

Ward 3 McCormack

FILE NO. 318-2025

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

TO

Form with fields: PERMIT NUMBER (4443420), TYPE (STCK), ISSUE DATE (08 21 2024), FILING DATE, PERMIT CLASSES (D1 D2 D3 D6), TAX DISTRICT (18 154 C), RECEIPT NO. (F32899), and address: KAISER GALLERY LLC, 1ST FL BSMT & PATIO, 2418 PROFESSOR AVE, CLEVELAND OH 44113.

FROM 02/20/2025

Empty form with fields: PERMIT NUMBER, TYPE, ISSUE DATE, FILING DATE, PERMIT CLASSES, TAX DISTRICT, RECEIPT NO.



MAILED 02/20/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN. 03/24/2025

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 4443420

(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

(Division Use Only: Name: _____)
 OHIO DIV. LIQUOR CONTROL
 LICENSING SCAM RM. 1-A

F32899

2025 JAN 30 AM 9:29

SECTION A – Issued Permit Holder Information

*Issued Permit Holder's Business Name as listed on the issued permit: Kaiser Gallery LLC		*Issued Permit Holder #: 4443420	
*Permit Premises Address: 2418 Professor Ave		*Is Permit Holder an Agency Store? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, what is the assigned agency # _____	
*Township (if premises is outside city limits):	*City: Cleveland	*Zip Code: 44113	*County: Cuyahoga
*Contact Name: Tanya Kaiser		*Who will be the Primary Contact for this Application: <input checked="" type="checkbox"/> Contact Listed <input type="checkbox"/> Attorney Listed Below	
Phone: (216) 282-6616		*Business Phone:	
*Primary Contact's Email Address: t a n y a k a i s e r @ g m a i l . c o m			
Attorney Information (if applicable) Name:			
Address:	City:	State:	Zip Code: Phone #:
Attorney Email Address:			

SECTION B – LLC Ownership Description

1. * List the **CURRENT 5% or more** owners in the issued permit as currently disclosed to us – Not sure who/what we have on record? Go to com.ohio.gov/liquorinfo (select "who has a disclosed ownership interest in a particular liquor permit" tab and enter the permit number listed on your issued permit).

	Person or Company Name	Membership Units	
		# Held	% Held
1	Tanya Kaiser	1	100
2			
3			
4			

2. * List the **NEW/REVISED 5% or more** owners as they should be listed in the issued permit **AFTER** the change. (Note, depending on your proposed change it's possible that some individuals might be listed above and below.) Any real persons **MUST** be at least 21 years of age. In addition to filling out the below information, please submit an updated **LLC Membership Disclosure Form** (OR com.ohio.gov/requiredforms - select form "Limited Liability Disclosure" form) that matches the "**NEW/REVISED**" information below.

	Person or Company Name	Membership Units	
		# Held	% Held
1	Samuel Skelton	1	50
2	Leanne Kubiez	1	50
3			
4			