FILE NO. 1290-17

NOTICE TO LEGISLATIVE AUTHORITY

OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005

REYNOLDSBURG, OHIO 43068-9005

(614)644-2360 FAX(614)644-3166

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| | | 10 |
|-----------------------|---------------|--|
| 4248575 PERMIT NUMBER | STCK | JAY SADHI MATAJI INC DBA JJS GRAB & GO |
| ISSUE DATE | | DBA JJS GRAB & GO 4282 W 130TH ST CLEVELAND OH 44135 |
| 10 03 2017 | | |
| C2 C2X D6 | | |
| | 279 PT NO. | |
| | | FROM 10/18/2017 |
| PERMIT NUMBER | TYPE | |
| ISSUE DATE | | |
| FILING DATE | | |
| PERMIT CLASSES | | |
| | PT NO. | |
| 2 | | |



MAILED 10/18/2017

RESPONSES MUST BE POSTMARKED NO LATER THAN.

11/20/2017

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 STCK 4248575

(TRANSACTION & NUMBER)

| (<u>MUST_N</u> | MARK ONE OF THE FOLLOWIN | NG) | |
|---|--|----------------------|------|
| WE REQUEST A HEARING ON THE AITHE HEARING BE HELD | DVISABILITY OF ISSUING THE N OUR COUNTY SEAT. | PERMIT AND REQUEST 1 | ΓΗΑΤ |
| 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 TH | E APPROPRIATE BOX INDICA | TING YOUR TITLE: | |
| | | | |
| (Signature) | (Title) - Clerk of County Commissio | ner (Date) | |
| | Clerk of City Council | | |
| | | | |

Township Fiscal Officer

CLERK OF CLEVELAND CITY COUNCIL ATTENTION CLERK 601 LAKESIDE AV RM 216 CLEVELAND OHIO 44114

For Questions call (614) 644-3162 Office Hours - 8:00 a.m. - 5:00

Ohio Department of Commerce - Division of Liquor Control 6603 Tussing Road. Reynoldsburg, Ohio 43068-9005 http://www.com.ohio.gov/liqr

| 8.00 a.m 5.00 p.m. | PROCESSING FEE \$100.00 CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING | | | | | | | |
|--|---|------------------------|---------------------------------------|---------------------------------------|---|--|--|--|
| PERMIT HOLDER RE | QUESTS APPROVAL OF THE DIVISI | ON OF LIQUOR C | CONTROL OF THE | FOLLOWING TRAIN | VSEED/S) OF STOCK | | | |
| Permit Holder Name Jay Sadhi Mataji, Inc | | | | mit Number(s) | 19279 8 | | | |
| Permit Premises Address | 4282 West 130th Street, C | leveland. Oh | | 1 01 | 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | | |
| Email Address: | | | | | | | | |
| Attorney's Name, Address and Telephone Number (If represented) | | | | | | | | |
| Dharminder L. Kampani, 17140 Lorain Avenue, Cleveland, Ohio 44111 (216) 251-8023 | | | | | | | | |
| Is Stock Traded on a Nation | If YES, give Name of Exchange and Symbol | | | | | | | |
| agency if the agency reque | social security numbers provided ety, the Ohio Department of Taxat ests the social security number to c | | | | | | | |
| SECTION A: PREVIOUS 5% OR MORE STOCKHOLDERS Name | | BIRTHDATE | BIRTHDATE Social Security Number/FTI# | | Number of Shares issued For Stock Transfer Only | | | |
| 1) Jigneshaben Patel | | DIKTIDATE | | | (NOT Percentages) | | | |
| 2) Ashaben K. P | | | | - | 150 | | | |
| | atel | | | | 100 | | | |
| Vipul Patel | | | | | 250 | | | |
| 5) | * | | | ~~ | | | | |
| SECTION B: REVISED 5% (| OR MORE STOCKHOLDERS | | | - | | | | |
| SECTION B: REVISED 5% OR MORE STOCKHOLDERS Name | | BIRTHDATE | BIRTHDATE Social Security Number/FTI# | | Number of Shares Issued For Stock Transfer Only (NOT Percentages) | | | |
| 1) Vipul Patel | | | | | 500 | | | |
| 2) | | | | | | | | |
| 3) | | | _ | | | | | |
| 4) | 447 | | | | | | | |
| 5) | | 2 | | T | | | | |
| NOTE: If any Stockhold fax identification | ity must list it's | federal | TOTAL NUMBER SHARES ISSUED | | | | | |
| 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 | Vipul Patel | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 2) Vice-President | √a | | | | | | | |
| 3) Secretary | Vipul Patel | | | | | | | |
| 4) Treasurer | Vipul Patel | 100 | | | | | | |



Department of Commerce

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



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CLERK OF CLEVELAND CITY COUNCIL 801 LAKESIDE AV RM 216
CLEVELAND, OH 44114

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