

**APPLICATION, TRANSFER IN OWNERSHIP  
ALCOHOLIC BEVERAGE RETAILER'S PERMIT**



— 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 an alcoholic beverage retailer's permit.*

Each applicant must meet the statutory qualifications set by the Local Option Alcoholic Beverage Control Laws, Title 67, 1972 MCA. The Department, under authority of these laws, has established policies requiring applicants to file certain documents concerning the applicant's place of business. This application asks for particular information concerning each applicant to allow the Department to determine the eligibility of the applicant for permitting as well as the suitability of the business premises to offer for sale alcoholic beverages. This application may be typed or neatly printed in ink.

Include with your application a \$25.00 non-refundable processing fee.

First, complete the APPLICATION FOR TRANSFER. This form is completed by the present permit holder along with the applicant and must be notarized. **The transfer application will not be accepted unless this form is completed by both parties.**

Complete the appropriate SUPPLEMENTAL INFORMATION portion of the application for the permit type (whether package store, on-premises, on-premises private club, etc). (NOTE: An on-premises club is a chartered organization formed for the purpose other than the profiting from the sale of alcoholic beverages. Some examples of private clubs are veteran's groups, lodges, and golf clubs.

Complete the STATEMENT OF OWNERSHIP. Locate on this form the ownership structure of the business, whether a sole owner, partnership, limited liability company, corporation, trust, or other. This form contains instructions on who must file qualifying documents (PERSONAL RECORD FORM, Form 1001; SUMMARY FINANCIAL STATEMENT, Form 2007; and FINGERPRINT CARDS) with this application. Note that partnerships, limited liability companies, corporations, and trusts must also file a separate SUMMARY FINANCIAL STATEMENT listing the business financial status. If you have out of state banks, then a BANK CONFIRMATION Form will be required.

Each manager applicant must submit two (2) fingerprint cards 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 Dept. or visit your local MS Department of Revenue District office.

Signatures on each PERSONAL RECORD form must be notarized and the waiver portion WITNESSED by two (2) people. The SUMMARY FINANCIAL STATEMENT form must be completed and witnessed by two (2) people along with the Waiver portion of this form.

Be sure to complete the PERMITTEE CERTIFICATION AND OATH ending this portion of the application.

Next, complete the WAIVER AND AUTHORIZATION TO RELEASE INFORMATION. This release will assist us in verifying the information on your application. This form must be witnessed by two (2) people.

You must submit with this application a copy of your lease, if leasing the business premises, or your deed, if you own the business premises. If a lease, the leasee must be the applicant for the alcoholic beverage permit (sole owner, partnership, Limited Liability Company, trust or corporation) and the lease must not expire for at least twelve (12) months. Include also, a FLOOR PLAN diagram of the business premises. The floor planned area is the only area where alcoholic beverages can be sold and consumed.

You are required to publish notice of your application in two (2) consecutive issues of the newspaper published in the town in which the business is located. If no local newspaper exists, the notice may be published in the newspaper produced in the town located nearest your business and within the same county. The notice must be published in its entirety in TEN POINT BOLD FACE type. An acceptable legal notice format is included in this packet. Submit with this application a PUBLISHER'S AFFIDAVIT (obtained from the newspaper) as proof of publication.

You must apply to the Dept. of The Treasury and furnish with this application a completed copy of TTB Form 5630.5d (7/2008). To obtain a form, go to [www.ttb.gov](http://www.ttb.gov). If you have questions or need assistance, you may call the Alcohol and Tobacco Tax and Trade Bureau at 1-800-937-8864.

You must register with the Dept. of Revenue and obtain a sales tax number. You may return this form with your application; or provide a copy of the form after it is filed at your local Department of Revenue District Office.

Applicants can't be indebted to the State of Mississippi for any taxes, fees, or penalties. Your MISSISSIPPI INCOME TAX filing status, if applicable, will be verified for the past three (3) years. If our records indicate that you are delinquent in filing these returns (or you are indebted to the State of Mississippi for any other taxes, fees or penalties), you will be notified and must obtain clearance from your local DOR District Office before we can continue processing your application.

