

## Officer/Shareholder Disclosure Form

**SECTION A.** (This form must accompany all applications of a corporate business entity)

Name of Corporation:	DBA Name:		
Permit Premises Address:	City:	State:	Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN):		
Email Address:			

**SECTION B.**

1. Is stock publicly traded?  YES  NO  
If YES, indicate exchange \_\_\_\_\_ and do NOT complete Section D.
2. Does any shareholder own 5% or more shares? **If YES, complete SECTION D.**  YES  NO
3. Total number of shares issued \_\_\_\_\_.

**Please be advised that any social security numbers provided to the Division of Liquor Control may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement enforcement action, or collect taxes.**

**SECTION C** List the top five (5) officers of the corporation.

NAME OF OFFICER: (if an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO		
President		
Vice-President		
Secretary		
Treasurer/CFO		

**SECTION D.** Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

<b>1) Name</b>	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City	State	
Zip Code	Telephone No.	
	Date of Birth	
<b>2) Name</b>	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City	State	
Zip Code	Telephone No.	
	Date of Birth	

**See Page 2 to list additional shareholders.** Individuals listed in both Sections C and D must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at [www.com.ohio.gov/documents/liqr\\_FingerPrint.pdf](http://www.com.ohio.gov/documents/liqr_FingerPrint.pdf).

**CERTIFICATION OF FORM:**

By signing below, I certify that I have authority to execute this document and the information provided is true, correct and complete to the best of my knowledge and belief.

/s/

\_\_\_\_\_ (eSignature - Electronic Signature)

\_\_\_\_\_ (Position)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State)

\_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Telephone Number)

Individuals listed below must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at [www.com.ohio.gov/documents/liqr\\_FingerPrint.pdf](http://www.com.ohio.gov/documents/liqr_FingerPrint.pdf).

**List Shareholders holding 5% or more of outstanding shares. If none, please indicate by writing "NONE":**

<b>3) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
<b>4) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
<b>5) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
<b>6) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
<b>7) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
<b>8) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
<b>9) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
<b>10) Name</b>		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	