



Wholesale Transfer Request

Liquor Agency Information

Assigned Agency Information:

Assigned Agency Number: _____

Assigned Agency Street Address: _____

City: _____ Zip Code: _____

Proposed Agency Information:

Proposed Agency Number: _____

Proposed Agency Street Address: _____

City: _____ Zip Code: _____

Reason for Transfer Request:

Permit Holder Information

Permit Number: _____

Name of Applicant: _____

Dbas: _____

Phone Number: _____

Address 1: _____

Address 2: _____

City: _____

Zip Code: _____

Name (Please Print)

Title

Signature

Date

Please allow 7-10 business days for processing.

Please return request to:

Gerry O'Neil, Director of Agency Operations
Ohio Division of Liquor Control
6606 Tussing Road . Reynoldsburg, Ohio 43068-9005
(614) 644-2390 phone . (614) 728-1281. fax