*If applicable, attach a Menu and a Copy of your Health Dept. Food Service Permit to this application. (On-premise restaurants and caterers).*

Send the completed application to: **ALCOHOLIC BEVERAGE CONTROL  
PERMIT DEPARTMENT  
P. O. BOX 22828  
Jackson, MS 39225**

***Please allow four to six weeks for processing of your application.***

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

**APPLICATION FOR TRANSFER IN OWNERSHIP  
ALCOHOLIC BEVERAGE RETAILER'S PERMIT**

I, \_\_\_\_\_, doing business as

a \_\_\_\_\_ package retailer \_\_\_\_\_ on premise retailer holding ABC Retailers Permit No. \_\_\_\_\_

and located at \_\_\_\_\_  
(street) (city) (county)

hereby submit application to transfer this permit for change in ownership to:

NAME \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_

ADDRESS \_\_\_\_\_

**I certify under penalty of perjury** that the information presented is true and correct to the best of my knowledge. I further certify that (indicate one)

\_\_\_\_\_ I retain full ownership and control of this business and will continue to do so until this transfer is approved by the Commission.

\_\_\_\_\_ A Class II Temporary (70 day) Permit has been issued to the applicant for transfer of this permit.

The transferor must check the following to indicate his/her understanding:

\_\_\_\_\_ I understand that if the purchaser does not qualify for an ABC permit following the expiration of the Class II Temporary Permit, full ownership, responsibility, and control for the ABC Permit that I seek to transfer reverts to me for the remaining time of the permit period.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_PRESENT OWNER \_\_\_PARTNER \_\_\_PRESIDENT OF CORPORATION \_\_\_MANAGING MEMBER

**STATEMENT OF TRANSFEREE**

I, \_\_\_\_\_ applicant for transfer of the Alcoholic Beverage Retailers Permit described above recognize that the renewal privilege upon expiration of this permit may not be construed as a vested right. I understand that, if this is an on-premises permit, I assume responsibility for payment of any Additional Privilege Fees due on alcoholic beverage purchases made by the current permit holder. **I certify under penalty of perjury** that the information presented is true and correct to the best of my knowledge. I further certify that (indicate one)

\_\_\_\_\_ A Class II Temporary (70 day) Retailer's Permit has been issued to me for this business in the interim period of this transition.

\_\_\_\_\_ I exercise no control over nor have any financial interest in the business at this time nor will I have any such control or interest in the business until the Department approves this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

NOTARY

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named \_\_\_\_\_ and \_\_\_\_\_ who, after being duly sworn states on oath that the matters and things contained herein are true and correct.

\_\_\_\_\_  
Signature-current owner

\_\_\_\_\_  
Signature-prospective owner

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

PERMIT DEPT USE ONLY  
AMT OF CHECK \_\_\_\_\_  
CHECK NUMBER \_\_\_\_\_  
PERMIT NUMBER \_\_\_\_\_

**APPLICATION, TRANSFER IN OWNERSHIP  
ALCOHOLIC BEVERAGE RETAILERS PERMIT**

I. APPLICANT: \_\_\_\_\_  
(NAME OF SOLE OWNER, PARTNERSHIP, LLC, CORPORATION OR TRUST)

Tradename: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street/p.o.box) (city) (state) (zip)

Location of business \_\_\_\_\_  
(street) (city) (zip)

This location is \_\_\_\_\_ inside \_\_\_\_\_ outside the corporate city limits.

**Include a copy of the lease or deed to the business premises and submit a new floor plan of the Premises. (see instructions)**

Telephone Number (business) \_\_\_\_\_ (home) \_\_\_\_\_

II. TYPE OF ORGANIZATION ( ) Sole Owner ( ) Partnership  
( ) Corporation ( ) Trust  
( ) Limited Liability Company  
( ) Other \_\_\_\_\_

III. Does the applicant have, or has the applicant ever had, an interest in any other alcoholic beverage retailer's permit? \_\_\_\_\_ If "yes", explain fully: \_\_\_\_\_  
\_\_\_\_\_

IV. Is the applicant indebted to the State of Mississippi for any taxes, fees or payment of penalties imposed by law or by any rule or regulation of the Department? \_\_\_\_\_  
If "yes", explain fully: \_\_\_\_\_  
\_\_\_\_\_

