

FILE NO. 724-2021

NOTICE TO LEGISLATIVE AUTHORITY

WARD 11- MOONEY  
OHIO DIVISION OF LIQUOR CONTROL  
6606 TUSSING ROAD, P.O. BOX 4005  
REYNOLDSBURG, OHIO 43068-9005  
(614)644-2360 FAX(614)644-3166

TO

0597266 PERMIT NUMBER		STCK TYPE	BELLAIRE GAS WAY INC DBA MARATHON 10606 BELLAIRE RD CLEVELAND OHIO 44111	
09 17 2020 ISSUE DATE				
09 17 2020 FILING DATE				
C1 C2 D6 PERMIT CLASSES				
18 TAX DISTRICT	154 C	F25829 RECEIPT NO.		

FROM 08/12/2021

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



MAILED 08/12/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 09/13/2021

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 0597266**

(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

10K #105472  
\$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>Bellaire Gas Way, Inc..</b>	Liquor Permit Number(s) ---
Permit Premises Address ..... OH 44111	
Email Address: .....	
Attorney's Name, Address and Telephone Number (If represented) ..... 44112 216-696-1422	
Is Stock Traded on a National Exchange? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES, give Name of Exchange and Symbol

F025829  
AK

2008 MAR -5 PM 12:37  
DIVISION OF LIQUOR CONTROL

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) Mohamed Salem		000 00 1100	---
2)			
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) Sanah Salem		000 00 0000	
2)			
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 Sanah Salem		
2) Vice-President None		
3) Secretary Sanah Salem		
4) Treasurer Sanah Salem	000 00 0000	

**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: 44109505  
11755 - 1/12 E. 55 St., Cleveland, OH
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, Cuyahoga County, ss

I, Sanah Salem, 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 12-30-2020  
 (Signature of Individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member) (Title) (Date)

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

(To be completed by Notary Public)  
 Sworn to before me and subscribed in my presence this 30<sup>th</sup> day of December, 2020



**CHARLES A. NEMER,**  
 Attorney  
 NOTARY PUBLIC, STATE OF OHIO  
 My Commission Has  
 No Expiration Date.  
 Section 147.03 O.B.C.

[Signature]  
 (Notary Public)

(Notary Expiration)

OHIO DIVISION OF LIQUOR CONTROL  
 RECEIVED STAMEN 1-B  
 2021 MAR -5 PM 12:37

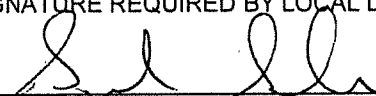


FOR OFFICE USE ONLY		
Permit #	0597266	
<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Ren

### Personal History Background Form

**THE APPLICANT IS NOT TO PERFORM THIS CHECK. DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.**

The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.

<b>SECTION A. The applicant is required to complete Section A only</b>					
Name (Last) Salem		(First) Sanah		(Middle)	
Height 5 ft.		5in.		Weight 170 lbs.	
Alias used or Maiden Name		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Phone Number	
Residence Address wood Drive		City		State OH	
Date of Birth		Are you a U.S. Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Place of Birth Dearborn, Michigan	
Marital Status: Married		Spouse's Name (Last) Salem		(First) Amin	
Permit Address:					
SIGNATURE REQUIRED BY LOCAL LAW ENFORCEMENT, GIVING AUTHORIZATION FOR RECORD CHECK					
X 					

OHIO DIV. LIQUOR CONTROL  
RECEIVED SCAR R.M. 1-12  
021 MAR -5 PM 12:49

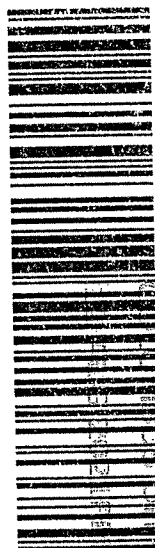
**PLEASE READ:** The Division of Liquor Control will submit this form to the local police authority to conduct a background check, and Section B will be completed at that time.

<b>SECTION B. THIS SECTION IS FOR LAW ENFORCEMENT USE ONLY</b>	
Please complete the information below, and either fax to 614-644-3166, OR mail to: Division of Liquor Control 6606 Tussing Rd Reynoldsburg, OH 43068-9005	
1) Does applicant have a police record? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, give details _____	
2) Does local police department know of any reason why permit should NOT be issued? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach supporting evidence.	
Please complete the information below:	
_____ Police Department Name	
_____ Signature of Authorized Official (We cannot accept a stamped signature)	_____ Date of Signature

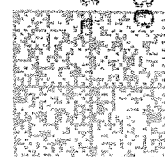


**Department  
of Commerce**

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



9214 7969 0099 9790 1802 5672 72



U.S. POSTAGE  
FIRST CLASS  
PERMIT NO. 1000  
COLUMBUS, OH  
ZIP 43209 \$007.16<sup>0</sup>  
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0597266  
CLERK OF CLEVELAND CITY COUNCIL  
601 LAKESIDE AV RM 216  
CLEVELAND, OH 44114

44114-107539

