-9399
- 30) Young Enterprise Solutions, Inc.
Amherst, Ohio Location
(440) 988-0339



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

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) 644-2431 - <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)

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

OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
 Telephone: (614) 644-2431 http://www.com.ohio.gov/liqr



OFFICER/ SHAREHOLDERS DISCLOSURE FORM

SECTION A. (This form must accompany all applications of a corporate business entity)

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

SECTION B.

1. Is stock publicly traded? YES NO
 If "YES", indicate exchange _____ & Do NOT complete SECTION D.

2. Does any stockholder own 5% or more shares? **If YES, complete SECTION D.** YES NO

3. Total Number of shares issued _____.

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 enforcement action, or collect taxes.

SECTION C. List the top five (5) officers of the captioned corporation. **If an office is NOT held please indicate by writing NONE.**

THE INDIVIDUALS 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 OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO		
2) President		
3) Vice-President		
4) Secretary		
5) Treasurer		

SECTION D. Stockholders holding 5% or more outstanding shares. **Note: If you answered Question 1 YES, do not complete this section**

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191. If none, please indicate by writing "NONE".

1) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
2) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF OHIO,

COUNTYss

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

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

(Notary Public)

(Notary Expiration)

Note: If you answered Question 1 "YES", do not complete this section

DLC 4030 (OFFICER / SHAREHOLDERS DISCLOSURE FORM)

SECTION D.

(CONTINUED)

List Stockholders holding 5% or more outstanding shares. If none, please indicate by writing "NONE".

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



3) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
4) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
5) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
6) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
7) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
8) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
9) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	
10) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	

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

OHIO DEPARTMENT OF COMMERCE
 DIVISION OF LIQUOR CONTROL
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
 Telephone: (614) 644-2431 - http://www.com.ohio.gov/liqr



PARTNERSHIP DISCLOSURE FORM

Section A (This form must accompany all applications of a partnership business entity)

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

Section B

General Partnership: (partnership name includes names of all partners). Uniform Partnership Law, Chapter 1775 Ohio Revised Code. Attach signed and dated copy of the general partnership agreement. Such agreement need not be filed or recorded in any public office. If the General Partnership has a fictitious name (a name different from and not including the names of all the partners), Section 1777.02 Ohio Revised Code, attach a copy of Partnership Agreement and Certificate of Fictitious Name Partnership filed with the County Recorder's Office.

Limited Partnership Association: - Chapter 1783 Ohio Revised Code. Attach a copy of Partnership Agreement and Certificate of Limited Partnership Association filed with the County Recorder bearing the stamp of the County Recorder.

Limited Partnership ("LP" or Ltd"): - Chapter 1782 Ohio Revised Code. Attach a copy of Partnership Agreement and a copy of Certificate of Limited Partnership filed with the County Recorder bearing the stamp of the County Recorder if partnership was formed prior to July 1, 1994. If partnership was formed after July 1, 1994 attach a copy of the Certificate of Registration filed with the Secretary of State.

Limited Liability Partnership ("P.L.L.", "PLL", "L.L.P.", or "LLP"): - Chapter 1775 Ohio Revised Code. Attach signed and dated copy of Limited Liability Partnership Agreement and a copy of Certificate of Registration filed with the Secretary of State.

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 C
 ALL GENERAL PARTNERS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

1) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
2) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST ALL PARTNERS)

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 forgoing affidavit are true.
 (Signature) _____ (Print Name and Corporate Title) _____
 Sworn to and subscribed in my presence this _____ day of _____.

 (Notary Public)

 (Notary Expiration)

Page 2
 DLC4031 (PARTNERSHIP DISCLOSURE FORM)
 SECTION C.
 (CONTINUED)

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

3) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
4) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
5) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
6) Individual Name	Social Security No. (if Individual)
Residence Address	Tax Identification No. (if Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
7) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
8) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
9) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth
10) Individual Name	Social Security No. (If Individual)
Residence Address	Tax Identification No. (If Applicable)
City and State	Telephone No.
Zip Code	Date of Birth



OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL

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LIMITED LIABILITY COMPANY DISCLOSURE FORM

(This form must accompany all applications of an LLC business entity)

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PERMIT #

SECTION A.

