

FILE NO. 637-2022

NOTICE TO LEGISLATIVE
AUTHORITY

WARD 9- CONWELL

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

TO

11924530010 PERMIT NUMBER		STCK TYPE	CALIFORNIA MARKET INC DBA CALIFORNIA MARKET 7914 ST CLAIR AVE CLEVELAND OH 44103	
ISSUE DATE				
09 15 2021 FILING DATE				
C1 C2 PERMIT CLASSES				
18 TAX DISTRICT	154 C	F27742 RECEIPT NO.		

FROM 06/16/2022

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



MAILED 06/16/2022

RESPONSES MUST BE POSTMARKED NO LATER THAN. 07/18/2022

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 1192453-0010

(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
PERMIT # <u>1192430010</u>	

**OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL**
6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
Telephone: (614) 644-2431 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 CALIFORNIA MARKET, INC.	DBA Name CALIFORNIA MARKET	
Permit Premises Address	City, Stat.	Zip Code
Township, if in Unincorporated Area	Tax Identification No. (TIN)	

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 999.00

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 NONE	NONE	NONE
2) President KHALED HARMOUCHE		
3) Vice-President NONE	NONE	NONE
4) Secretary KHALED HARMOUCHE		
5) Treasurer KHALED HARMOUCHE		

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 KHALED HARMOUCHE	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE) 999.00
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	
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	Zip Code	
Telephone No.	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF OHIO, Cuyahoga COUNTYss

I, **KHALED HARMOUCHE** being first duly sworn, according to law, deposes and says that he/she is (Title) **PRESIDENT** of the **CALIFORNIA MARKET, INC.**, 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) **KHALED HARMOUCHE** (Print Name and Corporate Title) **KHALED HARMOUCHE**

Sworn to and subscribed in my presence this **14TH** day of **JULY** **2021**

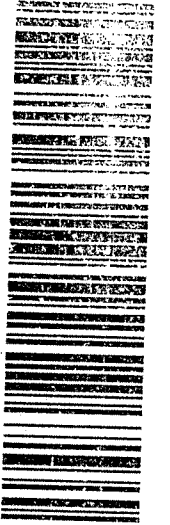
[Signature]
(Notary Public)

RICHARD M. CONTE Attorney
NOTARY PUBLIC - STATE OF OHIO
My commission has ~~expired~~ **expiration date.**
Section 147.03 R.C.

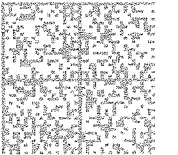


**Department
of Commerce**

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



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US POSTAGE
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CLERKM OF CLEVELAND CITY COUNCIL
ATTENTION CLERK
601 LAKESIDE AV Rm 216
CLEVELAND, OH 44114

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