

FILE NO. 183-2025

NOTICE TO LEGISLATIVE
AUTHORITY

Ward 7 House-Clans

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

TO

01630200005		STCK		AMERICAN HOSPITALITY MANAGEMENT INC DBA TRU BY HILTON 6955 EUCLID AVE & PATIO CLEVELAND OH 44103
PERMIT NUMBER		TYPE		
ISSUE DATE				
09 14 2022				
FILING DATE				
D5A D6				
PERMIT CLASSES				
18	154	C	F32754	
TAX DISTRICT		RECEIPT NO.		

FROM 01/16/2025

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



MAILED 01/16/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN. 02/18/2025

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 0163020-0005

(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

2024 DEC -9 PM 3:05

SECTION A – Issued Permit Holder Information

*Issued Permit Holder's Business Name as listed on the Issued permit: AMERICAN HOSPITALITY MANAGEMENT INC.				*Issued Permit Holder #: 0163020-0005			
*Permit Premises Address: 6955 EUCLID AVENUE				*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: 44103		*County: CUYAHOGA	
*Contact Name: TERESA WELLS				*Who will be the Primary Contact for this Application: <input type="checkbox"/> Contact Listed <input checked="" type="checkbox"/> Attorney Listed Below			
Phone: (614) 221-5212				*Business Phone: (614) 221-5212			
*Primary Contact's Email Address:							
T W E L L S @ L R E L A W . C O M							
Attorney Information (if applicable)				Name: Lumpe, Raber & Evans			
Address: 1700 Lake Shore Drive, Suite 300		City: Columbus		State: Ohio		Zip Code: 43204	
						Phone #: (514) 221-5212	
Attorney Email Address:							
T W E L L S @ L R E L A W . C O M							

SECTION B – Corporate 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	Current # of Shares Held
1	Frederick W. Kindell	26
2	Donald R. Schappacher Sr.	60
3	Christopher J. Godfrey	5
4		
5		

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 its 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 Officer/Shareholder Disclosure Form (OR com.ohio.gov/requiredforms, select form #4030) that matches the "NEW/REVISED" information below.

	Person or Company Name	Revised # of Shares Held
1	Michelle L. Beukema	3350
2	Christopher J. Godfrey	250
3	Lurry LaCour	500
4	Christopher Norman	600
5	Kari Kortz	300

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