

**BEFORE THE LIQUOR CONTROL COMMISSION
STATE OF OHIO**

Permit holder name(s): _____

DBA (Business name): _____

Address of permit location: _____

Liquor Permit number: # _____

NOTICE OF APPEAL

I, _____ (permit holder's name), hereby wish to file an appeal from the Order/Notice of the Division of Liquor Control, mailing date of _____.

(Division Order/Notice must be attached to this document for your appeal to be valid).

___ I wish to seek operating privileges/stay while my appeal is pending.

___ I do not wish to seek operating privileges/stay while my appeal is pending.

Respectfully submitted,

Date submitted: _____

Permit holder's name: printed _____; signature _____

Permit location telephone number: (____) _____ - _____

Permit holder's cell phone number if available: (____) _____ - _____

Fax number: (____) _____ - _____

Alternate permit holder mailing address where you can receive certified mail:

If applicable, attorney for appellant/permit holder: _____

(Name, address, phone number)

Please **EMAIL** attached form *and* required documents to

[The Liquor Control Commission](#) **OR**

FAX attached form *and* required documents to (614)466-4564