

## Limited Liability Company (LLC) Disclosure Form

**SECTION A.** (This form must accompany all applications of an LLC business entity)

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

**Limited Liability Company ("LLC")** - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or more membership or voting interest.

**Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the 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 an enforcement action, or collect taxes.**

**SECTION B.** List the top five (5) officers of the Limited Liability Company.

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 C.** List the managing members and all persons with a 5% or more membership or voting interest in the LLC.

Total # of Units Issued by LLC:

			INTEREST:
<b>1) Name</b>	Social Security No.		<b>Check All That Apply</b>
Residence Address	Tax Identification No.		<input type="checkbox"/> Membership Interest _____ %
City	State	Telephone No.	<input type="checkbox"/> Managing Member
Zipcode	Birthdate		<input type="checkbox"/> 5% or more Voting Interest _____ %
<b>2) Name</b>	Social Security No.		<b>Check All That Apply</b>
Residence Address	Tax Identification No.		<input type="checkbox"/> Membership Interest _____ %
City	State	Telephone No.	<input type="checkbox"/> Managing Member
Zipcode	Birthdate		<input type="checkbox"/> 5% or more Voting Interest _____ %

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

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**LIQ-18-0016 (LIMITED LIABILITY COMPANY DISCLOSURE FORM)**  
**SECTION C. (CONTINUED)**

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 [https://www.com.ohio.gov/documents/liqr\\_FingerPrint.pdf](https://www.com.ohio.gov/documents/liqr_FingerPrint.pdf).

List the managing members and all persons with a 5% or more membership or voting interest in the LLC. If none, please indicate by writing "NONE":

<b>3) Name</b>		Social Security No.	<b>Check All That Apply</b> <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
<b>4) Name</b>		Social Security No.	<b>Check All That Apply</b> <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
<b>5) Name</b>		Social Security No.	<b>Check All That Apply</b> <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
<b>6) Name</b>		Social Security No.	<b>Check All That Apply</b> <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
<b>7) Name</b>		Social Security No.	<b>Check All That Apply</b> <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
<b>8) Name</b>		Social Security No.	<b>Check All That Apply</b> <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
<b>9) Name</b>		Social Security No.	<b>Check All That Apply</b> <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	