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

## R ("repackaging") PERMIT APPLICATION

\$100 PROCESSING FEE AND \$750 PERMIT FEE (per location) REQUIRED AT TIME OF SUBMISSION

A few highlights regarding R permits: (See R.C. 4303.237)

- R permits expire October 1st of each year.
- R permits can be issued to: (1) a registered supplier or a licensed manufacturer of either beer, wine, or mixed beverages; OR (2) an entity hired by a registered supplier or licensed manufacturer to operate a repackaging facility. R permit holders, except for licensed manufactures, shall NOT have any financial interest in any other permit issued by the Division.
- R permit holders can only deliver the repackaged items to: (1) the manufacturer that supplied the product to be repackaged; (2) a licensed B permit holder (wholesale distributor) that is authorized to sell the repackaged product; OR (3) to another entity outside of Ohio as directed by the supplier/licensed manufacturer of the product.
- R permit holders who are delivering product to an Ohio distributor shall ensure that: (1) the products it's repackaging are registered (i.e., approved) for sale in Ohio; AND (2) the brand is assigned a territory through an Ohio wholesale distributor.

• An R permit is <b>NOT</b> needed if you are repackaging your own product at your Class A permit location.							
Applicant Business Name:		Business Phone #:					
Facility Address:	City:	State:	Zip Code:				
Alt. Address:	City:	State:	Zip Code:				
Contact Person:	Email Address:						
1. Supplier Information:							
a. Is the Applicant a registered beer or 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 a supplier application on file with the Division? Yes No							
2. Ohio Licensed Manufacturer Permit Information:							
a. Is the Applicant a licensed A-1, A-1c, A-2, A-2f, or A-4 permit holder? Yes No							
b. If YES to Q.2.a, what is the permit number(s)?							
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. Will the Applicant repackage its own product at the	e applied for location? Yes	No					
b. If NO to Q.3.a., does the Applicant have written authorization from an Ohio registered supplier or Yes No licensed manufacturer to repackage their product?							
		or N	/A if YES to Q.3.a.				
Permit Number: FO	OR DIVISION USE ONLY						
Receipt # Receipt #	emarks:						

c.	c. If YES to Q.3.b., what is the supplier registration nu will repackage product for?	mber or the manufactu	re's permit nun	nber that the Applic	cant	
d.	d. Will the Applicant deliver the repackaged product to	an Ohio B (wholesale	distributor) pe	rmit holder? Yes	No	
e.	e. If YES to Q.3.d., is the product(s) registered for sale	in Ohio? Yes	No			
f.	f. If YES to Q.3.d, is the product(s)/brand(s) assigned	a territory with an Ohi	distributor?	Yes N	No	
4. G	4. General Licensing Information:					
a.	a. Has the Applicant ever had a liquor permit in Ohio or	any other state revoke	d, suspended, f	ined, or rejected?	Yes	No
b.	b. If YES to Q.4.a., please explain					
c.	c. Has any partner, member, officer, director, five perce membership or voting interest (if a limited liability co				or more men Yes	nber, whether No
d.	d. If YES to Q.4.c., please explain					
e.	e. Does the Applicant have a financial interest an any ot	her Ohio liquor permit	, excluding a m	nanufacturing perm	it? Yes	No
	avoid having this application returned the				:	
•	• Answer <u>all</u> questions on this application, includi	ng business informa	iion, or put N	A, ii applicable;		
•	• Submit the \$100 non-refundable processing fee	at the time of submis	ssion;			
•	• Submit the \$750 permit fee at the time of applications.	ation;				
•	Make payment by either check or money order (	NO CASH) made pa	yable to the "	Treasurer, State	of Ohio";	
•	• Ensure that the check is signed and that the num	eric amount matches	the written a	mount on the che	eck; and	
•	Meet the minimum statutory requirements to hold	ld the permit (See O	R.C. 4303.23	7).		
	THE DIVISION MAY REJECT YOUR APPLICATION IF Y  IE FOLLOWING MUST BE COMPLETED BY			LSE OR INACCUR	ATE INFOR	MATION ON IT.
I,	(Please Print)					application are true.
	Further acknowledge that failing to complete the above app				ii resuit in it t	being returned to
me, u	ne, unprocessed, until any corrections are made and the cor	rected application is re	ceived by the I	Division.		
Signat	gnature of Individual, Partner, Officer, Managing Member, or 5%	or more Stockholder or	Member)	(Title)		(Date)
	(Residence Address)	(City)	(State)	(Zip Code)	(Area Code &	z Telephone Number)