

FILE NO. 140-2021

WARD 9 Conwell
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

NOTICE TO LEGISLATIVE
AUTHORITY

TO

1890999 PERMIT NUMBER		NEW TYPE	DA LEGION 315 BUFFALO SOLDIERS 769 105TH ST CLEVELAND OH 44108	
ISSUE DATE				
08 31 2020 FILING DATE				
D4 PERMIT CLASSES				
18 TAX DISTRICT	154 C	C86812 RECEIPT NO.		

FROM 02/16/2021

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



MAILED 02/16/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 03/19/2021

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 NEW 1890999**

(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 #	1890999	
<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Ren

Officer/Shareholder Disclosure Form

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

Name of Corporation: DA LEGION POST 315	DBA Name:		
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 _____

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 NONE		
President COMMANDER FRANK MILLER JR		
Vice-President FIRST VICE BERT BOYD		
Secretary ADJUTANT BERT BOYD		
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	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City State	Telephone No.	
Zip Code	Date of Birth	
2) Name	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	
City 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.

/s/ FRANK MILLER JR COMMANDER 8/20/2020
 (eSignature - Electronic Signature) (Position) (Date)

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

DLC 4030 (OFFICER / SHAREHOLDER DISCLOSURE FORM)
SECTION D (CONTINUED)

Individuals listed below 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.

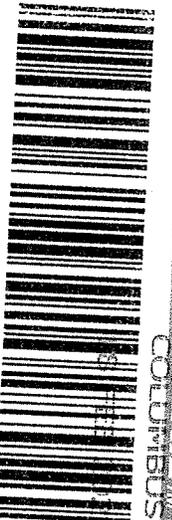
List Shareholders holding 5% or more of outstanding shares. If none, please indicate by writing "NONE":

3) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
4) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
5) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
6) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
7) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
8) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
9) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	
10) Name		Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zip Code		Date of Birth	



**Department
of Commerce**

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



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COLUMBUS OH 430

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1890999
CLERK OF CLEVELAND CITY COUNCIL
301 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107599