V. List your Mississippi Sales Tax Number: \_\_\_\_\_  
List your Federal Identification Number (EIN) \_\_\_\_\_

VI. Have you applied for your TTB Alcohol Dealer's Registration? \_\_\_\_\_  
(Attach copy of TTB form 5630.5d)

**SUPPLEMENTAL INFORMATION  
FOR CATERER'S PERMIT APPLICANTS ONLY**

- I. Include a copy of the health certificate issued by the State Department of Health.  
List the certificate number: \_\_\_\_\_
- II. Does the applicant understand that ten (10) days prior to each catered event, written notice of such event must be supplied to the Alcoholic Beverage Control?  
*Notification forms are available on-line at [www.dor.ms.gov](http://www.dor.ms.gov) Caterers must provide a copy of the food menu*

**SUPPLEMENTAL INFORMATION  
FOR PACKAGE RETAILER APPLICANTS ONLY**

- I. If the applicant is an individual, partnership, or an LLC, is the individual, each of its partners, or all members if an LLC, a legal resident of the State of Mississippi?  
\_\_\_\_\_
- II. Is the applicant a corporation? \_\_\_\_\_ If "yes", is the designated manager a legal resident of Mississippi? \_\_\_\_\_

NOTE: Managers require Department approval. Manager applications can be obtained on-line at [www.dor.ms.gov](http://www.dor.ms.gov)

**SUPPLEMENTAL INFORMATION  
FOR ON-PREMISE PERMIT APPLICANTS ONLY  
Hotel, Restaurant, Bed & Breakfast**

- A. Name of business \_\_\_\_\_
- B. Type of business \_\_\_ hotel/motel \_\_\_ restaurant \_\_\_ other  
(If hotel, number of rooms \_\_\_\_\_ Population of city \_\_\_\_\_)
- C. General Manager \_\_\_\_\_  
Home address \_\_\_\_\_  
(street/p.o.box) (city) (state) (zip)
- D. Restaurant Manager \_\_\_\_\_  
Home address \_\_\_\_\_  
(street/p.o. box) (city) (state) (zip)
- E. Beverage Sales Manager \_\_\_\_\_  
Home address \_\_\_\_\_  
(street/p.o.box) (city) (state) (zip)
- F. Does the hotel/motel or restaurant described in this application meet the statutory definition of same as found in §.67-1-5, (l), or (m), MCA (1972)? \_\_\_\_\_  
If "no", explain fully: \_\_\_\_\_  
\_\_\_\_\_

*If applicable, on-premise applicants must include a copy of the food menu.*

**STATEMENT OF OWNERSHIP  
ALCOHOLIC BEVERAGE RETAILER PERMIT APPLICATION**

I. Name of business \_\_\_\_\_

II. Will this business be operated as a sole ownership by the person applying for this permit? \_\_\_\_\_ If "yes", submit a PERSONAL RECORD (form 1001) a SUMMARY FINANCIAL STATEMENT (form 2007), and two (2) properly executed fingerprint cards.

III. Will this business be operated as a partnership? \_\_\_\_\_ If "yes", list each partner's name and extent of this interest in the partnership.

NAME	HOME ADDRESS	AMT OF INTEREST OWNED
_____	_____	_____
_____	_____	_____

**Note: Each partner must submit a PERSONAL RECORD (form 1001), a SUMMARY FINANCIAL STATEMENT (form 2007), and two (2) properly executed fingerprint card. A separate SUMMARY FINANCIAL STATEMENT (Form 2007) must be completed for the partnership. Include a copy of your partnership agreement.**

IV. Will this business be operated as a corporation? \_\_\_\_\_ If "yes", list the total amount of stock, \_\_\_\_\_ common and \_\_\_\_\_ preferred, and each officer, director, and each 10% stock owner or more below. Include a copy of the corporate charter and attach a list of all stockholders, amount of stock owned, and their addresses to this application.

NAME	CORP TITLE	ADDRESS	SHARES/ OWNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE: Each principal officer, director, and stockholders owning 10% or more stock must submit a PERSONAL RECORD (Form 1001), a SUMMARY FINANCIAL STATEMENT (Form 2007), and two (2) properly executed fingerprint cards. A separate SUMMARY FINANCIAL STATEMENT (Form 2007) must be completed for the corporation. \*Officers owning less than 10% of stock of the corporation do not file a Summary Financial Statement.**

V. Will this business be operated as a limited liability company? \_\_\_\_\_ If "yes", list each member's name, address, and their percentage ownership below. Identify the managing member(s). Include a copy of the limited liability company agreement with this application.

