



# Ohio Department of Commerce

## Division of Liquor Control

6606 Tussing Road · P.O. Box 4005

Reynoldsburg, OH 43068-9005

(614) 644-3155 FAX (614) 644-3166

<http://www.com.state.oh.us>

### CANCELLATION REQUEST

Date: \_\_\_\_\_

Re: Permit Number:	Permit Class(es) to be Canceled:
Permit Name:	
Permit Address:	Permit City:
Permit State:	Permit Zip Code:

**SECTION A : Complete this section to Cancel a Pending Application** with the Division of Liquor Control.

(Please mark the appropriate box):

- Please cancel the above captioned New Application class(es), and REFUND PERMIT FEE ON DEPOSIT.
- Please retain the above captioned New Application class(es) on the waiting list, and REFUND PERMIT FEE ON DEPOSIT.
- Please cancel the above captioned pending Transfer Application, WITHOUT REFUND of your Processing Fee.

(Signature of person who signed the application originally submitted to the Division): By typing your name you accept your eSignature as your legal signature.

/s/ \_\_\_\_\_ (Date): \_\_\_\_\_

**Skip "Section B", and complete "Section C" below.**

**SECTION B : Complete this section to Cancel Issued Permit Class(es)**

- Pursuant to Ohio Administrative Code 4301:1-1-15, I hereby request that the Division of Liquor Control CANCEL, WITHOUT REFUND the issued permit number and class(es) captioned above.

**In order to cancel your permit without refund, please submit your Permit and Permittee Identification Card with this request. If you do not have your Permit and/or Identification Card, please submit an affidavit explaining why it/they cannot be returned to the Division.**

(Signature of Permit Holder): By typing your name you accept your eSignature as your legal signature. (Date): \_\_\_\_\_

/s/ \_\_\_\_\_

**SECTION C: THE SIGNATURE AND MAILING ADDRESS BELOW IS REQUIRED WHETHER YOU ARE CANCELING A PENDING APPLICATION OR AN ISSUED PERMIT. WITHOUT THIS INFORMATION THE DIVISION WILL BE UNABLE TO PROCESS YOUR CANCELLATION AND/OR SUBMIT A REFUND, IF APPLICABLE.**

(Print Name):	
(Telephone Number):	(Social Security Number):
(Mailing Address):	City:
State:	Zip Code: