

**Application, Change
of Officers Controlling an
ABC Permitted Private Club**



— DEPARTMENT OF —
REVENUE
—
STATE OF MISSISSIPPI

return to
Alcoholic Beverage Control Division
Permit Department
P.O. Box 22828
Jackson, MS 39225

Application Instructions

Please read these instructions prior to completing this application for a change in officers of your private club permit.

Complete Section I, Statement of Ownership. This Section must identify all of the new officers.

Each officer must submit two (2) fingerprint cards and a Personal Record form with this application. The applicant must be fingerprinted by a law enforcement officer on ABC "applicant" fingerprint cards. The cards must be complete, legible, and capable of being classified by the Federal Bureau of Investigation. Some law enforcement agencies have ABC fingerprint cards on hand. If you need fingerprint cards, contact the Permit Department or visit your local Department of Revenue District Office.

Your Mississippi income tax filing status, if applicable, will be verified for the past three (3) years. If records indicate that you are delinquent in filing these returns (or you are indebted to the state of Mississippi for any other taxes or fees), you will be notified and must obtain clearance from your local Department of Revenue District Office before we can continue processing your application.

If you need assistance, call the ABC Permit Department at (601) 923-7690.

Section I – Statement of Ownership
Alcoholic Beverage Retailer Permit Application

I. Name of business _____ Permit number _____

II. Will this business be operated as an On-Premises Retailer Private Club as defined by §67-1-5(n) of the 1972 MCA?

- Yes If “yes”, list the officers and directors of the club below.
- No

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Each person listed above must submit a Personal Record (form 1001) and two (2) fingerprint cards.

Permittee Certification and Oath

I, _____, certify under penalty of perjury that the organization applying for this Alcoholic Beverage Retailer's Permit meets the qualifications of a permittee as described in Sections 67-1-51, 67-1-5, 67-1-55, and 67-1-69 of the Mississippi Code of 1972, Annotated. I affirm that this organization will comply fully with the provisions of the Local Option Alcoholic Beverage Control laws, rules and regulations in the purchase, sale and handling of alcoholic beverages and will keep all records and make all reports and remittances as required. I certify that the information presented on this application is true and correct to the best of my knowledge and belief. I agree that making a material misrepresentation on this application (or Personal Record form attached) shall be evidence of a lack of trustworthiness as contemplated by MS Code Ann. Section 67-1-57 and provide a basis for denial on this application.

Signature

Title

Sworn to and subscribed before me, this the _____ day of _____, _____

Notary

My commission expires: _____

Personal Record

1. Name _____
(Last) (First) (Middle)

2. Name of business _____

3. Date of birth _____ Height _____
Social Security No.* _____ Weight _____
Driver's License No. _____ Hair color _____
Age _____ Eye color _____
Sex _____ Race _____

** This information will be used for identification and in the administration of state tax laws. The Department is authorized to collect the information pursuant to 42 U.S.C § 405(c)(2)(c)(i). Additionally, Mississippi law requires all applicants under Mississippi Code Ann. §67-1-1 et seq. to provide Social Security Numbers. (Mississippi Code Ann. §67-1-53.) Any applicant who refuses to provide the required information will be denied the permit.*

4. Telephone No.(home) _____ (business) _____

5. List residences for the past five (5) years, starting with current address:

From/To Mo/Yr	Address Mo/Yr	City, State, Zip Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List your employment or occupational history for the past five (5) years:

<i>From/To</i>	<i>Address</i>	<i>City, State, Zip Code</i>
<i>Mo/Yr</i>	<i>Mo/Yr</i>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you filed and paid your Mississippi Income taxes and your Federal Income taxes?

Yes

No

If "no," explain fully: _____

8. Have you ever been convicted of any of the following: *(answer each question)*

a) A felony in any state, federal or military court? Yes No

b) A violation of the Local Option ABC laws, rules and regulations, or the Prohibition laws in any state or local jurisdiction? Yes No

c) A violation of any law relating to alcoholic beverages or beer? *(For example: DUI, sales of alcohol to a minor, public intoxication, or sale of alcohol to a visibility intoxicated person, etc.)* Yes No

d) A violation of any controlled substance related law? Yes No

Personal Record Supplement

If you answered "Yes" to 8a, 8b, 8c, or 8d, fully explain here:

List convictions (specific charges) _____

Date and jurisdiction of same: _____

Applicant's Signature

Date

Notary

State of _____

County of _____

This day personally came and appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, after being by me first duly sworn, states on oath that the matters contained and set forth in the foregoing application are true and correct as stated therein.

Sworn to and subscribed before me, this the _____ day of _____, _____

Notary

My commission expires: _____

Upon approval by the Department, your permit file will be updated and identification cards will be mailed to the new officers.

Application Check List

- Did you include a Personal Record form and two (2) fingerprint cards on each new officer?
- Did you sign the application where required and have the signatures notarized?