



Wholesale Transfer Request

Liquor Agency Information

Assigned Agency Information		Proposed Agency Information	
Agency Number:		Agency Number:	
Agency Street Address:		Agency Street Address:	
City:	ZIP:	City:	ZIP:
Reason for Transfer Request (Please be specific):			

Permit Holder Information

Permit Number:	Address 1:
Name of Applicant:	Address 2:
DBA:	City:
Phone Number:	ZIP:

_____	_____
Name (Please Print)	Title
_____	_____
Signature	Date

Send completed forms to liquoragencyhelp@com.state.oh.us for processing.

Please do not fax, email to OHLQ employees, or other web addresses, nor mail a copy to the Division, as we cannot guarantee this will be received in a timely manner.

Please allow 7 to 10 business days for processing.