

FILE NO. 937-2021

**NOTICE TO LEGISLATIVE
AUTHORITY**

WARD 15-SPENCER

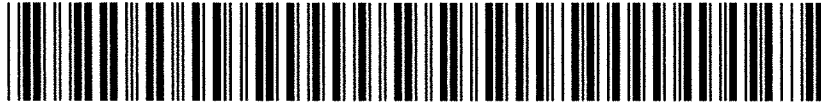
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

TO

73350880005 <small>PERMIT NUMBER</small>		STCK <small>TYPE</small>	RHODES INC DBA COCKTAILS CLEVELAND 9208 DETROIT AV & PATIO CLEVELAND OHIO 44102	
ISSUE DATE 09 17 2020				
FILING DATE				
D1 D2 D3 D3A D6 <small>PERMIT CLASSES</small>				
18 <small>TAX DISTRICT</small>	154	C	F26363 <small>RECEIPT NO.</small>	

FROM 10/07/2021

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



MAILED 10/07/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 11/08/2021

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 7335088-0005

(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**

STOCK

FOR OFFICE USE ONLY:
 Permit # 1335088005
 New Transfer Ren

Officer/Shareholder Disclosure Form

SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation: Rhodes Inc	DBA Name: Cocktails Cleveland
Permit/Practices Address:	City: _____ State: _____ Zip Code: _____
Township, if outside city limits:	Tax Identification No. (TIN): 34-1631827
Email: _____	

SECTION B.

1. Is stock publicly traded? YES NO
 If YES, indicate exchange _____ and do NOT complete Section D.

2. Does any shareholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total number of shares issued: _____

Please be advised that any social security numbers provided to the Division of Liquor Control 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 enforcement action, or collect taxes.

SECTION C. List the top five (5) officers of the corporation.

NAME OF OFFICER (If an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO Brian Lyons		
President		
Vice-President		
Secretary		
Treasurer/CFO		

SECTION D. Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

1) Name	Social Security No.	SHARES HELD (NOT PERCENTAGE)
Brian Lyons		
Residence Address	Tax Identification No.	
City Akron Ohio State	Telephone No.	
Zip Code	Date of Birth	100%
2) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	

See Page 2 to list additional shareholders. Individuals listed in both Sections C and D must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at www.com.ohio.gov/documents/lcr_FingerPrint.pdf.

CERTIFICATION OF FORM:
 By signing below, I certify that I have authority to execute this document and the information provided is true, correct and complete to the best of my knowledge and belief.

 (Signature - Electronic Signature) (Position) (Date) 6-10-21

Individuals listed below must have a background check performed by BCI and submit a Personal History Background Form. The background check process can be found at www.com.ohio.gov/documents/lqr_FingerPrint.pdf.

List Shareholders holding 5% or more of outstanding shares. If none, please indicate by writing "NONE":

3) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
4) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
5) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
6) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
7) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
8) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
9) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
10) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	

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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 Rhodes, Inc. d/b/a Cocktails Cleveland	Liquor Permit Number(s) 73350880005
Permit Premises Address F026363 AK	
Email Address: [Grid]	
Attorney's Name, Address and Telephone Number (If represented)	
Is Stock Traded on a National Exchange? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES, give Name of Exchange and Symbol

2021 AUG 21
APR 15

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			Number of Shares Issued For Stock Transfer Only (NOT Percentages)
Name	BIRTHDATE	Social Security Number/FTI#	
1) Brian J. Lyons			
2)			
3)			
4)			
5)			
SECTION B: REVISED 5% OR MORE STOCKHOLDERS			Number of Shares Issued For Stock Transfer Only (NOT Percentages)
Name	BIRTHDATE	Social Security Number/FTI#	
1) Brian J. Lyons, Trustee of the Brian J.			
2) Lyons Revocable Trust			750
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	750

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 Brian J. Lyons		
2) Vice-President Brian J. Lyons		
3) Secretary Brian J. Lyons		
4) Treasurer Brian J. Lyons		

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 Permit No. 73350880010;
1st Floor & Patio, 33 W. Mapledale, Akron, OH 44301
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, Summit County, ss

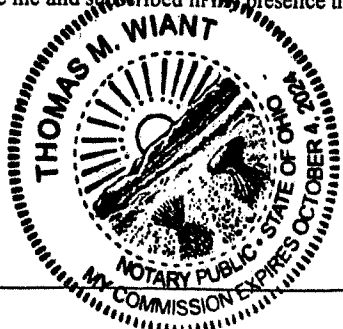
I, Brian J. Lyons, Trustee of the Brian J. Lyons Revocable Trust, being first duly sworn, according to law, depose and say that the statements and answers made in the foregoing application are true.

