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

Cancellation Request

Date: _____

| | |
|--------------------|----------------------------------|
| Re: Permit Number: | Permit Class(es) to be Canceled: |
| Permit Name: | |
| Permit Address: | Permit City: |
| Permit State: | Permit ZIP Code: |

SECTION A : Complete this section to Cancel a Pending Application with the Division of Liquor Control.

(Please mark the appropriate box):

- Please cancel the above captioned New Application class(es), and refund permit fee on deposit.
- Please retain the above captioned New Application class(es) on the waiting list, and refund permit fee on deposit.
- Please cancel the above captioned pending Transfer Application, **without refund** of your Processing Fee.

By typing your name, you accept your eSignature as your legal signature.

/s/ _____ (Date) _____
 (Signature of person who signed the application originally submitted to the Division):

Skip "Section B," and complete "Section C" below.

SECTION B : Complete this section to Cancel Issued Permit Class(es)

- Pursuant to Ohio Administrative Code 4301:1-1-15, I hereby request the Division of Liquor Control cancel, without refund, the issued permit number and class(es) captioned above.

In order to cancel your permit without refund, please submit your Permit and Permittee Identification Card with this request. If you do not have your Permit and/or Identification Card, please submit an affidavit explaining why the documents cannot be returned to the Division.

By typing your name, you accept your eSignature as your legal signature.

/s/ _____ (Date) _____
 (Signature of Permit Holder):

SECTION C: A Signature and Mailing Address are required in order to process your cancellation and/or submit a refund, if applicable, to the appropriate address.

| | |
|-------------------|-----------|
| Print Name: | |
| Telephone Number: | |
| Mailing Address: | City: |
| State: | Zip Code: |