



Affidavit of Person Associated with Applicant Distributor or Manufacturer

Each and every officer and partner of Applicant and all other persons who have an ownership interest of ten percent or more must complete this affidavit and submit it with the Application for a Distributor/Manufacturer License. Complete and attach a separate affidavit for each individual.

1. Name of Applicant: _____

2. Provide the following information for the Officer, Partner, or Other Person with an Ownership Interest of ten percent or more in Applicant.

| | | |
|--------------------------------|----------------------------|------------------------|
| Name, Title, Residence Address | | Date of Birth |
| City, State, Zip Code | Telephone Number (Daytime) | Social Security Number |

State of _____ :
County of _____ : ss.

I, _____ do solemnly swear or affirm that I am competent to testify to and have personal knowledge of the matters herein and hereby state as follows:

1. I am an Officer of / Partner of / Person with ownership interest of ten percent or more in the entity named above as "Applicant".
2. I have / have not (check the correct response) been convicted of a felony under the laws of the State of Ohio, another state, or the United States.
3. I have / have not (check the correct response) been convicted of a gambling offense in any jurisdiction.
4. I hereby provide consent to the State of Ohio to conduct a criminal record background check concerning myself to determine whether to issue a License to the above-named Applicant.
5. I swear or affirm that the information in this Affidavit is true, accurate and complete, to the best of my knowledge.

Further Affiant Sayeth Not.

Date

Signature of Affiant

Subscribed and sworn to before me this ____ day of _____, 20____.

Seal or Notary Stamp

Notary Public