 (Signature of Individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member) (Title) (Date)

 (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 31 day of July, 2021.



Thomas M. Wiant
 (Notary Public)

10-03-2024
 (Notary Expiration)

OHIO DIV. LIQUOR CONTROL
 LICENSING
 2021 AUG 24 AM 11:13

For Questions call
 (614) 644-3156
 Office hours - 8:00 a.m. to 5:00 p.m.

Ohio Department of Commerce
 Division of Liquor Control
 6606 Tussing Road, P.O. Box 4005
 Reynoldsburg, Ohio 43068-9005
<http://www.com.ohio.gov/liqr>



APPLICATION FOR TRANSFER OF OWNERSHIP OR OWNERSHIP & LOCATION OF ALL PERMIT CLASSES LISTED BELOW
CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING. RETURN TO ADDRESS LISTED ABOVE

FEE: \$100.00 PROCESSING FEE - made payable to the Division of Liquor Control (Non-Refundable)

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.

OHIO DIVISION OF LIQUOR CONTROL
 RECEIVED
 AUG 24 AM 11:15

Seller (Individual, Corporation, Partnership or LLC): Rhodes, Inc.		Buyer (Individual, Corporation, Partnership or LLC): Brian J. Lyons	
DBA (doing business as): Cocktails Cleveland		DBA (doing business as): Trustee of the Brian J. Lyons Revocable Trust	
Premises Address: 		Premises Address: 	
Township (if outside city limits):	County: Cuyahoga	Township (if outside city limits):	County: Cuyahoga
City & Zip Code:		City & Zip Code:	
Email:		Email:	
Mailing Address:		Mailing Address:	
Phone Number:		Phone Number:	
Attorney's Name & Address: John C. Collins, Esq.		Attorney's Name & Address: John C. Collins, Esq.	
Attorney's Telephone Number:	Seller's Permit Number: 73350880005	Attorney's Telephone Number:	

SELECT Class(es) of Permit(s) Being Transferred:

A1 A1A A2 A3 A4 B1 B2 B3 B4 B5
 C1 C2 C2X D1 D2 D-2X D3 D3A D3X D5 D6 D7 OTHER

SELECT Type of Transaction:

CORPORATE NAME CHANGE CONVERSION GIFT MERGER
 SALE OTHER

SELECT Type of Business:

INDIVIDUAL If Individual, list Social Security Number: _____
 CORPORATION LLC PARTNERSHIP

Is this an Economic Development (TRES) Transfer? YES NO

If you answered "YES," you must submit Form DLC4244 (See page 4 of this form for further TRES information).

FOR DIVISION USE ONLY

Data Entry Initials: _____		Data Entry Action:		Comments/Notes:
RECEIPT NUMBER: _____		Violations: <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", what type: _____		
TAXING DISTRICT	FEB CODE	Ren Status: <input type="checkbox"/> ISSD <input type="checkbox"/> PEND Proc. Fee Pd: <input type="checkbox"/> YES <input type="checkbox"/> NO BCI Fee Amount Paid: \$ _____		
SELLERS NUMBER		BUS. TYPE		
BUYERS NUMBER				

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?
If YES, Give permit number & address on the line provided Rhodes, Inc. dba Akron 20
Permit No. 73350880010 YES NO
- 2a. 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?
If YES, attach a written explanation. YES NO
- 2b. If applicant is a sole proprietor or partnership, will spouse work on the permit premises?
If YES, indicate spouse's full name _____ YES NO
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. Does applicant own the real estate on which the proposed business will be located?
If NO, submit a signed and dated copy of your LEASE, RENTAL CONTRACT, OR DLC 4085 Summary of Tenancy Rights Form. YES NO
5. Will the applicant be the sole owner of the fixtures and equipment?
If NO, submit a signed and dated copy of the rental agreement for the fixtures and equipment. YES NO
6. Will any person, partnership, LLC, or corporation, excluding banks, building and loan associations, or the seller have ANY financial interest (such as money, loans, installment contracts, property or other interest) or share in the profits in your business or your property, real or personal?
If YES, attach a written explanation. NOTE: Ohio Revised Code Section 4303.293 provides a criminal penalty for failure to answer this question completely and correctly. YES NO
7. If transferring C or D class permits, do you or any partner, office holder, managing member, member, stockholder, employee, spouse or any 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
8. If transferring A or B class permits, do you or any partner, office holder, managing member, member, stockholder, employee, spouse or any 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

OHIO DIVISION OF LIQUOR CONTROL
 2021 AUG 24 AM 11:15
 LICENSED

THE FOLLOWING MUST BE COMPLETED BY THE SELLER(S):

1. Rhodes, Inc. by Brian J. Lyons, hereby authorize the Division of Liquor Control to process this application

Brian Lyons (Print Name(s))
[Signature] (Signature and Title)
 _____ (Residence Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Area Code & Phone No.)

