

WARD 17- SLIFE

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

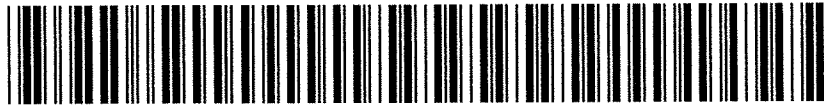
**NOTICE TO LEGISLATIVE
 AUTHORITY**

TO

7305855		TFOL	REUSS BROTHERS LLC	
PERMIT NUMBER		TYPE	17119 LORAIN AVE	
10	01	2019		
ISSUE DATE				
01	05	2021		
FILING DATE				
D5		D6		
PERMIT CLASSES				
18	154	C	F24611	
TAX DISTRICT			RECEIPT NO.	

FROM **01/07/2021**

0951161			BRICKSTONE MANAGEMENT LLC	
PERMIT NUMBER		TYPE	DBA BRICKSTONE 1ST FL & BSMT & PATIO	
10	01	2019		
ISSUE DATE				
01	05	2021		
FILING DATE				
D5		D6		
PERMIT CLASSES				
18	154			
TAX DISTRICT			RECEIPT NO.	



MAILED **01/07/2021**

RESPONSES MUST BE POSTMARKED NO LATER THAN. **02/08/2021**

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 TFOL 7305855**

(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**



Limited Liability Company (LLC) Disclosure Form

SECTION A. (This form must accompany all applications of an LLC business entity)

Name of Limited Liability Company: <u>REUSS BROTHERS LLC</u>	DBA Name:		
Permit Premises Address:	City:	State:	Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN): <u> </u>		
Email Address: <u> </u>			

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or more membership or voting interest.

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the 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 B. List the top five (5) officers of the Limited Liability Company.

NAME OF OFFICER: (if an office is NOT held, please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO <u>DOUGLAS REUSS</u>	<u> </u>	<u> </u>
President		
Vice-President		
Secretary		
Treasurer/CFO		

SECTION C. List the managing members and all persons with a 5% or more membership or voting interest in the LLC.

SECTION C. List the managing members and all persons with a 5% or more membership or voting interest in the LLC.		Total # of Units Issued by LLC: <input type="text"/>
1) Name <u>DOUGLAS REUSS</u>		INTEREST: Check All That Apply <input checked="" type="checkbox"/> Membership Interest <u>100</u> % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest <u> </u> %
Residence Address	Social Security No. <u> </u>	
City <u> </u> State <u> </u>	Tax Identification No. <u> </u>	
Zipcode <u> </u>	Telephone No. <u> </u> Birthdate <u> </u>	
2) Name		Check All That Apply <input type="checkbox"/> Membership Interest <u> </u> % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest <u> </u> %
Residence Address		
City <u> </u> State <u> </u>	Social Security No. <u> </u> Tax Identification No. <u> </u> Telephone No. <u> </u> Birthdate <u> </u>	
Zipcode <u> </u>		

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

Is/ Douglas L. Reuss OWNER/PRESIDENT 11/9/2020
 (eSignature - Electronic Signature) (Position) (Date)

 (Address) (City) (State) (Zip Code) (Telephone Number)



**Department
of Commerce**

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



OH 430
PM 31
FIRST CLASS



U.S. POSTAGE & FINES BOWEN
ZIP 43068-9005
\$ 006.90
REFUND 0000

9214 7969 0099 9790 1794 8475 67

7305855
CLERK OF CLEVELAND CITY COUNCIL
301 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107899

