

## **Application, Alcoholic Beverage Control**

**Transfer in Corporate / Officers / Stock/ Structure or  
Transfer in LLC Ownership / Membership / Structure**



— 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 the instructions prior to completing this application for a transfer of your principal corporate officers, principal directors, changes in corporate structure, or, transfers in corporate ownership through stock transfers, or changes in LLC owners (members).

**Ownership changes must be approved by the Department prior to the change actually taking place.**

- Each applicant must meet the statutory qualifications set by the Local Option Alcoholic Beverage Control Laws, Title 67, Chapter 1, and 1972 MCA. The Department, under authority of these laws, 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.
- This application may be typed or neatly printed in ink.
- The permit fee includes a non-refundable \$25.00 processing fee. If you currently pay for alcoholic beverage orders by certified funds, then you must submit certified funds to pay this fee.
- The application form must be completed in its entirety.
- Complete the Statement of Ownership. This form contains instructions on who must file qualifying documents (Personal Record Form 1001; Summary Financial Statement, Form 2007; and two (2) applicant fingerprint cards) with this application. Note that the officers and the corporation must file separate Summary Financial Statements. For a LLC, new members and the LLC must file separate Summary Financial Statements. Include a copy of the corporate minutes that reflect any change in officers or corporate structure. If stock was sold, submit a copy of the document evidencing the sale/transfer of stock.
- Each 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 Department. Or visit your local MS Department of Revenue District Office.

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Applicants cannot be indebted to the state of Mississippi for any fees or taxes. 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.

Signatures on each Personal Record Form must be notarized and the waiver portion of the Summary Financial Statement form must be completed.

Complete the permittee certification and oath along with the waiver and authorization to release information. This release will assist us in verifying information on your application.

You may be required to publish notice of your application. If you are an officer who owns 10% or more of stock, or a stockholder with 10% or more stock, you are required to publish your intent. All changes in LLC ownership must be published. You are required to publish notice of your application in two (2) consecutive issues of a 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 nearest your business and within the same county.

This 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.

**Alcoholic Beverage Control  
Permit Department  
P O Box 22828  
Jackson, MS 39225**

*Please allow ample time for processing your application.*

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

(Revised 10/19)

Permit Department use only

Amt of check \_\_\_\_\_

Check number \_\_\_\_\_

Permit number \_\_\_\_\_

**Application, Alcoholic Beverage Control**  
**Transfer in Corporate / Officers / Stock/ Structure or**  
**Transfer in LLC Ownership / Membership / Structure**

To report corporate changes complete all parts, except Part II, and complete the Statement of Ownership for Corporate entities. To report changes in LLC membership / ownership, complete all parts, except for Part I, and complete the Statement of Ownership for LLCs.

**Part I.** I, \_\_\_\_\_ hereby submit application for a  
(Corporate Officer's name: President, Vice President, etc.)

transfer in officers of: \_\_\_\_\_  
(Corporate name)

\_\_\_\_\_  
(Doing Business As)

From: \_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_

And / Or report the following transfer of stock of 10% or greater stock transfers / sales from the following:  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_

Telephone (business) \_\_\_\_\_ (cell) \_\_\_\_\_

**Part II.** I, \_\_\_\_\_, hereby submit application for a change in  
(Limited Liability Company name)

membership / ownership with: \_\_\_\_\_

Doing Business As \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

Telephone (business) \_\_\_\_\_ (cell) \_\_\_\_\_

**Part III.** Does the applicant have, or has the applicant ever had, an interest in any other Alcoholic Beverage Retailer's Permit?

Yes

No

If "yes" explain fully: \_\_\_\_\_

\_\_\_\_\_

**Part 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?

Yes

No

If "yes" explain fully: \_\_\_\_\_

\_\_\_\_\_

**Part V.** List your Mississippi Sales Tax number: \_\_\_\_\_

List your Federal Identification number (EIN) \_\_\_\_\_

## Statement of Ownership for Corporations

List total amount of stock: \_\_\_\_\_ Common Stock: \_\_\_\_\_ Preferred Stock \_\_\_\_\_

List each officer, director, and each stockholder who holds 10% or more of the stock. Include a copy of the corporate minutes showing this change along with a copy of the documentation evidencing the transfer / sale of stock. Attach additional sheets if needed.

