

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

Permit holder name(s): _____

Case No.(s)_____

DBA (Business name): _____

Docket #: _____

Address of permit location: _____

Telephone Number 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: _____

Name of person filing this *Notice of Appeal*: _____; _____
(Printed) (Signature)

Telephone number: (____) _____ - _____; Cell phone number: (____) _____ - _____

Fax number: (____) _____ - _____ Email: _____

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

If applicable, attorney for appellant/permit holder: _____
(Name, address, phone number)

Please **EMAIL** this form and attach **required** documents to

The Liquor Control Commission OR

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