

FILE NO. 141-2024

NOTICE TO LEGISLATIVE
AUTHORITY

Word 5-Start
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

TO

6082343 PERMIT NUMBER		STCK TYPE	MOHAMMAD MOHAMMAD LLC DBA DOLLOFF FOOD MART 5346 DOLLOFF RD CLEVELAND OHIO 44127	
ISSUE DATE				
08 21 2023 FILING DATE				
C2 C2X PERMIT CLASSES				
18 TAX DISTRICT	154	C	F30690 RECEIPT NO.	

FROM 01/18/2024

PERMIT NUMBER		TYPE		
ISSUE DATE				
FILING DATE				
PERMIT CLASSES				
TAX DISTRICT			RECEIPT NO.	



MAILED 01/18/2024

RESPONSES MUST BE POSTMARKED NO LATER THAN. 02/20/2024

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 6082343**

(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**

Office Hours
8:00 a.m. - 5:00 p.m.
For Questions call
(614) 644-3156

Ohio Department of Commerce - Division of Liquor Control
6606 Tussing Road, Reynoldsburg, Ohio 43068-9005

1chk/#1154/
\$100.00



http://www.com.ohio.gov/liq
APPLICATION FOR CHANGE OF LLC MEMBERSHIP INTERESTS
PROCESSING FEE \$100.00

CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING:

Permit Holder Name: <i>Mohammed Mohammad LLC</i>		Permit Premises Address: <i>5346 Dollott Rd CLEV. OH 44127</i>
Liquor Permit Number(s): <i>6082343</i>	Federal Tax ID Number:	

Email Address:

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Attorney's Name, Address and Telephone Number (If represented):
John Paris 12910 TART AVE CLEV. OH 44108 216 575-7500

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 an enforcement action, or collect taxes.

PLEASE COMPLETE ALL AREAS OF SECTION A & B BELOW

Section A - PREVIOUS List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) <i>Mohammed Mohammad</i>	[REDACTED]	<input checked="" type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest <i>100</i> % <input type="checkbox"/> Membership interest _____ %	
2) <i>Sadi</i>		<input type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3)		<input type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4)		<input type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	

Section B - REVISED List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

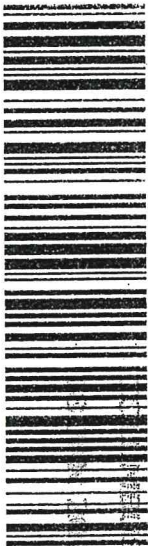
NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) <i>Izze Mohammad</i>	[REDACTED]	<input checked="" type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest <i>50</i> % <input type="checkbox"/> Membership interest _____ %	[REDACTED]
2) <i>SADI SHAHIN</i>	[REDACTED]	<input type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest <i>50</i> % <input type="checkbox"/> Membership interest _____ %	[REDACTED]
3)		<input type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4)		<input type="checkbox"/> Managing Member	<input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	



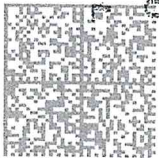
**Department
of Commerce**

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

CERTIFIED MAIL™



JAN 18 2024
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6082343
CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107699

