

FILE NO. 612-2021

NOTICE TO LEGISLATIVE AUTHORITY

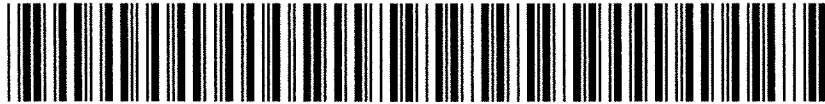
WARD 3 - MCCORMACK  
OHIO DIVISION OF LIQUOR CONTROL  
6606 TUSSING ROAD, P.O. BOX 4005  
REYNOLDSBURG, OHIO 43068-9005  
(614)644-2360 FAX(614)644-3166

TO

6621205 PERMIT NUMBER		STCK TYPE	P H CORPORATION INC DBA CITY TAP CLEVELAND 1ST FL & MEZZANINE & BSMT 748 PROSPECT AVE & PATIO CLEVELAND OHIO 44115
ISSUE DATE 09 17 2020			
FILING DATE			
D5 D6 PERMIT CLASSES			
18 TAX DISTRICT	154 C	F25662 RECEIPT NO.	

FROM 07/14/2021

PERMIT NUMBER		TYPE
ISSUE DATE		
FILING DATE		
PERMIT CLASSES		
TAX DISTRICT		RECEIPT NO.



MAILED 07/14/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 08/16/2021

IMPORTANT NOTICE

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL  
WHETHER OR NOT THERE IS A REQUEST FOR A HEARING.  
REFER TO THIS NUMBER IN ALL INQUIRIES **C STCK 6621205**

(TRANSACTION & NUMBER)

(MUST MARK ONE OF THE FOLLOWING)

WE REQUEST A HEARING ON THE ADVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT  
THE HEARING BE HELD  IN OUR COUNTY SEAT.  IN COLUMBUS.

WE DO NOT REQUEST A HEARING.

DID YOU MARK A BOX? IF NOT, THIS WILL BE CONSIDERED A LATE RESPONSE.

PLEASE SIGN BELOW AND MARK THE APPROPRIATE BOX INDICATING YOUR TITLE:

(Signature)

(Title)-  Clerk of County Commissioner

(Date)

Clerk of City Council

Township Fiscal Officer

CLERK OF CLEVELAND CITY COUNCIL  
ATTENTION CLERK  
601 LAKESIDE AV RM 216  
CLEVELAND OHIO 44114

# 9851 \$100



For Questions call  
 (614) 644-3162  
 Office Hours -  
 8:00 a.m. - 5:00 p.m.

Ohio Department of Commerce - Division of Liquor Control  
 6606 Tussing Road, Reynoldsburg, Ohio 43068-9005  
<http://www.com.ohio.gov/liqr>

**APPLICATION FOR CHANGE OF CORPORATE STOCK OWNERSHIP**  
**PROCESSING FEE \$100.00 CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING**

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING TRANSFER(S) OF STOCK

Permit Holder Name <b>PH Corp dba City Tap Cleveland</b>	Liquor Permit Number(s) <b>F 025602</b>
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Permit Premises Address \_\_\_\_\_

Email Address: \_\_\_\_\_

Attorney's Name, Address and Telephone Number (If represented) \_\_\_\_\_

Is Stock Traded on a National Exchange?  YES  NO If YES, give Name of Exchange and Symbol \_\_\_\_\_

**Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement an enforcement action, or collect taxes.**

SECTION A: PREVIOUS 5% OR MORE STOCKHOLDERS			
Name	BIRTHDATE	Social Security Number-FTI#	Number of Shares Issued For Stock Transfer Only (NOT Percentages)
1) Jeff Hobbie			
2) Eric Pelham			
3)			
4)			
5)			

SECTION B: REVISED 5% OR MORE STOCKHOLDERS			
Name	BIRTHDATE	Social Security Number-FTI#	Number of Shares Issued For Stock Transfer Only (NOT Percentages)
1) Eric Pelham			
2) Steven Zornes			
3)			
4)			
5)			

