



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.ohio.gov/liqr>

LIMITED LIABILITY COMPANY DISCLOSURE FORM

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

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

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

		INTEREST
1) Name	Social Security No. (if individual)	Check All That Apply
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 _____ %
2) Name	Social Security No. (if individual)	Check All That Apply
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 _____ %

(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)	Check All That Apply	
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)	Check All That Apply	
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)	Check All That Apply	
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)	Check All That Apply	
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)	Check All That Apply	
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)	Check All That Apply	
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)	Check All That Apply	
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 _____ %