



Ohio Department of Commerce  
 Division of Liquor Control  
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005  
 Telephone No. (614) 387-7407 - Fax No. (614) 644-6965  
<http://www.com.ohio.gov/liqr>

# F-2 PERMIT APPLICATION

**Fee: \$150.00; \$160.00 if issued jointly with the holder of a D-permit holder.**

An F-2 permit may be issued to an association, corporation, or to a recognized subordinate lodge, chapter, or other local unit of an association or corporation organized not for profit and operated for a charitable, cultural, fraternal, educational or political purpose to sell beer and intoxicating liquor until 1:00 a.m., at an event not to exceed four consecutive days. The applicant may not be affiliated with the holder of any class of liquor permit other than a D-4 permit. No more than one F-2 permit may be issued to any applicant in a 30 day period.

**APPLICATION SHOULD BE FILED THIRTY (30) DAYS PRIOR TO EVENT  
 CAREFULLY READ THE GENERAL INSTRUCTIONS FOR FILING F-2 APPLICATION ON PAGE 3**

**TYPE OR PRINT PLAINLY**

**ALL QUESTIONS MUST BE ANSWERED**

Email Address: \_\_\_\_\_ (Note: This is for notification purpose only - NOT for emailing correspondence)

Name of Non-Profit Organization (Exact Name must be uniform on all documents - please do not abbreviate)

Street Address (Where Function Will Be Held - BE SPECIFIC & must be uniform on all documents - For Street Closures see Address Addendum -Page 1(A))

Township (Only if Unincorporated Area)	City	State <b>OHIO</b>	Zip Code	County:
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**Mail and/or Fax Permit and Correspondence To:**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State:	Zip Code:	Phone #:	Fax #:
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Individual responsible for the compliance with Ohio's liquor laws in conjunction with the sale and consumption of alcoholic beverages:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Date and Time Function Will **Begin**: \_\_\_\_\_ Date Function **Begins**: \_\_\_\_\_ Time Function **Begins**: \_\_\_\_\_  am  pm  
 (Month/ Day/ Year)

Date and Time Function Will **End**: \_\_\_\_\_ Date Function **Ends**: \_\_\_\_\_ Time Function **Ends**: \_\_\_\_\_  am  pm  
 (Month/ Day/ Year)

The Division of Liquor Control does not regulate or advise individuals regarding gambling in conjunction with the issuance of an F2 permit. Any question regarding gambling should be directed to the **Ohio Attorney General's Office, Charitable Gaming Section, 101 East Town Street, Columbus, OH 43215 at (614) 466-3180.**

**SECTION A**

- Has any officer of the applicant organization, or the organization itself ever been convicted of any felony or misdemeanor not previously reported to the Division of Liquor Control?  YES  NO  
 If YES, attach a written explanation.
- Will a holder of a liquor license (D-permit holder) be conducting the sale of alcoholic beverages?  YES  NO  
 If YES, this application may be filed jointly. Please indicate below the permit holder's name and permit number.  
 (Note: Both F2 applicant name and issued permit holder name must be on all documents where "Name of Non Profit Organization is requested)

Permit Holders Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Taxing District	Reviewer Action:	Remarks:
Permit Number		
Receipt #		

**SECTION A continued:**

3. Is the applicant a not for profit association, corporation, or a recognized subordinate lodge, chapter, or other local unit of an association or corporation? If "YES", list the name: \_\_\_\_\_  YES  NO
4. If requested, is the applicant able to provide the Division of Liquor Control evidence from the Ohio Secretary of State's office that the applicant is a valid not for profit association, corporation, or a recognized subordinate lodge, chapter, or other local unit of a not for profit association or corporation?  YES  NO  
If NO, please explain: \_\_\_\_\_
5. Will 100% of the proceeds, less expenses, from the applicant's sale of alcoholic beverages either be retained **by the applicant** or distributed **by the applicant** for non-profit charities, cultural, fraternal, political or educational programs?  YES  NO  
If "NO", please give detailed explanation: \_\_\_\_\_
6. Is applicant an owner, shareholder, managing member, or officer of any class of liquor permit other than D-4?  YES  NO  
If YES, please explain: \_\_\_\_\_
7. Will any individual or **for** profit association, corporation, or other legal entity receive any portion of the proceeds after expenses from the event for which you are requesting the F-2 permit?  YES  NO  
If YES, please explain, identifying share of profit or gain each person will receive: \_\_\_\_\_
8. Will the members of the applicant organization coordinate and operate the event and conduct the sale of alcoholic beverages?  YES  NO  
If NO, please **attach a detailed explanation** of the non member involvement and their financial compensation.
9. Please check the specific purpose for which your organization operates:  
 Educational       Charitable       Cultural       Fraternal       Political
10. What is the purpose of the event? (**Note: The proceeds of the function shall not be used for the profit or gain of any individuals**) \_\_\_\_\_

THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT(S):  
**NOTE: FALSIFYING ANY OF THE INFORMATION ON THIS APPLICATION CAN RESULT IN THE DIVISION'S REFUSING TO ISSUE THIS PERMIT**

State of Ohio, \_\_\_\_\_ County, ss

I \_\_\_\_\_, being first duly sworn, according to law, depose and say that I am at least twenty-one (21) years of age and the statements and answers made in the foregoing application are true. With respect to the F-2 permit, I agree to comply with all applicable statutes and administrative rules. I hereby acknowledge that I am required by law to be responsible for any conduct that violates laws pertaining to the sale of alcoholic beverages, and that both parties are responsible for any violations of the other if the F-2 permit is issued jointly. I further depose and say the applicant will be the proper holder of the F-2 permit.

\_\_\_\_\_  
*(Signature and Title of 1 of the Top 4 Officers of Organization)*

\_\_\_\_\_  
*(Signature and Title of D-Permit Holder if to be issued jointly)*

\_\_\_\_\_  
*(Print Name of Officer that signed above)*

\_\_\_\_\_  
*(Print Name of D-Permit Holder, if applicable)*

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*(Notary Public)*

\_\_\_\_\_  
*(Notary Expiration)*

\_\_\_\_\_  
*(Notary - Please Print Name and Affix Seal/Stamp)*

## GENERAL INSTRUCTIONS FOR FILING F-2 APPLICATION

The F-2 permit is for a function sponsored by a nonprofit organization organized for a charitable, cultural, fraternal, political or educational purpose, to sell beer or intoxicating liquor by the individual drink, at a place where the sale of beer or intoxicating liquor on that day is otherwise permitted by law. The applicant-organization shall not be affiliated with the holder of any permit other than a D-4 permit.

- An F-2 permit is effective for not more than four (4) consecutive days, and no sales can be made after 1 a.m.
- No more than one F-2 permit can be issued to the same applicant in a thirty-day period.

If an applicant wishes the holder of a D permit to conduct the sale of beer and intoxicating liquor at the event, the applicant may request that the permit be issued jointly to itself and the D permit holder. If the F-2 is issued jointly, both the applicant and the D permit holder will be held responsible for any violation of the law pertaining to the sale of alcoholic beverages committed by either. **ALL DOCUMENTS MUST BE IN THE ORGANIZATION AND D-PERMIT HOLDER'S NAME.** The Division will also consider the past activities of the applicant organization and of any D permit holder issued jointly while operating under other F-2 permits and the applied for location.

### APPLICATION WILL NOT BE ACCEPTED OR MAY NOT BE ISSUED WITHOUT THE FOLLOWING REQUIRED DOCUMENTS

1. Filing Fee. **Make check payable to the Division of Liquor Control. Please do not mail cash.**
  - a. \$150.00 Fee for an F-2 issued to applicant alone.
  - b. \$160.00 Fee if issued jointly with D permit holder.
2. Division of Liquor Control Form DLC 4221, (Tenancy/Police Notification)
3. Copy of Diagram of permit premises, denoting areas where alcoholic beverages will be sold and consumed.
4. If the event is on the premises of a retail permit holder, the retail permit holder must complete Page 6, a notarized statement, signed by an officer/owner of the retail permit, stating they will not utilize their permit privileges at the same time and place as the temporary event.
5. If there will be any type of street/alley, or public sidewalk closure, you must submit an acknowledgement from the legislative or local police authority in control authorizing such closure.
6. You may have to submit proper documentation from the Ohio Secretary of State proving not for profit status.

### WARNINGS

- Applicant must be at least twenty-one (21) years of age.
- Section 4301.24 Of Ohio Revised Code prohibits any manufacturer or wholesale distributor from aiding or assisting any retail permit holder by gift or loan of any money or property of any description or other valuable thing; and it prohibits any retail permit holder from accepting same. **THIS MEANS A WHOLESALE DISTRIBUTOR MAY NOT AID THE PERMIT HOLDER IN ANY WAY, EITHER FINANCIALLY OR BY ADVERTISING THE FUNCTION COVERED BY THIS APPLICATION; AND THE PERMIT HOLDER MAY NOT ACCEPT SUCH ASSISTANCE FROM THE WHOLESALE DISTRIBUTOR.**
- An "F-2" permit holder must purchase all beer, wine or mixed beverages from a wholesale Distributor and spirituous liquor from a Contract Liquor Agency. The purchase of beer, wine, mixed beverages and spirituous liquor at retail for resale and the donation of such products for an event of which an F-2 permit is issued is prohibited.
- It is illegal to allow a patron to remove any alcoholic beverage from or to consume it off the premises designated on your permit. No carryout privileges are permitted under an F-2 permit.
- It is illegal for any person under the age of twenty-one (21) to purchase or consume alcoholic beverages. It is the permit holder's responsibility to obtain proper identification.



