



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 SAFEKEEPING OR TEMPORARY CLOSING AUTHORITY**

(Please print or type all information except signatures)

This application **MUST BE NOTARIZED** and must be completed in its entirety and signed by the permit holder of record. If the permit holder is a corporation, it must be signed by an officer or majority stockholder(s) of the corporation. If the permit holder is a Limited Liability Company ("LLC"), it must be signed by an officer or Managing Member of the LLC. If necessary please attach any documents that may assist the Division of Liquor Control ("Division") in processing your request.

**Section A**

Permit Number:

Permit Class(es):

Name of Permit Holder:

DBA (doing business as):

Permit Premises Address:

City:

State:

Zip Code:

**Type of Request: (See attached Information Sheet to determine what type of request you qualify for):**

Safekeeping (Fill out Section A, C & D only)

Temporary Closing Authority (Fill out Section A, B & D only)

**Section B - Temporary Closing Authority Information:**

1) Indicate the number of days the premises is expected to be temporarily closed, (cannot exceed 180 days). \_\_\_\_\_

2) Do you still have tenancy rights?  YES  NO Note, if you have lost tenancy you only qualify for Safekeeping.

3) Please indicate the reason for requesting Temporary Closing Authority.

\_\_\_\_\_

\_\_\_\_\_

4) Give exact last date of operation: \_\_\_\_\_

**Section C - Safekeeping Information:**

1) Name of Real Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Real Property Owner Address: \_\_\_\_\_

2) Do you still have tenancy rights?  YES  NO If NO, explain circumstances which resulted in loss of tenancy:

\_\_\_\_\_

\_\_\_\_\_

- 3) Give effective date of loss of tenancy, if applicable: \_\_\_\_\_
- 4) Give exact last date of operation: \_\_\_\_\_
- 5) Is your request due to a fire?  YES  NO **If YES,** please submit a copy of the fire report or news article.  
Please indicate how long you anticipate on being closed to renovate, as this time frame may qualify you for Temporary Closing Authority.  
\_\_\_\_\_
- 6) To be approved for safekeeping, you **must** submit your current, original Permit and Permittee Identification Card, OR the original Operating Receipt if your permit has not been issued. If you can not submit this documentation, explain why: (e.g., lost, stolen, etc.).  
\_\_\_\_\_

You must provide a mailing address, (OTHER THAN PERMIT PREMISES) where the permit holder will receive mail, as you are required to renew your permit while in safekeeping. Please be advised that the information you provide will be subject to public disclosure.

Mailing Address: (Name, Street Address, City & Zip): \_\_\_\_\_

Telephone Number between 8:00 a.m. and 4:30 p.m. - \_\_\_\_\_

**Section D**

DELIBERATE FALSIFICATION OF ANY OF THE INFORMATION IN THIS REQUEST CAN RESULT IN THE DIVISION'S REFUSAL TO APPROVE THIS REQUEST AND MAY JEOPARDIZE THE RENEWAL OF THIS PERMIT.

The following must be completed by the person(s) making the request:

State of Ohio, \_\_\_\_\_ County, ss

I, \_\_\_\_\_ being first duly sworn, according to law, depose and say  
(Printed Name)

that the statements and answers made in the foregoing application are true.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Printed Name(s)

\_\_\_\_\_  
(If a corporation, LLC or club, indicate officer's title and name of corporation or LLC)

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

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Notary Expiration)

**DIVISION OF LIQUOR CONTROL  
INFORMATION SHEET ON  
SAFEKEEPING & TEMPORARY CLOSING AUTHORITY**

***SAFEKEEPING***

This is to advise you that Section 4303.272 of the Ohio Revised code provides:

Any permit holder whose permit premises are destroyed or made unusable for any cause, or whose tenancy is terminated for any cause, shall deliver his permit to the Department of Commerce-Division of Liquor Control for safekeeping until such time as the original permit premises are made available for occupancy or new premises are secured by the permit holder or until new premises are secured by the permit holder outside the precinct affected by a local option election.

***TEMPORARY CLOSING AUTHORITY***

This is to advise you that Section 4301:1-1-16 of the Ohio Administrative Code provides:

If a permit holder is unable to operate or desires to discontinue the operation of the permit business for a period in excess of thirty days, the permit holder, a majority of the officers, partners, shareholders, or managing members shall notify the division, by affidavit, giving the reason for the request, specifying the last date of operation of the business, and indicating the period of time the permit holder wishes to remain closed. When the permit holder discontinues operation in excess of thirty days it must be for a bona fide reason. The permit holder must also be a bona fide operator. "Bona fide" operator means substantial service, as distinguished from incidental, sporadic, or infrequent service. No closing authority shall extend beyond one hundred eighty days from the last date of operation of the business, except for good cause. During the period of closing authority, the permit premises shall not be used for any other purpose. At the end of the closing authority period, the permit holder shall resume operation. If the permit holder is unable or unwilling to resume operation and no extension of closing authority has been granted, the division shall not renew the permit. Noncompliance with the above provisions shall be grounds for suspension, revocation, or rejection of the permit.

If the division determines the permit business has been closed in excess of thirty days and the permit holder has not notified the division of the closing within thirty days of the last date of operation of the business, the division shall issue a citation to the permit holder for failure to exercise permit privileges and for being closed more than thirty days without the consent of the division.

This rule is only applicable to a permit holder who has operated its permit business for at least six months, unless the permit holder can show a mental illness, physical disability or other just cause necessitating closure of the permit business prior to six months of operation.