

For Questions email
fileinquiry@com.ohio.gov
 Office hours - 8:00 a.m. - 5:00 p.m.

OHIO DEPARTMENT OF COMMERCE
 DIVISION OF LIQUOR CONTROL
 6606 TUSSING ROAD, P.O. BOX 4005
 REYNOLDSBURG, OHIO 43068-9005
<http://www.com.ohio.gov/liqr>

APPLICATION FOR B-2a PERMIT

SALE OF WINE TO A LICENSED OHIO RETAIL PERMIT HOLDER
\$100 PROCESSING FEE AND \$25 PERMIT FEE REQUIRED AT TIME OF SUBMISSION

B-2a permits expire October 1st of each year. A B-2a permit cannot be issued to the Applicant **UNLESS:**

- The applicant is either registered as a Wine Supplier with the Division OR is a licensed Ohio wine manufacturer;
 - Suppliers that are registered with the Division as brand owners or importers do **NOT** qualify to hold the B-2a permit. The registered supplier, or licensed Ohio wine manufacturer, must manufacture the product.
- The product to be direct shipped to the Ohio retail permit holder is registered (i.e., approved) for sale in Ohio; and
- The product/brand that will be direct shipped to an Ohio retail permit holder is NOT already assigned a territory through an Ohio wholesale distributor.

Applicant Business Name:		Business Phone #:	
Business Address:	City:	State:	Zip Code:
Alt. Address:	City:	State:	Zip Code:
Contact Person:		Email Address:	

1. Supplier Information:

- a. Is the Applicant a registered wine supplier with the Division? Yes No
- b. If YES to Q.1.a., what is the supplier registration number(s)?
- c. If NO to Q.1.a., does the Applicant have an application on file with the Division to be a wine supplier? Yes No

2. Ohio Licensed Wine Manufacturer Permit Information:

- a. Is the Applicant a licensed A-2 or A-2f permit holder? Yes No
- b. If YES to Q.2.a, what is the permit number?
- c. If NO to Q.2.a., does the Applicant have an application on file with the Division? Yes No

3. Qualifying Statutory Information:

- a. Are the product(s)/brand(s) that will direct shipped to Ohio retail permit holders already assigned a territory with a licensed Ohio distributor? Yes No
- b. Are the product(s) that will be direct shipped to Ohio retail permit holders registered for sale in Ohio? Yes No

Permit Number:	FOR DIVISION USE ONLY
Receipt #	Remarks:

c. If YES to Q.3b., list the products that will be direct shipped:

d. If NO to Q.3.b., has the Applicant filed label registrations for approval with the Division? Yes No

4. General Licensing Information:

a. Has the Applicant ever had a liquor permit in Ohio or any other state revoked, suspended, fined, or rejected? Yes No

b. If YES to Q.4.a., please explain

c. Has any partner, member, officer, director, five percent or more shareholder (if a corporation), or five percent or more member, whether membership or voting interest (if a limited liability company), of the Applicant been convicted of a crime? Yes No

d. If YES to Q.4.c., please explain

e. Applicant understands that it must collect and remit any applicable Ohio taxes to the Ohio Department of Taxation. (See R.C. 4303.071)

Check here that you understand.

To avoid having this application returned the Applicant understands that it MUST:

- Answer all questions on this application or put N/A, if applicable;
- Submit the \$100 non-refundable processing fee at the time of submission;
- Submit the \$25 permit fee at the time of application;
- Make payment by either check or money order (NO CASH) made payable to the Treasurer, State of Ohio;
- Ensure that the check is signed and that the numeric amount matches the written amount on the check;
- Make sure that the Applicant Name is identified on the payment;
- Meet the minimum statutory requirements to hold the permit (See O.R.C. 4303.071); and
- Be a registered wine supplier or a licensed A-2, A-2f permit holder or have an application on file with the Division for either a wine supplier or an A-2 or A-2f permit.

THE DIVISION MAY REJECT YOUR APPLICATION IF YOU INTENTIONALLY PROVIDE FALSE OR INACCURATE INFORMATION ON IT.

THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT(S):

I, _____, affirm that the statements and answers made in the foregoing application are true.

(Please Print)

I further acknowledge that failing to complete the above application consistent with the listed instructions will result in this application being returned, unprocessed, until any corrections are made and the corrected application is received by the Division.

(Signature of Individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member)

(Title)

(Date)

(Residence Address)

(City)

(State)

(Zip Code)

(Area Code & Telephone Number)