DOLC DP 30 Rev 6/15

STATE OF OHIO

DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL

PERMIT NUMBER	CODE	DATE ISSUED	EXPIRATION DATE
6364056	REN	10-01-2019	10-01-2020

THIS CERTIFICATE IS VALID ONLY BETWEEN THE DATE ISSUED AND EXPIRATION DATE APPEARING HEREIN. IT MAY BE USED ONLY BY THE NAMED HOLDER AT THE LOCATION FOR WHICH ISSUED.

THE PERSON NAMED HEREIN IS AUTHORIZED TO SELL OR DISPENSE ALCOHOLIC BEVERAGES WITH ALCOHOLIC CONTENT PERMITTED BY LAW FOR THE PERMITS DESIGNATED BELOW.

THIS CERTIFICATE AND/OR EACH TYPE OF PERMIT REPRESENTED IS SUBJECT TO SUSPENSION, REVOCATION OR CANCELLATION AS AUTHORIZED BY TITLE XLIII OF THE REVISED CODE.

THIS CERTIFIES THAT

NEW PRIME INC
PO BOX 4208
SPRINGFIELD MO 65808

IS THE HOLDER OF PERMIT OR PERMITS DESIGNATED BELOW

05 ATHENS 033 ATHENS 08-27-2019 C044035

CODE	PERMIT TYPE	$ VALUE
H	PUCO MOTOR CARRIER TO TRANSPORT BEER, INTOXICATING LIQUOR AND ALCOHOL, ALSO TO RAILROADS	300.00
	TOTAL	$ 300.00

PERMITS AUTHORIZED BY SECTIONS 4303.02 TO 4303.232, INCLUSIVE OF THE REVISED CODE

TRANSFERRED _____
PREVIOUS PERMIT NUMBER _____
PENALTY _____

4301.66 Obstructing search of premises prohibited. No person shall hinder or obstruct any agent or employee of the division of liquor control, any enforcement agent of the department of public safety, or any officer of the law, from making inspection or search of any place, other than a bona fide private residence, where beer or intoxicating liquor is possessed, kept, sold, or given away.

Sheryl Maxfield
DIRECTOR OF COMMERCE

James V. Canepa
SUPERINTENDENT OF LIQUOR CONTROL

08-28-2019

DOLC DP 30 Rev 6/15

DIVISION OF LIQUOR CONTROL
PERMITTEE IDENTIFICATION CARD

PERMIT NUMBER _____ DATE ISSUED _____
EXPIRATION DATE _____ PERMIT CLASSES _____ CODE _____

VOID ** VOID ** VOID ** VOID ** VOID ** VOID ** VOID ** VOID ** VOID ** VOID ** VOID

THIS PURCHASE ENTITLES AS INDICATED ABOVE

Sheryl Maxfield
DIRECTOR OF COMMERCE

James V. Canepa
SUPERINTENDENT OF LIQUOR CONTROL

AUTHORIZED AGENT(S)

NAME _____
ADDRESS _____
NAME _____
ADDRESS _____
NAME _____
ADDRESS _____

DOC 4060