

FILE NO. 772-2025

OFFICE TO LEGISLATIVE
AUTHORITY

Wand 3 McCormack

OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)844-2380 FAX(614)844-3188

TO

76424260005			TRFO	SNM LLC 1ST FL & BSMT 4211 LORAIN AVE CLEVELAND OH 44113
PERMIT NUMBER			TYPE	
10	01	2024		
ISSUE DATE				
04	18	2025		
FILING DATE				
D5				
PERMIT CLASSES				
18	154	C	F33358	
TAX DISTRICT			RECEIPT NO.	

FROM 05/19/2025

9804041				XINJI CHEF LLC & PATIO 1ST FL & BSMT 4211 LORAIN AVE CLEVELAND OH 44113
PERMIT NUMBER			TYPE	
10	01	2024		
ISSUE DATE				
04	18	2025		
FILING DATE				
D5				
PERMIT CLASSES				
18	154			
TAX DISTRICT			RECEIPT NO.	



MAILED

RESPONSES MUST BE POSTMARKED NO LATER THAN.

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 7642426-0005

(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
ATTN CLERK
601 LAKESIDE AV RM 216
CLEVELAND OHIO 44114