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

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or greater membership or voting interest, and attach a copy of the Articles of Organization filed with the Ohio Secretary of State.

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. List the top five (5) officers of the captioned business. If an office is NOT held, please indicate by writing NONE.

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

Table with 3 columns: NAME OF OFFICER, SOCIAL SECURITY NUMBER, BIRTHDATE. Rows for CEO, President, Vice-President, Secretary, Treasurer.

SECTION C. List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

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

Form for individual details including Name, Social Security No., Residence Address, Tax Identification No., City and State, Telephone No., Zip Code, Birthdate, and Interest (Managing Member, Voting interest, Membership interest).

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

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 forgoing affidavit are true.

(Signature) (Print Name and Title)

Sworn to and subscribed in my presence this day of

(Notary Public)

(Notary Expiration)

DLC4032 (LIMITED LIABILITY COMPANY DISCLOSURE FORM)

**SECTION C.
(CONTINUED)**

List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.



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

3) Name	Social Security No. (if individual)	INTEREST
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %
4) Name	Social Security No. (if individual)	INTEREST
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %
5) Name	Social Security No. (if individual)	INTEREST
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %
6) Name	Social Security No. (if individual)	INTEREST
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %
7) Name	Social Security No. (if individual)	INTEREST
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %
8) Name	Social Security No. (if individual)	INTEREST
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %
9) Name	Social Security No. (if individual)	INTEREST
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %



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<input type="checkbox"/> NEW <input type="checkbox"/> TRANSFER <input type="checkbox"/> REN
PERMIT # _____

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) _____
(Real Property Owner) Date

(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)

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<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT # _____		

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6606 TUSSING ROAD
P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
<http://www.liquorcontrol.ohio.gov>



FINANCIAL VERIFICATION WORKSHEET

THE TOTAL COST TO BUY AND/OR SET UP THIS BUSINESS IS _____.

(This amount should coincide with the amount listed in the purchase agreement if buying an existing business, unless excess funds are needed for remodeling. Additional operating revenue, etc. If so, explain by attaching an additional page.)

SOURCE OF FUNDS:

Indicate which of the following is applicable by noting the appropriate amounts in the spaces provided and by ATTACHING THE APPROPRIATE DOCUMENTS AS REQUESTED. FINANCIAL VERIFICATION IS NOT COMPLETE WITHOUT THE REQUIRED ATTACHMENTS.

AMOUNT	SOURCE OF FUNDS	DOCUMENTS TO BE SUBMITTED WITH APPLICATION
	LOAN(S) FROM A FINANCIAL INSTITUTION	Attach signed copy of loan agreement, letter of commitment, or letter of credit to this page.
	LAND CONTRACT	Attach signed copy of agreement to this page
	PROMISSORY NOTE HELD BY SELLER	Attach signed copy of note to this page
	ASSUMPTION OF SELLER'S DEBT(S)	Attach copy of agreement, signed by buyer and seller, listing creditors, account numbers of debts assumed, and amount still outstanding.
	LOAN FROM AN INDIVIDUAL OR OTHER THIRD PARTY, WHOSE NAME WILL NOT APPEAR ON THE PERMIT.	Attach statement, notarized by a notary public , over the signature of applicant, relating the details of the loan and stating what, if any, interest the money lender has in the permit business.
	PERSONAL FUNDS OF APPLICANT ACCUMULATED AT FINANCIAL INSTITUTION	Attach letter of verification from institution to this page, stating amount in account, and name of account holder.
	PERSONAL FUNDS OF APPLICANT NOT DEPOSITED IN FINANCIAL INSTITUTION	Attach statement, notarized by a notary public , over the signature of applicant, stating the source of funds, amount of funds, and location.
	CORPORATE FUNDS ON HAND	Attach letter of verification from financial institution stating company name and amount in account
	OTHER	Attach statement, notarized by a notary public , over the signature of applicant, relating the source of funds and supporting documents to verify the source listing amounts.
	TOTAL FUNDS	

NOTE TO APPLICANTS FOR **NEW** PERMITS ONLY: If you are applying for a NEW permit for a business that you have operated in excess of one (1) year, please submit a notarized affidavit to that effect. In such a case, no further verification will be needed. THIS DOES **NOT** APPLY TO TRANSFERS OF OWNERSHIP, OR TO BUSINESSES IN OPERATION LESS THAN ONE YEAR.

