

**\*ATTENTION: Submitting this form does not automatically entitle you to continuance of your case. The Commission will review the matter and decide whether to Grant or Deny the request within a reasonable amount of time.**

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

Permit holder name(s): \_\_\_\_\_

Case No.(s) \_\_\_\_\_

Docket #: \_\_\_\_\_

DBA (Business name): \_\_\_\_\_

Address of permit location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Liquor Permit number: # \_\_\_\_\_

**REQUEST FOR CONTINUANCE**

I, \_\_\_\_\_ (permit holder's name), hereby wish to request a continuance of my hearing before the Liquor Control Commission, scheduled on \_\_\_\_\_ (date).

I am unable to attend the hearing at this time because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 to  
[The Liquor Control Commission](#) **OR**  
**FAX** attached form to (614)466-4564\*\***