



Ward II Hudson

CLEVELAND CITY COUNCIL
ATTN CLERK
601 LAKESIDE AVE, RM 216
CLEVELAND OH 44114

NOTICE TO LEGISLATIVE AUTHORITY

TO
10013819-1 PERMIT NUMBER NEW TYPE
ISSUE DATE:
FILING DATE: 3/26/2026
PERMIT CLASSES: C-1
18154 TAX DISTRICT OCT RECEIPT NO
6909 AMAL FOOD MART AND DELI, INC.
6909 CLARK AVENUE
6909 CLARK AVENUE
CLEVELAND OH 44102
Muni/Village/Twp: Cleveland

FROM 3/27/2026

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

MAILED 3/31/2026

RESPONSES MUST BE POSTMARKED NO LATER THAN 04/30/2026

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 NEW 10013819-1 (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 City Council
Township Fiscal Officer

(Date)

(Printed Name)

(Email Address)

(Telephone No.)