



Ohio Department of Commerce
 State of Ohio Division of Liquor Control
 6606 Tussing Road
 Reynoldsburg, OH 43068-9005
 (614) 644-2431 FAX (614) 644-3166

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

AFFILIATION AGREEMENT

THIS FORM WILL BE RETURNED IF IT IS NOT COMPLETED ENTIRELY, AND SIGNED BY BOTH THE HOTEL OFFICER AND PERMIT HOLDER.

This is to certify that _____ ,
 (HOTEL)

and _____ are affiliated.
 (PERMIT HOLDER)

The _____ will serve liquor to the hotel guests upon
 (PERMIT HOLDER)
 request during all hours of legal operation.

Furthermore, _____
 (HOTEL)
 approves the affiliation agreement, in terms of processing the D5A liquor license. However the
 _____ will assume all liability.
 (PERMIT HOLDER)

HOTEL OFFICER SIGNATURE:

 (SIGNATURE) (TITLE) (DATE)

PERMIT HOLDER SIGNATURE:

 (SIGNATURE) (TITLE) (DATE)