NAME	TITLE	ADDRESS	% OWNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**NOTE: Each member who owns 10% of more of the company must submit a PERSONAL RECORD (Form 1001), a SUMMARY FINANCIAL STATEMENT (Form 2007), and two (2) properly executed fingerprint cards. A separate SUMMARY FINANCIAL STATEMENT (Form 2007) must be completed for the corporation. \*Members owning less than 10% of stock of the corporation do not file a Summary Financial Statement.**

VI. Will this permit be operated as a trust? \_\_\_\_\_ If "yes", list the trustee and each beneficiary below.

NAME	TYPE	STATE OF RESIDENCY
_____	_____	_____
_____	_____	_____

**Note: The trustee and each beneficiary must submit a PERSONAL RECORD (Form 1001), two (2) properly executed fingerprint cards. A SUMMARY FINANCIAL STATEMENT is required for the trust itself. You must submit a copy of the trust instrument.**

### PERMITTEE CERTIFICATION AND OATH

I, \_\_\_\_\_, certify under penalty of perjury that the organization applying for this Alcoholic Beverage Retailer's Permit does meet the qualifications of a permittee as described in Sections 67-1-5, 67-1-51, 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 thereby. I certify that the information presented on this application to be true and correct, to the best of my knowledge and belief. I also agree that making a material misrepresentation on this application (or on a personal record form attached hereto) shall be evidence of a lack of trustworthiness as contemplated by MS Code Ann. §67-1-57 and provide a basis for denial on this application.

\_\_\_\_\_  
(signature of sole owner, partner, President of Corp, trustee, or llc managing member)

DATE \_\_\_\_\_

### NOTARY

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**PERSONAL RECORD ALCOHOLIC  
BEVERAGE CONTROL PERMIT  
DEPARTMENT  
P.O. BOX 22828, JACKSON, MS 39225**

1. Name \_\_\_\_\_  
(last) (first) (middle)  
\_\_ sole owner \_\_ partner \_\_ officer \_\_ stockholder \_\_ director \_\_ manager  
\_\_ LLC member \_\_ trustee \_\_ trust beneficiary

2. Name of business \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Social Security Number\* \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_  
Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ 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 Miss. Code Ann. §67-1-1 et seq. to provide social security numbers. Miss. 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 your residences for the past five years, (5) starting with current address

FROM MO/YR	TO MO/YR	ADDRESS	CITY, STATE, ZIP CODE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

FROM MO/YR	TO MO/YR	EMPLOYER	CITY, STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Have you filed and paid your Mississippi State Income taxes? \_\_\_\_\_ If "no", explain fully: \_\_\_\_\_  
 \_\_\_\_\_
8. Have you ever been convicted of any of the following: (Answer "yes" or "no").
- a. A felony in any state, federal or military court? \_\_\_\_\_
  - b. A violation of the Local Option ABC Laws, Rules and Regulations, or the Prohibition Laws in any state or local jurisdiction? \_\_\_\_\_
  - c. A violation of any law relating to alcoholic beverages or beer? (For example: DUI, Sale of Alcohol to a Minor, Public Intoxication, or Sale of Alcohol to a Visibly Intoxicated Person, etc.) \_\_\_\_\_
  - d. A violation of any controlled substance related law? \_\_\_\_\_

PERSONAL RECORD SUPPLEMENTAL  
 (if "yes" to a, b, c, or d above explain fully)

List convictions (specific charges) \_\_\_\_\_  
 \_\_\_\_\_

Date and jurisdiction of same \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 APPLICANTS 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 PUBLIC

**My commission expires:** \_\_\_\_\_

**WAIVER AND AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue, with any and all information that you may have concerning me, my work record, my reputation, and my military service records. You may allow inspection of records by, and copies of these records may be provided to, an authorized representative of the Alcoholic Beverage Control Division. Information of a confidential or privileged nature may be included. Your reply will be used by the Department in determining my fitness and eligibility to be granted an Alcoholic Beverage Control Permit.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

