

FILE NO. 1096-2021

WARD 3- MCCORMACK

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

1879355 PERMIT NUMBER		STCK TYPE	DC LIQUOR INC 1ST FL & BSMT 1303 W 6TH ST SUITE A CLEVELAND OH 44113	
ISSUE DATE				
09 13 2021 FILING DATE				
C1 C2 D6 D8 PERMIT CLASSES				
18	154	C	F26658 RECEIPT NO.	
TAX DISTRICT				

FROM 11/15/2021

AGENCY 944

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



MAILED 11/15/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 12/16/2021

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 1879355**

(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

Stock
FOR OFFICE USE ONLY
Permit # 1879353
 New Transfer Ren

Officer/Shareholder Disclosure Form

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

Name of Corporation: DC Liquor, Inc		DBA Name:	
Permit Premises Address: 1303 W. 6th St, Suite A		City: Cleveland	State: OH
Township, if outside city limits:		Zip Code: 44113	
		Tax Identification No. (TIN): 83-3185502	
Email Address:			

SECTION B.

- Is stock publicly traded? YES NO
If YES, indicate exchange _____ and do NOT complete Section D.
- Does any shareholder own 5% or more shares? If YES, complete SECTION D. YES NO
- Total number of shares issued 100

Please be advised that any social security numbers provided to the Division of Liquor Control 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 corporation.

NAME OF OFFICER: (if an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO None	None	None
President Danny Chedid	287-82-6996	4/29/1962
Vice-President Jillian Wolstein	527-47-4094	10/17/1960
Secretary Pruthvesh Patel	066-88-4211	8/28/1987
Treasurer/CO None	None	None

SECTION D. Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

1) Name Danny Chedid	Social Security No. 287-82-6996	NUMBER OF SHARES HELD (NOT PERCENTAGE) 51
Residence Address 3008 Darien Lane	Tax Identification No. n/a	
City Twinsburg State OH	Telephone No. 216 559-0607	
Zip Code 44087	Date of Birth 4/29/1962	
2) Name Pruthvesh Patel	Social Security No. 066-88-4211	NUMBER OF SHARES HELD (NOT PERCENTAGE) 40
Residence Address 7626 Brookgate Way	Tax Identification No. n/a	
City Northfield State OH	Telephone No. 216 502-9900	
Zip Code 44067	Date of Birth 08/28/1987	

See Page 2 to list additional shareholders. Individuals listed in both Sections C and D must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at www.com.ohio.gov/documents/liqr_FingerPrint.pdf.

CERTIFICATION OF FORM:

By signing below, I certify that I have authority to execute this document and the information provided is true, correct and complete to the best of my knowledge and belief.

/s/


(eSignature - Electronic Signature)

President
(Position)

10-24-2021
(Date)

(Address) (City) (State) (Zip Code) (Telephone Number)

Individuals listed below must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at www.com.ohio.gov/documents/liqr_FingerPrint.pdf.

List Shareholders holding 5% or more of outstanding shares. If none, please indicate by writing "NONE":

3) Name Jillian Wolstein	Social Security No. 527-47-4094	NUMBER OF SHARES HELD (NOT PERCENTAGE) 9
Residence Address 1055 Old River Rd, #811	Tax Identification No. n/a	
City Cleveland State OH	Telephone No. 440 552-6405	
Zip Code 44113	Date of Birth 10/17/1960	
4) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
5) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
6) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
7) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
8) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
9) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
10) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	

OHIO DIV. OF FINANCIAL SERVICES
 FROM OCT 29 9 3:29 AM '11



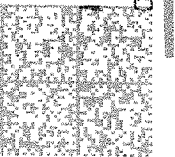
**Department
of Commerce**

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



COLUMBUS OH 430

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U.S. POSTAGE) FIFTY DOLLARS
ZIP 43215 \$007.33
02 AM
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1879355
Clerk of Cleveland City Council
Attention Clerk
601 Lakeside Av Rm 216
Cleveland, OH 44114

44114-107653