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## TEMPORARY PERMIT TENANCY NOTIFICATION FORM

### Section A: TEMPORARY PERMIT FUNCTION INFORMATION

The \_\_\_\_\_ will be conducting an event at: \_\_\_\_\_ and has applied for a temporary liquor permit to be held on the date and time specified below :

Date Function Begins: \_\_\_\_\_ Time Function Begins: \_\_\_\_\_  am  pm  
(Month/ Day/ Year)

Date Function Ends: \_\_\_\_\_ Time Function Ends: \_\_\_\_\_  am  pm  
(Month/ Day/ Year)

### Section B: REAL PROPERTY OWNER ACKNOWLEDGEMENT (Completed by Property Owner)

If liquor permit applicant is owner of real property mark box,  and sign below.

I, being the owner of the real property located at the address provided in Section A above, acknowledge that the Organization listed above will hold a special function on the date(s) specified.

X \_\_\_\_\_  
(Signed Real Property Owner) (Print Name of Real Property Owner) (Date)

\_\_\_\_\_  
(Street Address of Real Property Owner) (City, State, and Zip Code) (Telephone Number)

**Attach Street Closure Form to this form if any street, alley, or public sidewalk will be closed for this event.**



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## TEMPORARY PERMIT CHIEF PEACE OFFICER NOTIFICATION FORM

### **Section A: TEMPORARY PERMIT INFORMATION**

The \_\_\_\_\_ will be conducting an event at: \_\_\_\_\_ and has applied for a temporary liquor permit to be held on the date and time specified below:

Date and Time Function Will <b>Begin</b> :	Date Function Begins: _____ (Month/ Day/ Year)	Time Function Begins: _____	<input type="checkbox"/> am <input type="checkbox"/> pm
Date and Time Function Will <b>End</b> :	Date Function Ends: _____ (Month/ Day/ Year)	Time Function Ends: _____	<input type="checkbox"/> am <input type="checkbox"/> pm

### **Section B: NOTICE TO CHIEF PEACE OFFICER (Completed by City/Township Police or County Sheriff)**

This portion must be signed by the Chief Peace Officer or his or her designee in the municipality or township where this function will be held, indicating that he/she has been notified of the date, time, place and duration of the event. (If the township does not have a Chief Peace Officer, the County Sheriff's Office must be notified accordingly.)

I, being the Chief Peace Officer or his or her designee where the function listed above in Section A will be held, acknowledge that I have received notification that the organization listed above will hold a special function on the date(s) specified.

X \_\_\_\_\_  
 (Signed) (Title) (Date)

\_\_\_\_\_  
 (Print Name)

City Police  
 Township Police  
 County Sheriff  
 University Police

**Attach Street Closure Form to this form if any street, alley, or public sidewalk will be closed for this event.**



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MEMORANDUM OF AGREEMENT
BETWEEN TEMPORARY PERMIT HOLDER & RETAIL PERMIT HOLDER

(To be completed by Retail Permit Holder)

I/We \_\_\_\_\_

(Name [not DBA Name] Listed on Issued Retail Permit)

issued retail permit holder # \_\_\_\_\_ agree to not utilize our permit

(Issued Liquor Permit #)

privileges at the same time and place where the temporary permit organization function listed on page 1

of this application will be held:

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
MONTH DAY YEAR MONTH DAY YEAR

By signing below, I certify that I have authority to execute this document and that the information provided is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Officer, Shareholder or LLC Member of Issued Permit on Record with the Division of Liquor Control) (Title) (Date)

\_\_\_\_\_  
(Print Name of Officer, Shareholder of LLC Member of Issued Permit) (Day Time Telephone Number)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip Code)





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### DIAGRAM OF PROPOSED PERMIT PREMISES FOR TEMPORARY LIQUOR PERMIT

Every applicant for a temporary liquor permit must submit with the application a diagram of the event premises where alcoholic beverages will be stored, sold and consumed. If the diagram is not included, the application will be returned to the applicant.

FOR EVENTS HELD INDOORS: Diagram must identify the room(s) in which the alcoholic beverages will be sold, stored and consumed.

FOR EVENTS HELD ENTIRELY or PARTIALLY OUTDOORS: Diagram must show shape and measured dimensions of the area to be used. Location of barriers must be shown, and an explanation of the type of barriers used (e.g., chain link fence, snow fence, brick wall, rope, etc.) which will separate permit premises from other areas which are not permit premises.

DIAGRAM MUST APPEAR IN THE SPACE BELOW, OR ON AN ATTACHED SHEET

(if submitting diagram on attached sheet, the diagram must be signed by the person who prepared diagram or applicant)

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Signature of person who prepared diagram or applicant

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Print Name

Title

Phone #