

FILE NO. 1119-17

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

NOTICE TO LEGISLATIVE  
AUTHORITY

TO

|                                                  |     |                                    |                                      |                                                                                                                                      |
|--------------------------------------------------|-----|------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 7677638<br><small>PERMIT NUMBER</small>          |     |                                    | TRFO<br><small>TYPE</small>          | SAINATOS RESTAURANT AND<br>CATERING LIMITED<br>DBA SAINATOS AT RIVERGATE<br>1ST FL & PATIO<br>1852 COLUMBUS RD<br>CLEVELAND OH 44113 |
| 10                                               | 01  | 2016<br><small>ISSUE DATE</small>  |                                      |                                                                                                                                      |
| 09                                               | 13  | 2017<br><small>FILING DATE</small> |                                      |                                                                                                                                      |
| D1 D2 D3 D3A D6<br><small>PERMIT CLASSES</small> |     |                                    |                                      |                                                                                                                                      |
| 18                                               | 154 | C<br><small>TAX DISTRICT</small>   | F19109<br><small>RECEIPT NO.</small> |                                                                                                                                      |

FROM 09/15/2017

|                                                  |     |                                    |                                |                                                                                                               |
|--------------------------------------------------|-----|------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------|
| 5336782<br><small>PERMIT NUMBER</small>          |     |                                    |                                | LUCIANO RESTAURANT INC<br>DBA SAINATOS RESTAURANT<br>1ST FL & PATIO<br>1852 COLUMBUS RD<br>CLEVELAND OH 44113 |
| 10                                               | 01  | 2016<br><small>ISSUE DATE</small>  |                                |                                                                                                               |
| 09                                               | 13  | 2017<br><small>FILING DATE</small> |                                |                                                                                                               |
| D1 D2 D3 D3A D6<br><small>PERMIT CLASSES</small> |     |                                    |                                |                                                                                                               |
| 18                                               | 154 | <br><small>TAX DISTRICT</small>    | <br><small>RECEIPT NO.</small> |                                                                                                               |



MAILED 09/15/2017

RESPONSES MUST BE POSTMARKED NO LATER THAN. 10/16/2017

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 TRFO 7677638

(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

**FOR OFFICE USE ONLY**

NEW  TRANSFER  REN

PERMIT #

**OHIO DEPARTMENT OF COMMERCE**  
**DIVISION OF LIQUOR CONTROL**  
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005  
 Telephone: (614) 644-2360 http://www.com.ohio.gov/liqr



**OFFICER/ SHAREHOLDERS DISCLOSURE FORM**

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

|                                     |                                           |                              |                        |
|-------------------------------------|-------------------------------------------|------------------------------|------------------------|
| Name of Corporation                 | Sainato's Restaurant and Catering Limited | DBA Name                     | Sainato's at Rivergate |
| Permit Premises Address             | 1852 Columbus Road                        | City, State                  | Cleveland, Ohio        |
|                                     |                                           | Zip Code                     | 44113                  |
| Township, if in Unincorporated Area |                                           | Tax Identification No. (TIN) | [REDACTED]             |
| Email Address:                      | l e s t e r 9 1 2 @ g m a i l . c o m     |                              |                        |

**SECTION B.**

1. Is stock publicly traded?  YES  NO  
 If "YES", indicate exchange \_\_\_\_\_ & Do NOT complete SECTION D.

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

3. Total Number of shares issued 100

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 enforcement action, or collect taxes.

**SECTION C. List the top five (5) officers of the captioned corporation. If an office is NOT held please indicate by writing NONE.**

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191

| NAME OF OFFICER             | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|-----------------------------|------------------------|---------------|
| 1) CEO Lester Firstenberger | [REDACTED]             | [REDACTED]    |
| 2) President                |                        | -5            |
| 3) Vice-President           |                        | AM 8-11       |
| 4) Secretary                |                        |               |
| 5) Treasurer                |                        |               |

**SECTION D. Stockholders holding 5% or more outstanding shares. Note: If you answered Question 1 YES, do not complete this section**

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191. If none, please indicate by writing "NONE".

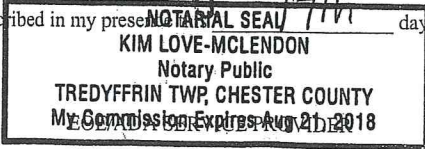
|                       |                      |                                        |            |                                                   |
|-----------------------|----------------------|----------------------------------------|------------|---------------------------------------------------|
| 1) Stockholder's Name | Lester Firstenberger | Social Security No. (if Individual)    | [REDACTED] | NUMBER OF SHARES HELD (NOT PERCENTAGE)<br><br>100 |
| Residence Address     | 440 Invenraray Road  | Tax Identification No. (if applicable) |            |                                                   |
| City and State        | Villanova, PA        | Telephone No.                          | [REDACTED] |                                                   |
| Zip Code              | 19085                | Date of Birth                          | [REDACTED] |                                                   |
| 2) Stockholder's Name |                      | Social Security No. (if Individual)    |            | NUMBER OF SHARES HELD (NOT PERCENTAGE)            |
| Residence Address     |                      | Tax Identification No. (if applicable) |            |                                                   |
| City and State        |                      | Telephone No.                          |            |                                                   |
| Zip Code              |                      | Date of Birth                          |            |                                                   |

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)  
 STATE OF ~~OHIO~~ Pennsylvania COUNTYss Chester

I, Lester Firstenberger being first duly sworn, according to law, deposes and says that he/she is (Title) CEO of the Sainato's Restaurant and Catering Limited, a corporation duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) [Signature] (Print Name and Corporate Title) CEO Lester Firstenberger

Sworn to and subscribed in my presence Kim Love-McLendon day of August 2017  
Kim Love-McLendon 8/21/2018  
 (Notary Public) (Notary Expiration)

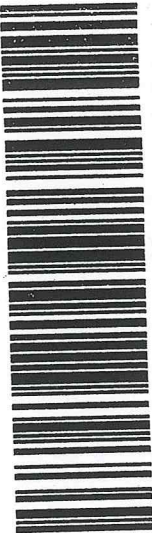




**Department  
of Commerce**

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

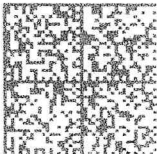
**CERTIFIED MAIL™**



9214 7969 0099 9790 1748 9750 E3

7677638  
CLERK OF CLEVELAND CITY COUNCIL  
601 LAKESIDE AV RM 216  
CLEVELAND, OH 44114

Batch #: 472,164



U.S. POSTAGE PITNEY BOWES

ZIP 43215 \$ 006.56  
02 4M  
0000344417 SEP 16 2017

441481076 0024

