

FILE NO. 589-2019

NOTICE TO LEGISLATIVE AUTHORITY

*Ward 3 - Mc Cormack*

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

TO

9119544 <small>PERMIT NUMBER</small>			TRFO <small>TYPE</small>	20 TAPS INC 1050 W 10TH ST CLEVELAND OH 44113	
10	01	2017 <small>ISSUE DATE</small>			
04	22	2019 <small>FILING DATE</small>			
D5J D6 <small>PERMIT CLASSES</small>					
18	154	C	F22263 <small>RECEIPT NO.</small>		

FROM 04/24/2019 SAFEKEEPING

2783950 <small>PERMIT NUMBER</small>				FLIPSIDE FLATS LLC 1050 W 10TH ST CLEVELAND OH 44113	
10	01	2017 <small>ISSUE DATE</small>			
04	22	2019 <small>FILING DATE</small>			
D5J D6 <small>PERMIT CLASSES</small>					
18	154				



MAILED 04/24/2019

RESPONSES MUST BE POSTMARKED NO LATER THAN. 05/28/2019

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 9119544**

(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



**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**

<b>FOR OFFICE USE ONLY</b>		
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT # <u>9119544</u>		

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

Name of Corporation <u>20 Taps Inc.</u>	DBA Name	
Permit Premises Address <u>1050 W. 10th St.</u>	City, State <u>Cleveland, OH</u>	Zip Code <u>44113</u>
Township, if in Unincorporated Area	Tax Identification No. (TIN)	
Email Address:		

**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 <u>None</u>		
2) President <u>Danny Chedid</u>		
3) Vice-President <u>None</u>		
4) Secretary <u>None</u>		
5) Treasurer <u>None</u>		

**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	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
<u>Danny Chedid</u>		
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	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	Telephone No.	
Zip Code	Date of Birth	

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

STATE OF OHIO, Cuyahoga COUNTYss

I, Danny Chedid being first duly sworn, according to law, deposes and says that he/she is (Title) President of the 20 Taps 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.

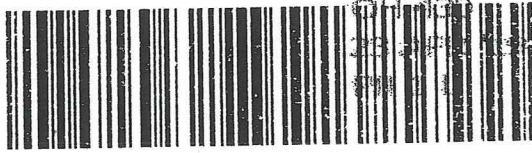
(Signature) [Signature] (Print Name and Corporate Title) DANNY CHEDID President

Sworn to and subscribed in my presence this 16th day of April 2019.  
[Signature] (Notary Public) 03.19.22 (Notary Expiration)

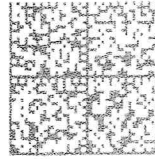
**Department  
of Commerce**

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

**CERTIFIED MAIL™**  
COLUMBUS



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U.S. POSTAGE PITNEY BOWES



ZIP 43215 \$ 006.80<sup>0</sup>  
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0000360243 APR 23 2019

9119544  
CLERK OF CLEVELAND CITY COUNCIL  
601 LAKESIDE AV RM 216  
CLEVELAND, OH 44114

44114-107599