NOTE: If any Stockholder is a business entity, that entity must list it's federal tax identification number (FTI #) above. TOTAL NUMBER OF SHARES ISSUED \_\_\_\_\_

LIST THE TOP FOUR OFFICERS OF THE CAPTIONED CORPORATION. IF AN OFFICE IS NOT HELD, PLEASE INDICATE BY WRITING "NONE"	Social Security Number	Birthdate
1) CEO/President Eric Pelham		
2) Vice-President Steven Zornes		9
3) Secretary None		
4) Treasurer None		

**THE FOLLOWING MUST BE COMPLETED BY ANY OF THE REVISED 5% OR MORE SHAREHOLDERS:**

1. Do you or any partner, office holder, managing member, 5% stockholder or member, spouse, or other person involved in this permit hold or have any interest in another permit business?  YES  NO  
 IF YES, give permit number & address on the line provided  
Cross the Street Ventures - 1830910
2. Have you or any partner, office holder, managing member, 5% stockholder or member, spouse, or other person involved in this permit ever been convicted of a felony or misdemeanor, including any alcohol-related offenses?  YES  NO  
 IF YES, attach a written explanation
3. Have you or any partner, office holder, managing member, 5% stockholder or member, spouse, or other person involved in this permit ever been refused a permit, denied a renewal, or had a permit revoked from another state, by this Division, or the Liquor Commission? IF YES, attach a written explanation.  YES  NO
4. If you hold C or D permits, do you or any partner, office holder, managing member, member, stockholder, employee, spouse, or other person involved in this permit own any stock or have any interest in the business of a manufacturer or wholesale distributor of alcoholic beverages? IF YES, attach a written explanation.  YES  NO
5. If you hold A or B permits, do you or any partner, office holder, managing member, member, stockholder, employee, spouse, or other person involved in this permit own any stock or have any interest in the business of a retail permit holder? IF YES, attach a written explanation.  YES  NO

**DELIBERATE MISREPRESENTATION OF ANY OF THE INFORMATION ON THIS APPLICATION CAN RESULT IN THE DIVISION'S REFUSING TO APPROVE THIS APPLICATION.**

**THE FOLLOWING MUST BE COMPLETED BY ANY OF THE REVISED 5% OR MORE SHAREHOLDERS:**

State of Ohio, Wood County, ss

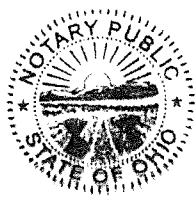
I, Eric Pelham, being first duly sworn, according to law, depose and say  
 (Please Print)  
 that the statements and answers made in the foregoing application are true

[Signature] President 1/8/21  
 (Signature of Individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member) (Title) (Date)

[Address] (Residence Address) [City] (City) [State] (State) [Zip Code] (Zip Code) [Area Code & Phone Number] (Area Code & Phone Number)

(To be completed by Notary Public)

Sworn to before me and subscribed in my presence this 8<sup>th</sup> day of January, 2021  
By Eric Pelham.

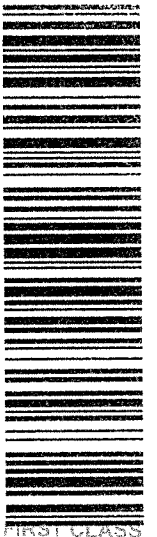


**GREGORY E. BAKIES**  
 Attorney at Law  
 Notary Public, State of Ohio  
 My commission has no expiration date.  
[Signature] (Notary Public) \_\_\_\_\_ (Notary Expiration)

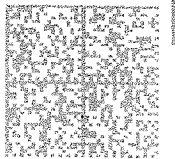


**Department  
of Commerce**

Division of Liquor Control  
6606 Tussing Road, P.O. Box 4005  
Reynoldsburg, Ohio 43068-9005



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U.S. POSTAGE & FITNEY BOWES  
ZIP 43209 \$006.96<sup>0</sup>  
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6621205  
CLERK OF CLEVELAND CITY COUNCIL  
ATTENTION CLERK  
601 LAKESIDE AV RM 216  
CLEVELAND, OH 44114

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