NOTICE TO LEGISLATIVE AUTHORITY

OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005

REYNOLDSBURG, OHIO 43088-9005 (814)844-2380 FAX(614)844-3186

| 1222044 NEW | | CAPUCHIN TRAINING KITCHEN LLC |
|--------------|--------------|---------------------------------------|
| PERMIT N | IMBER I TYPE | 1305 EUCLID AVE CLEVELAND OH 44115 |
| 09 30 2024 | | |
| | CLASSES | |
| 18 154 C | E31073 | |
| <u> </u> | ····· | FROM 10/30/2024 |
| PERMIT N | UMBER TYPE | · |
| ISSUE DATE | | |
| FILING DATE | | |
| PERMIT | CLASSES | |
| TAX DISTRICT | RECEIPT NO | |



MAILED 10/30/2024

RESPONSES MUST BE POSTMARKED NO LATER THAN. 12/02/2024

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

TRANSACTION & NUMBER

THE STATE OF THE

| (TRANSACTION & NUMBER) | | |
|--|---|--------------------------------------|
| • | <u>(MUST MARK ONE</u> OF THE FOLLOWII | NG) |
| WE REQUEST A HEARING ON THE HEARING BE HELD | THE ADVISABILITY OF ISSUING THE | PERMIT AND REQUEST THAT IN COLUMBUS. |
| WE DO NOT REQUEST A HEADID YOU MARK A BOX? | ARING. IF NOT, THIS WILL BE CONSIDERED | A LATE RESPONSE. |
| PLEASE SIGN BELOW AND M | IARK THE APPROPRIATE BOX INDICA | TING YOUR TITLE: |
| | | |
| (Signature) | (Title)- Clerk of County Commission | oner (Date) |
| | Clerk of City Council | |
| | Township Fiscal Officer | |

CLERK OF CLEVELAND CITY COUNCIL ATTENTION CLERK 601 LAKESIDE AV RM 216 CLEVELAND OHIO 44114