



FOR OFFICE USE ONLY:

Permit # _____

☐ New ☐ Transfer ☐ Ren

Personal History Background Form

THE APPLICANT IS NOT TO PERFORM THIS CHECK. DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.

SECTION A. The applicant is required to complete Section A only

Name (Last)		(First)	(Middle)	Height ft. in.	Weight
Alias used or Maiden Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number		Social Security Number	
Residence Address		City	State	ZIP Code	
Date of Birth	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Place of Birth		
Marital Status:	Spouse's Name (Last)		(First)	(Middle)	
Permit Address:					
SIGNATURE REQUIRED BY LOCAL LAW ENFORCEMENT, GIVING AUTHORIZATION FOR RECORD CHECK					
X _____					
PLEASE READ: The Division of Liquor Control will submit this form to the local police authority to conduct a background check, and Section B will be completed at that time.					

SECTION B. THIS SECTION IS FOR LAW ENFORCEMENT USE ONLY

Please complete the information below, and either fax to 614-644-3166, OR mail to:

Division of Liquor Control
6606 Tussing Rd
Reynoldsburg, OH 43068-9005

1) Does applicant have a police record? ☐ YES ☐ NO

If **Yes**, give details _____

2) Does local police department know of any reason why permit should NOT be issued? ☐ YES ☐ NO

If **YES**, please attach supporting evidence.

Please complete the information below:

Police Department Name

Signature of Authorized Official
(We cannot accept a stamped signature)

Date of Signature