I hereby release you, your organization and others from liability or damage which may result from furnishing the information requested.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S TRADE NAME

**WITNESS SIGNATURES:**

\_\_\_\_\_

\_\_\_\_\_

**SUMMARY FINANCIAL STATEMENT  
ALCOHOLIC BEVERAGE CONTROL  
PERMIT DEPARTMENT  
P.O. BOX 22828, JACKSON, MS 39225**

I. Name \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

II. Name of business \_\_\_\_\_

III. Financial statement is:  Personal  Partnership  Corporation  Trust  
 Limited Liability Company

IV. List checking, savings, and/or loan institution references. Continue on separate page if needed.

Checking: \_\_\_\_\_  
(institution name) (account number)

Savings: \_\_\_\_\_  
(institution name) (account number)

Loan: \_\_\_\_\_  
(institution name) (account number)

V. List each asset, tangible or intangible below. These amounts are accurate as of \_\_\_\_\_, \_\_\_\_\_.  
(Insert Date)

Current Assets  
Cash on hand..... \$ \_\_\_\_\_  
Cash on deposit..... \$ \_\_\_\_\_  
Accounts & Notes Receivable..... \$ \_\_\_\_\_

Investments  
Stocks and Bonds..... \$ \_\_\_\_\_  
Business Investment..... \$ \_\_\_\_\_

Fixed Assets  
Real estate..... \$ \_\_\_\_\_  
Other..... \$ \_\_\_\_\_

Total Assets..... \$ \_\_\_\_\_

VI. List each liability below. These amounts are accurate as of \_\_\_\_\_.  
(Insert Date)

Current Liabilities (debts due within one year)

Accounts Payable (ex. credit cards).....	\$ _____
Taxes Payable.....	\$ _____
Other.....	\$ _____

Long Term Liabilities (debts due in more than one year)

Notes Payable.....	\$ _____
Mortgages Payable.....	\$ _____
Other.....	\$ _____

Total Liabilities..... \$ \_\_\_\_\_

**WAIVER AND AUTHORIZATION TO RELEASE FINANCIAL INFORMATION**

TO WHOM IT MY CONCERN:

I hereby request and authorize you to furnish the Alcoholic Beverage Control Division, Department of Revenue, any and all information you may have concerning me or my financial records and copy such records, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. I agree to indemnify and hold harmless the person or organization to whom this request is presented from all manner of actions arising out of or by reason of complying with this request.

A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

This request shall expire twelve (12) months from date of signing.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S TRADE NAME

**WITNESS SIGNATURES**

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

STANDARD BANK CONFIRMATION FORM

Your completion of the following report will be sincerely appreciated. If the answer to any item is "none", please so state. Kindly mail direct to the accountant named below.

REPORT FROM BANK

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

Bank customer should check here if Confirmation of bank balance only (item 1) is desired ( ).

NAME OF ACCOUNTANT:  
Alcoholic Beverage Control Division  
P.O. Box 22828  
Jackson, MS 39225

Bank should check whichever is applicable: This report covers all accounts with this office and all other domestic offices ( ).

1. We hereby report that at the close of business on showed \_\_\_\_\_, \_\_\_\_\_ our records the following balance(s) to the credit of \_\_\_\_\_.

AMOUNT	DESINATION OF ACCOUNT	IS BALANCE SUBJECT to WITHDRAWAL by CHECK?	DOES ACCOUNT BEAR INTEREST?	GIVE RATE
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____

2. We further report that the above mentioned depositor was directly liable to us in the respect of loans, acceptances, etc., at the close of business on that date in the total amount of \$ \_\_\_\_\_ as follows:

AMOUNT	DATE OF LOAN OR DISCOUNT	DUE DATE	INTEREST RATE	PAID TO	DESCRIPTION OF LIABILITY, COLLATERAL, LIENS, ENFORCERS, ETC.
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

3. Said Depositor was contingently liable as endorser of notes discounted and/or as guarantor at the close of business on that date in the total amount of \$ \_\_\_\_\_ as follows:

AMOUNT	NAME OF MAKER	DATE OF NOTE	DUE DATE	REMARKS
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____

4. Who is authorized to sign on account(s): \_\_\_\_\_  
\_\_\_\_\_

Other direct or contingent liabilities, open letters of credit, and relative collateral, were

Date \_\_\_\_\_.

