

FILE NO. 32-2025

Ward 11 Kelly

OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD
P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005

NOTICE TO LEGISLATIVE AUTHORITY

TO

7128721 <small>PERMIT NUMBER</small>		TRFO <small>TYPE</small>	QIF FULL STOP LLC DBA STEVE DELI 3590 BOSWORTH RD CLEVELAND, OH, 44111
ISSUE DATE 10/28/2024			
FILING DATE			
C2X, C2 <small>PERMIT CLASSES</small>			
18 <small>TAX DISTRICT</small>	154	F032503 <small>RECEIPT NO.</small>	

FROM 11/29/2024

2600068 <small>PERMIT NUMBER</small>		REN <small>TYPE</small>	FJN 3596 INC 1ST FL ONLY 3590 BOSWORTH RD CLEVELAND, OH, 44111
ISSUE DATE 10/01/2023			
FILING DATE 09/23/2024			
C2, C2X <small>PERMIT CLASSES</small>			
18 <small>TAX DISTRICT</small>	154	E027624 <small>RECEIPT NO.</small>	



MAILED 12/2/2024

RESPONSES MUST BE POSTMARKED NO LATER THAN. 1/2/2025

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 TRFO 7128721
(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
- Clerk of City Council
- Township Trustee

(Date)

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED



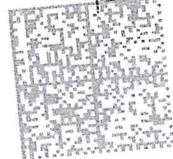
**Department
of Commerce**

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

CERTIFIED MAIL™



9214 7969 0099 9790 1654 4817 40



US POSTAGE and FEES
ZIP 43215 \$009.64⁰
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7128721
Clerk of Cleveland City Council
Room 216
601 Lakeside Blvd
Cleveland, OH 44114

44114-107699

