

FOR OFFICE USE ONLY:		
Permit # _____		
<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Ren

Personal History Background Form

APPLICANT MUST SEND THIS FORM TO THE DIVISION. The Division will then send this form to the local police authority to conduct a background check.

SECTION A. The applicant is required to complete Section A only					
Name (Last)		(First)	(Middle)	Height ft. in.	Weight
Alias used or Maiden Name	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Phone Number	Social Security Number	
Residence Address		City	State	ZIP Code	
Date of Birth	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Place of Birth		
Marital Status:	Spouse's Name (Last)		(First)	(Middle)	
Permit Address:					
I, APPLICANT LISTED IN SECTION A, HEREBY GIVE LOCAL LAW ENFORCEMENT AUTHORITY TO RUN A RECORD CHECK.					
Applicant Sign Here: _____					
PLEASE READ: The Division of Liquor Control will submit this form to the local police authority, who will complete Section B, to conduct a background check.					

SECTION B. ONLY LAW ENFORCEMENT SHOULD FILL OUT THIS SECTION	
Please complete the information below and either fax to 614-644-3166, OR mail to: Division of Liquor Control 6606 Tussing Rd Reynoldsburg, OH 43068-9005	
1) Does applicant have a police record? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes , please explain _____ _____	
2) Does local police department know of any reason why permit should NOT be issued? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , please attach supporting evidence.	
Please complete the information below:	
_____ Police Department Name	
_____ Signature of Authorized Official (We cannot accept a stamped signature)	_____ Date of Signature