(Bank) \_\_\_\_\_

By \_\_\_\_\_

Authorized Signature

**LEGAL NOTICE**  
**FORMAT FOR PUBLICATION OF TRANSFER APPLICATION**  
**CHECK APPLICABLE PHRASES**

- ( ) I, \_\_\_\_\_  
(Sole Owner's Name)
- ( ) We, the partners of \_\_\_\_\_  
(Partnership Name)
- ( ) I/We, the member(s) of \_\_\_\_\_  
(Limited Liability Company Name)
- ( ) We, the officers of \_\_\_\_\_  
(Corporation Name)
- ( ) I, the trustee of \_\_\_\_\_  
(Name of Trust)

intend to make application for a transfer of:

- ( ) a Manufacturer Class I, Distiller &/or Rectifier permit
- ( ) a Manufacturer Class II, Wine permit
- ( ) a Manufacturer Class III, Native Wine permit
- ( ) a Package Retailer permit
- ( ) an On-Premises retailer permit
- ( ) an On-Premises retailer, Club permit
- ( ) an On-Premises retailer, Wine only, permit
- ( ) a Common Carrier permit
- ( ) a Native Wine retailer permit
- ( ) a Caterer's permit, for on-premises retailer permit holders
- ( ) a Caterer's permit
- ( ) a Solicitor's permit
- ( ) a Research permit
- ( ) an Alcohol Processing permit
- ( ) a Charter Ship Operator permit
- ( ) a Distillery Retailer permit

Under the provisions of the Local Option Alcoholic Beverage Control Laws, 67-1-1 et. seq., Mississippi Code of 1972. If granted a transfer from \_\_\_\_\_

(name of sole owner, partnership, corporation, limited liability company or trust)

doing business as \_\_\_\_\_

who is operating at \_\_\_\_\_

(street)

(city)

\_\_\_\_\_, propose to operate under the tradename of \_\_\_\_\_

(I) (We)

at \_\_\_\_\_

(street number)

(street)

of \_\_\_\_\_ County.

The name(s), title(s), and address(es) of all owners/ partners/ officer(s)/members and/or majority stockholders/ trustee of the above are as follows:

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



If any person wishes to request a hearing to object to the issuance of this permit a request for a hearing must be made in writing and received by the Department of Revenue within (15) fifteen days from the first date this notice was published.

Requests shall be sent to:

Chief Counsel, Legal Division  
Department of Revenue  
P. O. Box 22828  
Jackson, MS 39225  
Date of First Publication: \_\_/\_\_/\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

## **NOTICE**

*Your permit and packet will be sent to you when your permit is approved. Please allow 4-6 weeks to process this application. If you would like to pick your permit and packet up at the Liquor Distribution Center, you must make prior arrangement with the ABC Permit Dept.*

*You may not place your initial order for alcoholic beverages with the ABC until the day after your permit has been approved by the Department. We must create your account and establish a delivery route for your business before your order may be processed.*

## **APPLICATION CHECK LIST**

### ***Have you:***

- Included the correct fee payment for the permit?
- Completed the supplemental information?
- Compiled a summary financial statement for the business?
- Included a copy of your floor planned area?
- Included a copy of your lease or deed?
- Included a personal record form statement, summary financial statement, two fingerprint cards, and executed a release of information for each person identified on the Statement of Ownership?
- Included Proof of Publication of your legal notice?
- Signed the application where applicable and had signatures notarized and witnessed?
- Included the application for transfer?
- Submitted partnership agreement, trust instrument, or limited liability company agreement, (if applicable)?

### **ABC TELEPHONE NUMBERS**

ADMINISTRATION	601-856-1301
ACCOUNTING	601-856-1310
ENFORCEMENT	601-856-1320
PERMIT	601-923-7690
PROCESSING	601-856-1360
PURCHASING (SPECIAL ORDERS)	601-856-1340
WAREHOUSE	601-856-1380

**TO PLACE AN ORDER FOR ALCOHOLIC BEVERAGES CALL 601-856-1350.**