THIS WORK SHEET HAS BEEN DEvised AS AN AID TO APPLICANTS IN COMPLETING THE FINANCIAL VERIFICATION REQUIRED FOR THEIR APPLICATION FOR A LIQUOR PERMIT. THIS SHEET **ALONE**, **DOES NOT** CONSTITUTE FINANCIAL VERIFICATION. **ATTACHMENTS ARE REQUIRED.**



Ohio Department of Commerce - Division of Liquor Control
 6606 Tussing Road, P.O. Box 4005
 Reynoldsburg, Ohio 43068-9005
<http://www.com.ohio.gov/liqr>

Office hours - 8:00am to 5:00pm
 For Questions call (614) 644-2496

ECONOMIC DEVELOPMENT (TRES) TRANSFER FORM

Ohio Revised Code 4303.29 allows for the transfer of location or the transfer of ownership and location of a C-1, C-2, D-1, D-2, D-3, or D-5 permit from municipal corporation or the unincorporated area of a township to an economic development project located in another municipal corporation or the unincorporated area of another township in which no additional permits of that class may be issued to the applicant under the permit quota. However the transfer may occur only if the applicant notifies the municipal corporation or township to which the location of the permit will be transferred regarding the transfer and the municipal corporation or township acknowledges in Section B of this form OR in writing to the Division of Liquor Control, that the transfer will be to an economic development project. A permit may be transferred to a different owner at the same location, or to the same owner or a different owner at a different location in the same municipal corporation or in the unincorporated area of the same township. NOTE: The statute requires the applicant to provide the endorsement by the municipal corporation or township at the time the application for the transfer is filed with the division, therefore once Section B is completed return this form to the applicant so they may attach this information to their transfer application.

Seller(s) -Current Permit Holder - (Individual, Corp., LLC or Partnership)	Buyer(s) -Prospective Permit Holder - Individual, Corp., LLC or Partnership)
Permit Number: _____	
CHECK Class(es) of Permit(s) Being TRES Transferred: <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C-2X <input type="checkbox"/> D-1 <input type="checkbox"/> D-2 <input type="checkbox"/> D-2X <input type="checkbox"/> D-3 <input type="checkbox"/> D-3A <input type="checkbox"/> D-5 <input type="checkbox"/> D-6	

SECTION A: (To be completed by the Applicant)

NOTE: Section A is for you to provide information to the local legislative authority (City, Village or Township Office) in which this Economic Development Project (TRES) will be located. In addition to the below information, you may be required to provide a projected earnings statement (brand new business), or a profit and loss statement (existing business), and a copy of building plans/drawings outlining any construction plans. The Division will also use this information to determine if you qualify and meet the criteria outlined under Section 4303.29(B)(2)(b).

1. The total amount invested in this project is \$ _____
2. The total number of jobs that will be created by this economic development project is _____
3. Existing or Estimated Tax Revenue generated by this project is:

(Type or print on the lines provided the type of tax & amount, i.e., Sales Tax, Property Tax, Unemployment Tax, etc.)	\$	
	\$	
	\$	
	\$	

On behalf of the applicant as indicated above I am signing below and certifying that all the information provided with this application is complete and accurate to the best of my knowledge.

Print or Type Name	Signature
Date	Title

SECTION B: (The applicant MUST have this Section completed by the City, Village or Township Office in which this Economic Development Project (TRES) will be located. This MUST accompany the application).

Based upon the factors outlined above, the City/Village/Township of _____ hereby endorses
 (City, Village or Township Name)

and acknowledges that this transfer will be to an economic development project.

Print or Type Name	Signature of Mayor, Legislative Office Holder or Law Director
Date	Title (e.g., Mayor, Clerk of City Council, Fiscal Officer or Law Director)