

FILE NO. 1097-17

POLICE NOTIFICATION

WARD 7-DOW  
OHIO DIVISION OF LIQUOR CONTROL  
6606 TUSSING ROAD  
P.O. BOX 4005  
REYNOLDSBURG, OHIO 43068-9005

TO

7999899			TRFO	79 STREET FOODS LLC 1930 E 79TH ST CLEVELAND OHIO 44103
PERMIT NUMBER			TYPE	
10	01	2016		
ISSUE DATE				
08	22	2017		
FILING DATE				
C2 C2X			PERMIT CLASSES	
18	154	C	F19026	
TAX DISTRICT			RECEIPT NO.	

FROM 08/24/2017

0173935				AMIRA PETROLEUM INC DBA TAYEH VALERO 1930 E 79TH ST CLEVELAND OHIO 44103
PERMIT NUMBER			TYPE	
10	01	2016		
ISSUE DATE				
08	22	2017		
FILING DATE				
C2 C2X			PERMIT CLASSES	
18	154			
TAX DISTRICT			RECEIPT NO.	



AUG 24 2017

This notice is sent to you in compliance with Section 4303.26 of the Ohio Revised Code and will serve as official notification of the filing of a permit application.

Depending on the applicant's business entity, enclosed please find a copy of the pending applicant's ownership disclosure form 4029 (Non Profit Entity Disclosure), Form 4030 (Stockholder Disclosure), Form 4031 (Partnership Disclosure), or Form 4032 (Limited Liability Company Disclosure) which lists those individuals who will have an interest in the above captioned permit.

**In some instances, the Division will require a background check to be completed by your agency. If enclosed, please complete the Personal History Police Check(s), and return it/them in the enclosed postage paid envelope. If needed, we will submit the forms once received from the applicant at a later date for completion.**

The chief police officer of each political subdivision may appear and testify in person or through a representative at any hearing held on the advisability of the issuance or transfer of a permit. However, Section 4303.26 O.R.C. DOES NOT give the police officer the right to request a hearing. If a hearing is desired, the chief police officer should contact the legislative authority (City or Village Council, or Board of County Commissioners, or Board of Township Trustees) and have that entity request a hearing.

The police department may submit any information to the Division relevant to the issuance or transfer of the permit, even if a formal hearing is not requested and conducted. This should be done by a separate letter with supporting documentation. The Division appreciates your statements and concerns regarding the pending application.

Licensing Section

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

CLEVELAND POLICE DEPT  
1300 ONTARIO ST 9TH FL  
CLEVELAND OHIO 44113



OH. DIV. LIQUOR CONTROL  
FRONT DESK 3

MAY 16 PM 3:11

<b>FOR OFFICE USE ONLY</b>		
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT # <u>7999899</u>		

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL  
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005  
 Telephone: (614) 644-2360 - <http://www.com.ohio.gov/liqr>

**LIMITED LIABILITY COMPANY DISCLOSURE FORM**  
 (This form must accompany all applications of an LLC business entity)

**SECTION A.**

Name of Limited Liability Company <b>79 Street Foods LLC</b>	DBA Name	
Permit Premises Address <b>1930 East 79th Street</b>	City, State <b>Cleveland OH</b>	Zip Code <b>44103</b>
Township, if in Unincorporated Area	Tax Identification No. (TIN) <b>82-2193497</b>	
Email Address:		

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or greater membership or voting interest, and attach a copy of the Articles of Organization filed with the Ohio Secretary of State.

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.

**SECTION B.** List the top five (5) officers of the captioned business. If an office is NOT held, please indicate by writing NONE.

EACH OFFICER LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	BIRTHDATE
1) CEO <b>None</b>		
2) President <b>None</b>		
3) Vice-President <b>None</b>		
4) Secretary <b>None</b>		
5) Treasurer <b>None</b>		

**SECTION C.** List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

			INTEREST
1) Name <b>Nadiya Alibhai</b>	Social Security No. (if individual) <b>132-80-9330</b>		<b>Check All That Apply</b>
Residence Address <b>831 Mount Paran Road</b>	Tax Identification No. (if applicable)		<input checked="" type="checkbox"/> Managing Member
City and State <b>Atlanta GA</b>	Telephone No. <b>404-917-7245</b>		<input checked="" type="checkbox"/> Voting interest <b>100</b> %
Zip Code <b>30327</b>	Birthdate <b>10/22/1968</b>		<input checked="" type="checkbox"/> Membership interest <b>100</b> %
2) Name	Social Security No. (if individual)		<b>Check All That Apply</b>
Residence Address	Tax Identification No. (if applicable)		<input type="checkbox"/> Managing Member
City and State	Telephone No.		<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate		<input type="checkbox"/> Membership interest _____ %

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Franklin COUNTY ss,

I, Nadiya Alibhai being first duly sworn, according to law, deposes and says that he/she is (Title) Managing Mbr.

of the 79 Street Foods LLC, a business duly authorized by law to do business in the State of Ohio, and that the statements made in the forgoing affidavit are true.

(Signature)

(Print Name and Title) Nadiya Alibhai

Sworn to and subscribed in my presence this 10<sup>th</sup> day of

2017

(Notary Expiration) JAN 15 2019

<b>FOR OFFICE USE ONLY</b>		
<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT #	7999899	

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL  
 6606 TUSSING ROAD, P.O. BOX 4005  
 REYNOLDSBURG, OHIO 43068-9005  
**PERSONAL HISTORY BACKGROUND FORM**  
<http://www.com.ohio.gov/liqr>



Please be advised that any social security numbers provided to the Division of Liquor Control on this form 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.

The applicant is required to fill out Section A only.  
 The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.  
**THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.**

<b>SECTION A (PLEASE PRINT)</b>					
Name (Last)	(First)	(Middle)	Height	Weight	
Alibhai	Nadiya		ft. in.		
Alias used or Maiden Name	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone #	Social Security #		
		404-917-7245	132-80-9330		
Residence Address	City	State	Zip Code		
831 Mount Paran Road	Atlanta	GA	30327		
Date of Birth	Are you a US Citizen?	Place of Birth			
10/22/1968	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	India			
Marital Status:	Spouse's Name (Last)	(First)	(Middle)		
Divorced					
Permit Address:	1930 East 79th Street, Cleveland OH 44103				

YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK

X

**PLEASE READ:** The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B. will be completed. THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

<b>SECTION (B)</b>		<b>THIS SPACE FOR LAW ENFORCEMENT AGENCY USE</b>	
Please complete the information below and either fax to (614) 644-3166, OR mail to Division of Liquor Control, 6606 Tussing Rd., Reynoldsburg, OH 43068-9005			
1) Does applicant have a police record?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, Give Details _____			
2) Does local police department know of any reason why permit should NOT be issued? (If YES, Please Attach Supporting Evidence)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Please complete the information below:			
_____ Police Department Name		_____ Date Of Signature	
_____ Signature of Authorized Official (We cannot accept a stamped signature)			

OH, DIV. LIQUOR CONTROL  
FRONT DESK-3  
2017 AUG 16 PM 3:11

