

FILE NO. 1291-17

WARD 16-KAZY

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

3874771		TRFO	HIRA AARAV CORP
PERMIT NUMBER		TYPE	DBA JJS GRAB & GO
10	01	2017	4282 W 130TH ST
ISSUE DATE			CLEVELAND OH 44135
10	17	2017	
FILING DATE			
C2	C2X	D6	
PERMIT CLASSES			
18	154	C	F19286
TAX DISTRICT			RECEIPT NO.

FROM 10/19/2017

4248575			JAY SADHI MATAJI INC
PERMIT NUMBER		TYPE	DBA JJS GRAB & GO
10	01	2017	4282 W 130TH ST
ISSUE DATE			CLEVELAND OH 44135
10	17	2017	
FILING DATE			
C2	C2X	D6	
PERMIT CLASSES			
18	154		
TAX DISTRICT			RECEIPT NO.



MAILED 10/19/2017

RESPONSES MUST BE POSTMARKED NO LATER THAN. 11/20/2017

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 3874771

(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

**FOR OFFICE USE ONLY**  
 NEW  TRANSFER  REN  
 PERMIT # 3874471

OHIO DEPARTMENT OF COMMERCE  
 DIVISION OF LIQUOR CONTROL  
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005  
 Telephone: (614) 644-2360 http://www.com.ohio.gov/liqr



**OFFICER/ SHAREHOLDERS DISCLOSURE FORM**  
 2017 OCT 12 AM 11:30

**SECTION A. (This form must accompany all applications of a corporate business entity)**

Name of Corporation <u>Hira Aarav Corp</u>	DBA Name <u>JJS Grab &amp; Go</u>
Permit Premises Address <u>4282 West 130th Street</u>	City, State <u>Cleveland, Ohio</u> Zip Code <u>44114</u>
Township, if in Unincorporated Area	Tax Identification No. (TIN)
Email Address:	

**SECTION B.**

- Is stock publicly traded?  YES  NO  
 If "YES", indicate exchange \_\_\_\_\_ & Do NOT complete SECTION D.
- Does any stockholder own 5% or more shares? If YES, complete SECTION D.  YES  NO
- Total Number of shares issued 1500

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 enforcement action, or collect taxes.

**SECTION C. List the top five (5) officers of the captioned corporation. If an office is NOT held please indicate by writing NONE.**

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO <u>Nilaykumar Patel</u>		
2) President <u>Nilaykumar Patel</u>		
3) Vice-President <u>Rehman Ali Arif</u>		
4) Secretary <u>Rehman Ali Arif</u>		
5) Treasurer <u>Nilaykumar Patel</u>		

**SECTION D. Stockholders holding 5% or more outstanding shares. Note: If you answered Question 1 YES, do not complete this section**

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191. If none, please indicate by writing "NONE".

1) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
<u>Nilaykumar Patel</u>		
Residence Address:	Tax Identification No. (if applicable)	
City and State	Telephone No.	<u>765</u>
Zip Code	Date of Birth	
2) Stockholder's Name <u>Rehman Ali Arif</u>	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	<u>735</u>
Zip Code	Date of Birth	

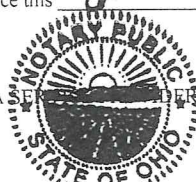
(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF OHIO, Cuyahoga COUNTYss

I, Nilaykumar Patel being first duly sworn, according to law, deposes and says that he/she is (Title) President of the Hira Aarav Corp., a corporation duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) [Signature] (Print Name and Corporate Title) Nilaykumar Patel, President

Sworn to and subscribed in my presence this 12th day of October, 2017



SCOTT J. ORILLE  
 Attorney (Notary Public)  
 Notary Public, State of Ohio  
 My Commission Has No Expiration Date  
 Section 147.03 R.C.  
 (Notary Expiration)

