



Sample Request By a Manufacturer, Broker or Supplier

Please email completed application to: liquoragencyhelp@com.state.oh.us

INSTRUCTIONS

- All products must be qualified for sale in Ohio.
Products shall be marked "sample."
Samples cannot be used as a tool or "giveaway" to solicit business.
Servings of spirituous liquor cannot be more than one (1) ounce.
The individual responsible for providing the sample must have the proper registration for the beverages being sampled and will be responsible for compliance with all applicable laws and rules.
Only the Registered Solicitor identified on this form will be permitted to pick up product.
Sample distribution records must be maintained for one year from the date of distribution.

BROKER / MANUFACTURER / SUPPLIER PROVIDING THE SAMPLE

Name of Company: Company Phone Number:
Street Address of Company: City: State: ZIP Code:
Name of Registered Solicitor Responsible for Compliance and Picking Up Product from the Warehouse:
Solicitor's Registration Number: Signature of Registered Solicitor:
Fax Number: Email Address: Phone Number:

PRODUCT TO BE WITHDRAWN FROM WAREHOUSE

Proposed Pick Up Date: Warehouse (circle one): Green / Groveport
Indicate the product, brand, and amount of spirituous liquor to be withdrawn from the warehouse for use as a sample.
Product Name:
Brand Code(s): Bottle Size(s): Number of Cases Requested (or Partial Cases from Recoup Area):

For DLC Office Use Only

Status (circle one): Approved / Denied Date of Decision:
DLC Approver's Name: Date Response Returned to Solicitor:
DLC Approver's Signature: Date Response Returned to DHL:

For Bailment Warehouse Use Only

By signing here, the Bailment Warehouse is confirming that the Samples were received by the individual identified on this form, that proof of identity was provided and verified, and that the items retrieved are correctly identified on this form.
Bailment Warehouse Name: Signature: Date Completed:
Bailment Warehouse will upload a copy of this completed form to the Service Now Ticket that was created to track this request.
Form Uploaded by: Date Completed:

Table with 5 columns: Date, Delivered to, Permit Number, RESULT (checkmark), Initials

| | (Permit Holder) | | Poured | Distributed Sealed Container | |
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Liquor Enterprise Service Center

877-812-0013

or

liquoragencyhelp@com.state.oh.us