<i>Name</i>	<i>Corporate Title</i>	<i>Address</i>	<i>Shares Owned</i>

Principal officers, directors and each stockholder who holds 10% or more of the stock must submit the following with this application:

- Personal Record Form 1001
- Summary Financial Statement Form 2007
- Two (2) properly executed fingerprint cards
- A separate Summary Financial Statement must be completed for the Corporation.

## Statement of Ownership for LLC

List each member, title, address and percentage of ownership:

<i>Name</i>	<i>Title</i>	<i>Address</i>	<i>Percent Owned</i>

Each member must submit the following with this application:

- Personal Record Form 1001
- Summary Financial Statement Form 2007
- Two (2) properly executed fingerprint cards
- A separate Summary Financial Statement must be completed for the LLC.

### Permittee Certification and Oath

I, \_\_\_\_\_, certify under penalty of perjury that the organization applying for the Alcoholic Beverage Retailers Permit meets 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 Personal Record Form attached hereto) 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*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title*

### Notary

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Notary public**

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

**Personal Record**

1. Name \_\_\_\_\_

(Last)

(First)

(Middle)

Sole owner

Director

Manager

Partner

LLC Member

Trustee

Officer

Stockholder

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

3. Date of birth \_\_\_\_\_

Social Security No.\* \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Weight \_\_\_\_\_

Age \_\_\_\_\_

Hair color \_\_\_\_\_

Sex \_\_\_\_\_

Eye color \_\_\_\_\_

Height \_\_\_\_\_

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 Mss. 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 (home) \_\_\_\_\_ (business) \_\_\_\_\_

5. List residences for the past five (5) years, 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:

<i>From Mo/Yr</i>	<i>To Mo/Yr</i>	<i>Address</i>	<i>City, State, Zip Code</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: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*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, and 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.

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*Applicant's signature*

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*Date*

### **Witness Signatures:**

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### Summary Financial Statement

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

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

III. Financial statement is:

- Personal                       LLC
- Partnership                       Trust
- Corporation

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 of as  
(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 may 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 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.

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*Applicant's signature*

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*Date*

**Witness signatures:**

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## Legal Notice

Format for Publication of Transfer Application

### Check Applicable Phrases

- I, \_\_\_\_\_  
(sole owner's name)
- We, \_\_\_\_\_  
(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:

- Manufacturer Class I, Distiller &/or Rectifier permit
- Manufacturer Class II, Wine permit
- Manufacturer Class III, Native Wine permit
- Package Retailer permit
- On-Premises retailer permit
- On-Premises retailer, Club permit
- On-Premises retailer, Wine only, permit
- Common Carrier permit
- Native Wine retailer permit
- Caterer's permit, for on-premises retailer permit holders
- Caterer's permit
- Solicitor's permit
- Research 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)

Who is doing business as \_\_\_\_\_

Who is operating at \_\_\_\_\_  
(street) (city)

Propose to operate under the trade name of \_\_\_\_\_

I or 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 \_\_\_\_\_, \_\_\_\_\_



Your permit & packet will be mailed immediately after approval. If you elect to pick up your permit at the liquor distribution center, call the permit Department at 601-923-7690 to make prior arrangements.

### **Application Checklist**

**Did you:**

- Include the proper permit fee(s)?
  
- Complete the Supplemental Information?
  
- Compile a Summary Financial Statement for the business?
  
- Include a Personal Record Statement, Summary Financial Statement, two fingerprint cards, and executed a release of Information for each person Identified on the Statement of Ownership?
  
- Include proof of publication of your legal notice?
  
- Include copies of corporate minutes and copies evidencing stock transfers?
  
- Sign the application where required and notarized?