

OHIO DEPARTMENT OF COMMERCE
 DIVISION OF LIQUOR CONTROL
 6606 TUSSING ROAD
 REYNOLDSBURG, OHIO 43068-9005
 Telephone No. (614) 644-3155
<http://www.com.ohio.gov/liqr>

APPLICATION FOR G PERMIT

PERMIT FEE - \$100.00
 APPLICATION PROCESSING FEE - \$100.00

§ 4303.21 G permit. Permit G may be issued to the owner of a pharmacy in charge of a licensed pharmacist to be named in the permit for the sale at retail of alcohol for medicinal purposes in quantities at each sale of not more than one gallon upon the written prescription of a physician or dentist who is lawfully and regularly engaged in the practice of the physician's or dentist's profession in this state, and for the sale of industrial alcohol for mechanical, chemical, or scientific purposes to a person known by the seller to be engaged in mechanical, chemical, or scientific pursuits; all subject to section 4303.34 of the Revised Code. The fee for this permit is one hundred dollars.

CAREFULLY READ THE GENERAL INSTRUCTIONS FOR FILING G APPLICATION

TYPE OR PRINT PLAINLY

ALL QUESTIONS MUST BE ANSWERED

Name of Applicant (Individual, Partnership, Corporation, or LLC) :

Business Address: _____

City: _____ State: _____ Zip Code: _____ Township (if outside city limits): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Name of Registered pharmacist(s) in Charge of Pharmacy :

Residence Address:
City, State, & Zip:

Ohio Pharmacist Registration # _____

How long have you been in business at this location? _____

Attorney's Name:

Address:
City, State, & Zip:

Phone # _____

ANSWER ALL QUESTIONS ON PAGE TWO

FOR DIVISION USE ONLY

Coder:	Remarks:	Reviewer Action:
Taxing District		
Permit Number		
Receipt #		

1. Do you or any partner, office holder, managing member, 5% stockholder or member, spouse, or other person involved in this permit hold or have any interest in another permit business? YES NO
If YES, Give permit number & address on the line provided _____
- 2a. Have you or any partner, office holder, managing member, 5% stockholder or member, spouse, or other person involved in this permit ever been convicted of a felony or misdemeanor, including any alcohol-related offenses? YES NO
If YES, attach a written explanation.
- 2b. If applicant is a sole proprietor or partnership, will spouse work on the permit premises? YES NO
If YES, indicate spouse's full name _____
3. Have you or any partner, office holder, managing member, 5% stockholder or member, spouse, or other person involved in this permit ever been refused a permit, denied a renewal, or had a permit revoked from another state, by this Division, or the Liquor Commission? **If YES**, attach a written explanation. YES NO
4. Do you own the real estate on which the proposed business will be located? YES NO
If NO, return a completed a signed and dated copy of your LEASE **OR** RENTAL CONTRACT, **OR** SUMMARY OF TENANCY RIGHTS form (DLC form 4085).
5. 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.
6. Do you or any partner, office holder, managing member, 5% stockholder or member, employee, spouse, or other person involved in this permit own any stock or have any interest in the business of a manufacturer or wholesale distributor of alcoholic beverages? YES NO
If YES, attach a written explanation.

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

THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT:

State of Ohio, _____ County, ss

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

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

(Residence Address) (City) (State) (Zip Code) (Area Code & Telephone Number)

(To be completed by Notary Public)

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

(Notary Public) (Notary Expiration)