

Expansion Applications: ***At this time, Temporary permit expansions will expire on or before 8-5-20 and are to allow “sit down, table service”.

Please submit the following with your application. **Note: your application must be complete with all documents & pictures included.**

- Expansion / Diminution request form - please be detailed describing the area to be expanded.
- Letter from the city / village / township documenting that they have approved the expansion plan.
- Letter from the local health department documenting that they have approved the expansion plan.
- If the space is leased, a letter from the landlord / property owner documenting that they have approved the expansion.
- A detailed sketch of the area to include surrounding business and buildings.
- An affidavit explaining the materials to be used.
- Clear photos of the proposed expanded area.

Please include an email address for correspondence. Your request will be submitted for review and approval.



DEPARTMENT OF COMMERCE DIVISION OF LIQUOR CONTROL

6606 Tussing Road, P.O. Box 4005
Reynoldsburg, Ohio 43068-9005
http://www.com.ohio.gov/liqr

REQUEST FOR EXPANSION/DIMINUTION (REDUCTION) OF PERMIT PREMISES

(Please print or type all information except signatures)

This request must be completed in its entirety by the permit holder and signed by the permit holder of record. If the permit holder is a corporation, it must be signed by an officer or majority stockholder(s) of corporation; if a partnership, it must be signed by all general partners; and if a limited liability company, it must be signed by all managing members and officers. Attach documents, if any.

Permit Number Permit Class(es)

Name of Permit Holder

DBA (doing business as) Phone Number

Permit Premises Address

City State Ohio Zip Code

I, , do hereby request that the Department of Commerce, Division of Liquor Control conduct an Expansion/Diminution Investigation of the above mentioned permit premises.

I request the following area to be reviewed for: [] Expansion OR [] Diminution please (check the appropriate box).

Three horizontal lines for describing the area to be reviewed.

I understand that this area may NOT be used as permit premises until official approval has been received from the Department of Commerce - Division of Liquor Control.

Respectfully,

Witnessed & Received by:

X Signature of Permit Holder Date

Liquor Control Compliance Officer of the Department of Commerce - Division of Liquor Control

Title

AFFIDAVIT – DIVISION OF LIQUOR CONTROL



The State of Ohio, _____ County, s...

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Before me, _____ (Notary)

personally came _____ (PLEASE PRINT - Affiant)

who being duly sworn according to law, deposes and says that on or about the _____ day of _____ at the County of _____

[Multiple horizontal lines for the body of the affidavit]

and further affiant saith not.

_____ (Affiants Signature)

_____ (Print Name) _____ (Time)

Sworn to and subscribed before me this _____ day of _____, 20____