

FILE NO. 1046-2021

**NOTICE TO LEGISLATIVE
AUTHORITY**

WARD 17-SUFE

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

TO

4104270		STCK		I X CENTER CORP DBA I X CENTER 6200 RIVERSIDE DR CLEVELAND OHIO 44135
PERMIT NUMBER		TYPE		
ISSUE DATE				
09 15 2021				
FILING DATE				
D1 D2 D3 D3A D6		PERMIT CLASSES		
18	154	C	F26571	
TAX DISTRICT		RECEIPT NO.		

FROM 11/05/2021

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



MAILED 11/05/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 12/06/2021

IMPORTANT NOTICE

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL
WHETHER OR NOT THERE IS A REQUEST FOR A HEARING. **C STCK 4104270**
REFER TO THIS NUMBER IN ALL INQUIRIES _____

(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**

Officer/Shareholder Disclosure Form

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

Name of Corporation: IX Center Corp	DBA Name: IX Center		
Permit Premises Address:	City:	State:	Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN):		
Email Address:			

SECTION B.

1. Is stock publicly traded? YES NO
If YES, indicate exchange _____ and do NOT complete Section D.

2. Does any shareholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total number of shares issued 1,000

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 John A. Mase		
President Stuart Lichter		
Vice-President NONE		
Secretary NONE		
Treasurer/CFO Richard H. Klein		

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

1) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Holdings Ohio, LLC		1,000
Residence Address 4020 Kinross Lakes Pkwy, Ste 200	Tax Identification No.	
City _____ State _____	Telephone No.	
Zip Code _____	Date of Birth _____	
2) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address _____	Tax Identification No.	
City _____ State _____	Telephone No.	
Zip Code _____	Date of Birth _____	

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/ [Signature] CFO 9/14/21
(eSignature - Electronic Signature) (Position) (Date)

(Address) SUITE 800 (City) _____ (State) _____ (Zip Code) _____ (Telephone number) _____

OHIO DIVISION OF LIQUOR CONTROL
LIFE & FINANCIAL SERVICES SCAM RPT-1-A
2021 SEP 27 PM 2:07

Limited Liability Company (LLC) Disclosure Form

SECTION A. (This form must accompany all applications of an LLC business entity)

Name of Limited Liability Company: Holdings Ohio, LLC		DBA Name:	
Permit Premises Address:		City:	State:
Township, if outside city limits:		Tax Identification No. (TIN):	
Email Address:			

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or more membership or voting interest.

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the 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 an enforcement action, or collect taxes.

SECTION B. List the top five (5) officers of the Limited Liability Company.

NAME OF OFFICER: (if an office is NOT held, please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO John A. Mase		
President Stuart Lichter		
Vice-President NONE		
Secretary NONE		
Treasurer/CFO Richard H. Klein		

SECTION C. List the managing members and all persons with a 5% or more membership or voting interest in the LLC.

Total # of Units Issued by LLC: 1

			INTEREST:	
			Check All That Apply	
1) Name IRG Industrial, LLC	Social Security No.		<input checked="" type="checkbox"/> Membership Interest	<u>100</u> %
Residence Address	Tax Identification No.		<input type="checkbox"/> Managing Member	
City State	Telephone No.		<input checked="" type="checkbox"/> 5% or more Voting Interest	<u>100</u> %
Zipcode 44286	Birthdate			
2) Name	Social Security No.		<input type="checkbox"/> Membership Interest	<u> </u> %
Residence Address	Tax Identification No.		<input type="checkbox"/> Managing Member	
City State	Telephone No.		<input type="checkbox"/> 5% or more Voting Interest	<u> </u> %
Zipcode	Birthdate			

See Page 2 to list additional members. Individuals listed in both Sections B and C must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at https://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.

Is/ [Signature]
(eSignature - Electronic Signature)

CFO
(Position)

9/14/21
(Date)

SUITE 800
(Address)

(City)

(State)

(Zip Code)

(Telephone Number)

OHIO DIV. OF LIQUOR CONTROL
LICENSES SCAN RM. 11
2021 OCT 27 PM 2:00



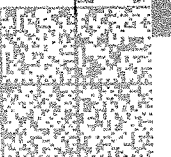
**Department
of Commerce**

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



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FIRST CLASS
M 2



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U.S. POSTAGE PITNEY BOWES

4104270
CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107639

