



Ward
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CLEVELAND CITY COUNCIL
ATTN CLERK
601 LAKESIDE AVE, RM 216
CLEVELAND OH 44114

NOTICE TO LEGISLATIVE AUTHORITY

TO

02095172-1 PERMIT NUMBER	STK / LLC TYPE	DESI A B INC 4810 STATE RD CLEVELAND OH 44109
ISSUE DATE:		Muni/Village/Twp: Cleveland
FILING DATE: 9/10/2025		
PERMIT CLASSES: C-2 C-2X		
18154 TAX DISTRICT	OCT	RECEIPT NO

PROPOSED OWNERSHIP CHANGES	PROPOSED UNITS / SHARES HELD
Shiva Peddapally	1000

MAILED 12/4/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN 01/04/2026

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: OCT REN 02095172-1

(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) - <input type="checkbox"/> Clerk of County Commissioner <input type="checkbox"/> Clerk of City Council <input type="checkbox"/> Township Fiscal Officer	(Date)
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(Printed Name)	(Email Address)	(Telephone No.)
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