



**Department of
Commerce**

Division of Liquor Control

NOTICE TO LEGISLATIVE AUTHORITY

| | | | | |
|-----------------------------|-------------|--|-----------------------------|--|
| | | | TO | |
| 01414139-1 PERMIT NUMBER | LLC TYPE | CBC RESTAURANTS LLC DBA CLEVELAND BREAKFAST CLUB 13228 SHAKER SQ CLEVELAND OH 44120 | | |
| ISSUE DATE 9/19/2025 | | | FILE NO. 1382-2025 | |
| FILING DATE D-5 | | | Muni/Village/Twp: Cleveland | |
| PERMIT CLASSES 18154 | | | | |
| TAX DISTRICT | OCT | RECEIPT NO | | |
| FROM 10/14/2025 | | | | |
| PERMIT NUMBER | | TYPE | | |
| ISSUE DATE | | | | |
| FILING DATE | | | | |
| PERMIT CLASSES | | | | |
| TAX DISTRICT | | RECEIPT NO | | |

MAILED 10/14/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN 11/14/2025

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 01414139-1
(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) - Clerk of County Commissioner

(Date)

Clerk of City Council

Township Fiscal Officer

(Printed Name)

(Email Address)

(Telephone No.)

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

6606 Tussing Road
Reynoldsburg, OH 43068 U.S.A.

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