THE FOLLOWING MUST BE COMPLETED BY THE BUYER(S):

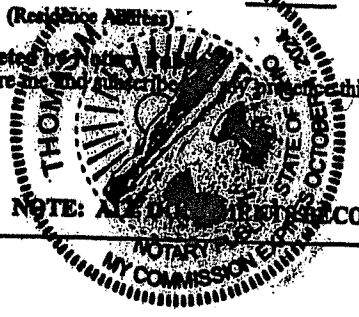
WARNING: Ohio Law provides that as a proposed buyer you could be liable as a successor of the permit holder's unpaid sales, use, and withholding tax liabilities. The Division of Liquor Control will be unable to transfer the permit until the tax and assessment matters are resolved to the satisfaction of the particular agency. The buyer should request that seller obtain a sales tax release certificate, by contacting the Ohio Department of Taxation, Sales and Use Tax Division, Release Unit. A Withholding Tax Release Certificate Request should be made by contacting the Ohio Department of Taxation, Withholding Tax Division, Business Billing Unit. Also, the current permit holder may still owe Unemployment Compensation payments. To discuss these possible liabilities, you should contact the Ohio Department of Job & Family Services.

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

(Signature of individual, Partner, Officer, Managing Member, or 5% or more Stockholder or Member) Brian Lyons (Print Name) president (Title) _____ (Date)

_____ (Residence Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Area Code & Phone No.)

(To be completed by Notary Public)
 Sworn to before me this 10th day of June, 2021
[Signature] (Notary Public) 10-03-2024 (Notary Expiration)



NOTE: ALL DOCUMENTS BECOME PART OF THE PERMIT FILE AND WILL NOT BE RETURNED

STOCK

FOR OFFICE USE ONLY:
 Permit # *73250880005*
 New Transfer Ren

Officer/Shareholder Disclosure Form

SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation: Rhodes Inc	DBA Name: Cocktails Cleveland
Permit Premises Address:	City: _____ State: _____ Zip Code: _____
Township, if outside city limits:	Tax Identification No. (TIN): _____
Email: _____	

SECTION B.

1. Is stock publicly traded?
 If YES, indicate exchange _____ and do NOT complete Section D. YES NO

2. Does any shareholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total number of shares issued _____

Please be advised that any social security numbers provided to the Division of Liquor Control 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 enforcement action, or collect taxes.

SECTION C. List the top five (5) officers of the corporation.

NAME OF OFFICER (if an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO Brian Lyons		
President		
Vice President		
Secretary		
Treasurer/CFO		

SECTION D. Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

1) Name	Residence Address	City	State	Zip Code	Social Security No.	Tax Identification No.	Telephone No.	Date of Birth	SHARES HELD (NOT PERCENTAGE)
Brian Lyons									100%

2) Name	Residence Address	City	State	Zip Code	Social Security No.	Tax Identification No.	Telephone No.	Date of Birth	NUMBER OF SHARES HELD (NOT PERCENTAGE)

See Page 2 to list additional shareholders. Individuals listed in both Sections C and D must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at www.com.ohio.gov/documents/lor_fingerprint.pdf

CERTIFICATION OF FORM:
 By signing below, I certify that I have authority to execute this document and the information provided is true, correct and complete to the best of my knowledge and belief.

(Signature) _____ (Position) _____ (Date) *6-10-21*

Page 2
 DLC 4030 (OFFICER / SHAREHOLDER DISCLOSURE FORM)
 SECTION D (CONTINUED)

Individuals listed below must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at www.com.ohio.gov/documents/Iqr_FingerPrint.pdf.

List Shareholders holding 5% or more of outstanding shares. If none, please indicate by writing "NONE":

3) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
4) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
5) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
6) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
7) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
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Zip Code		Date of Birth	
10) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	

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**Department
of Commerce**

Division of Liquor Control
6606 Tussock Road, P.O. Box 4005
Reynoldsburg, Ohio 43088-9005

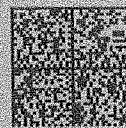
CERTIFIED MAIL™



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CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114

FIRST CLASS



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