

FILE NO. 25-2021

WARD 6 - GRIFFIN

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

Form with fields: PERMIT NUMBER (9159715), TRFO TYPE, ISSUE DATE (10/01/2019), FILING DATE (12/16/2020), PERMIT CLASSES (C2, C2X), TAX DISTRICT (18, 154), RECEIPT NO. (F24549). Description: UNION DRIVE THRU INC, DBA FOOD PLUS, 1ST FL & DRIVE UP WINDOW, 3489 E 93RD ST, CLEVELAND OH 44104.

FROM 12/18/2020

Form with fields: PERMIT NUMBER (8922561), TRFO TYPE, ISSUE DATE (10/01/2019), FILING DATE (12/16/2020), PERMIT CLASSES (C2, C2X), TAX DISTRICT (18, 154), RECEIPT NO. Description: 3489 UNION INC, DBA FOOD PLUS, 1ST FL & DRIVE UP WINDOW, 3489 E 93RD ST, CLEVELAND OH 44104.



MAILED 12/18/2020

RESPONSES MUST BE POSTMARKED NO LATER THAN. 01/19/2021

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 TRFO 9159715

(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:
Permit # _____
 New Transfer Ren

Officer/Shareholder Disclosure Form

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

Name of Corporation: UNION DRIVE THRU, INC.	DBA Name: FOOD PLUS		
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 **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.

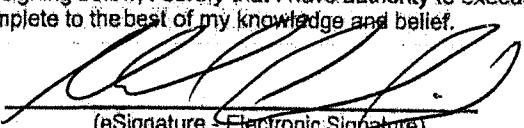
NAME OF OFFICER: (if an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO: Mouhmad Abukhalil		
President: "	"	"
Vice-President Hoda Abboushi		
Secretary: "	"	"
Treasurer/CFO: "	"	"

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

1) Name Mouhmad Abukhalil	Social Security No. 617	NUMBER OF SHARES HELD (NOT PERCENTAGE) 50
Residence Address:	Tax Identification No.	
City _____ Str _____	Telephone No _____	
Zip Code _____	Date of Birth _____	
2) Name Hoda Abboushi	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE) 50
Residence Address:	Tax Identification No.	
City Lakewood 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.

Is/  (eSignature - Electronic Signature) President (Position) 9-30-2020 (Date)

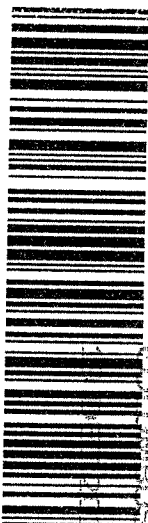
(Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Telephone Number)

DIVISION OF LIQUOR CONTROL
 RECEIVED
 OCT 22 AM 9:55



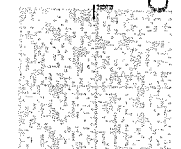
**Department
of Commerce**

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



9214 7969 0099 9790 1794 4931 53

OH 430
PM 3 L



US POSTAGE & PRIVATE SAVINGS
\$006.90

9159715
CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107699

