





Department of Commerce  
Division of Liquor Control

OHIO DIV. LIQUOR CONTROL  
LICENSING SCAN RM. 1-A

FOR OFFICE USE ONLY:  
Permit # 08142350045  
 New  Transfer  Ren

## Officer/Shareholder Disclosure Form

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

Name of Corporation: Bon Appeti Management Co.	DBA Name: Plum Market		
Permit Premises Address:	City:	State:	Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN):		
Email Address:			

SECTION B.

1. Is stock publicly traded?  YES  NO  
If YES, indicate exchange \_\_\_\_\_ and do NOT complete Section D.

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

3. Total number of shares issued 2,396,999

Please be advised that any social security numbers provided to the Division of Liquor Control 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 corporation.

NAME OF OFFICER: (if an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO Fedele Bauccio		
President Fedele Bauccio		
Vice-President C. Palmer Brown Jr.		
Secretary Jennifer McConnell		
Treasurer/CFO Elizabeth Baldwin		

SECTION D. Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

1) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)  2,396,999
Yorkmont Four Inc.		
Residence Address	Tax Identification Nr	
City State	Telephone No.	
Zip Code	Date of Birth	
2) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	

See Page 2 to list additional shareholders. Individuals listed in both Sections C and D must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at [www.com.ohio.gov/documents/liqr\\_FingerPrint.pdf](http://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/ [Signature]  
(eSignature - Electronic Signature)

EVP & General Counsel  
(Position)

4/31/20  
(Date)

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



Department of Commerce

OHIO DIVISION OF LIQUOR CONTROL  
LICENSING PERMITS  
FORM 1-A  
AUG -6 PM 4:34

FOR OFFICE USE ONLY:		
Permit #	08142350045	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Ren.

### SECTION A: Officer/Shareholder Disclosure Form

(This form must accompany all applications of a corporate business entity)

Name of Corporation: Yorkmont Four Inc.	DBA Name: Plum Market		
Permit Premises Address:	City:	State:	Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN):		
Email Address:			

#### SECTION B.

- Is stock publicly traded?  YES  NO  
If YES, indicate exchange \_\_\_\_\_ and do NOT complete Section D.
- Does any shareholder own 5% or more shares? If YES, complete SECTION D.  YES  NO
- Total number of shares issued 100

Please be advised that any social security numbers provided to the Division of Liquor Control 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 corporation.

NAME OF OFFICER: (if an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO Adrian Meredith		0
President Adrian Meredith		
Vice-President C. Palmer Brown Jr.		
Secretary Jennifer McConnell		
Treasurer/CFO Adrian Meredith		

#### SECTION D. Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

1) Name Compass Group USA	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)  <b>100</b>
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
2) Name	Social Security No.	
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	

See Page 2 to list additional shareholders. Individuals listed in both Sections C and D must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at [www.com.ohio.gov/documents/liqr\\_FingerPrint.pdf](http://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/ [Signature]  
(e)Signature - Electronic Signature

EVP + General Counsel  
(Position)

7/31/20  
(Date)

(Address)

(City)

(State)

(Zip Code)

(Telephone Number)

LIQ-18-0014 - DLC 4030  
6606 Tussing Road  
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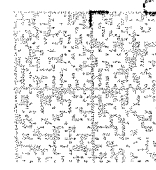
**Department  
of Commerce**

Division of Liquor Control  
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