

WARD 3-MC CORNACK

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

FILE NO. 1132-2022

NOTICE TO LEGISLATIVE
AUTHORITY

TO

22625050015 PERMIT NUMBER		STCK TYPE	DOORDASH ESSENTIALS LLC 1968 W 3RD ST CLEVELAND OH 44113	
ISSUE DATE				
09 22 2022				
FILING DATE				
C1 PERMIT CLASSES				
18 TAX DISTRICT	154	C	F28545 RECEIPT NO.	

FROM 10/14/2022

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



MAILED 10/14/2022

RESPONSES MUST BE POSTMARKED NO LATER THAN. 11/14/2022

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 STCK 2262505-0015

(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**

Office Hours
8:00 a.m. - 5:00 p.m.
For Questions call
(614) 644-3156

Ohio Department of Commerce - Division of Liquor Control
6606 Tussing Road, Reynoldsburg, Ohio 43068-9005
<http://www.com.ohio.gov/liqr>
APPLICATION FOR CHANGE OF LLC MEMBERSHIP INTERESTS
PROCESSING FEE \$100.00
CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING



PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING:

OHIO DIV. LIQUOR CONTROL
FRONT DESK
2022 OCT 11 PM 12:29

Permit Holder Name:
DOORDASH ESSENTIALS LLC

Liquor Permit Number(s):
2262505-0015

Federal Tax ID Number:
84-2826843

Permit Premises Address:
**1968 W. 3rd Street
Cleveland, Ohio 44113**

FA 28545

Email Address: **d a s h m a r t - a l c o h o l @ d o o r d a s h . c o m**

Attorney's Name, Address and Telephone Number (If represented):
Lumpe, Raber & Evans, 37 W. Broad Street, Suite 1140, Columbus, Oh 43215 614-221-5212

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

PLEASE COMPLETE ALL AREAS OF SECTION A & B BELOW

Section A - PREVIOUS List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) DoorDash Inc.	[REDACTED]		<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input checked="" type="checkbox"/> Membership interest <u>100</u> %	
2)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	

Section B - REVISED List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

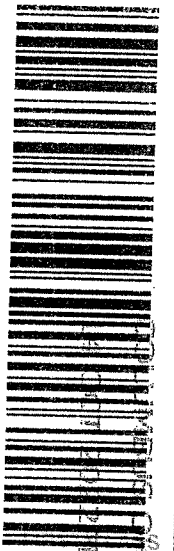
NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) DoorDash Essentials HoldCo Inc.	[REDACTED]		<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input checked="" type="checkbox"/> Membership interest <u>100</u> %	
2)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	



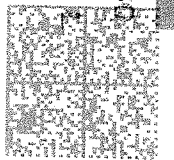
**Department
of Commerce**

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

CERTIFIED MAIL™



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US POSTAGE
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22625050015
CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107599

