

FILE NO. 801-2020

WARD 3-McCormack

NOTICE TO LEGISLATIVE AUTHORITY

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

TO

76426390001 PERMIT NUMBER		STCK TYPE	SR RESTAURANT CORP DBA RASCAL HOUSE PIZZA 1836 EUCLID AV SUITE 801 CLEVELAND OH 44115
ISSUE DATE			
09 16 2019 FILING DATE			
D5 D6 PERMIT CLASSES			
18 TAX DISTRICT	154 RECEIPT NO.	C	

FROM 09/25/2020

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



MAILED 09/25/2020

RESPONSES MUST BE POSTMARKED NO LATER THAN. 10/26/2020

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 7642639-0001

(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

Commerce Division of Liquor Control : Web Database Search

OWNERSHIP DISCLOSURE INFORMATION

This online service will allow you to obtain ownership disclosure information for issued and pending retail liquor permit entities within the State of Ohio.

Searching Instructions

Enter the known information and click the "Search" button. For best results, search only ONE criteria at a time. If you try to put too much information and it does not match exactly, the search will return a message "No records to display".

The information is sorted based on the Permit Number in ascending order.

To do another search, click the "Reset" button.

	SEARCH CRITERIA
Permit Number	<input type="text" value="76426390001"/>
Permit Name / DBA	<input type="text"/>
Member / Officer Name	<input type="text"/>

[Search](#)[Reset](#)[Main Menu](#)

Member/Officer Name	Shares/Interest	Office Held
Permit Number: 76426390001; Name: SR RENT ADVANT CORP; DBA: DBA RASCAL HOUSE PIZZA; Address: 1836 EUCLID AV CLEVELAND 44115		
MICHAEL A FRANGOS	750.00	PRESIDENT
FOULY FRANGOS	0.00	SECRETARY

- [Ohio.Gov](#)
- [Ohio Department of Commerce](#)

[Commerce Home](#) | [Press Room](#) | [CPI Policy](#) | [Privacy Statement](#) | [Public Records Request Policy](#) | [Disclaimer](#) | [Employment](#) | [Contacts](#)

OHIO DIV. LIQUOR CONTROL
LICENSES SCAN RM. 1-A
MAY 24 10:24 AM

SHK
FOR OFFICE USE ONLY:
Permit # 7642639-0001
 New Transfer Ren

Officer/Shareholder Disclosure Form

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

Name of Corporation: <u>SR RESTAURANT CORP</u>	DBA Name: <u>RASCAL HOUSE</u>
Permit Premises Address:	City: State: Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN): <u>34-1846112</u>
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 100

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 <u>NONE</u>		
President <u>FOULY FRANGOS</u>		
Vice-President <u>NONE</u>		
Secretary <u>NONE</u>		
Treasurer/CFO <u>NONE</u>		

SECTION D. Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

1) Name <u>FOULY FRANGOS</u>	Social Security No. _____	NUMBER OF SHARES HELD (NOT PERCENTAGE) <u>100</u>
Residence Address _____	Tax Identification No. <u>N/A</u>	
City _____ State <u>OH</u>	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.

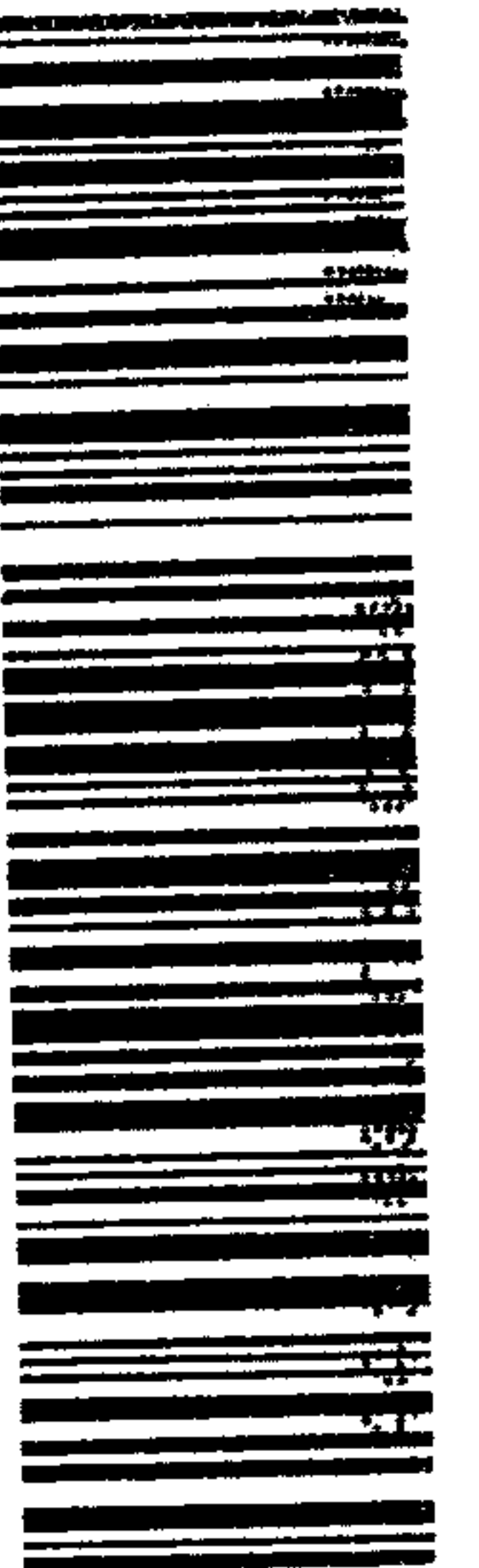
Is/ [Signature] President 4/23/2020
(eSignature - Electronic Signature) (Position) (Date)

1836 ENCLIO AVE CLEVELAND OH 44115 216-781-0904
(Address) (City) (State) (Zip Code) (Telephone Number)

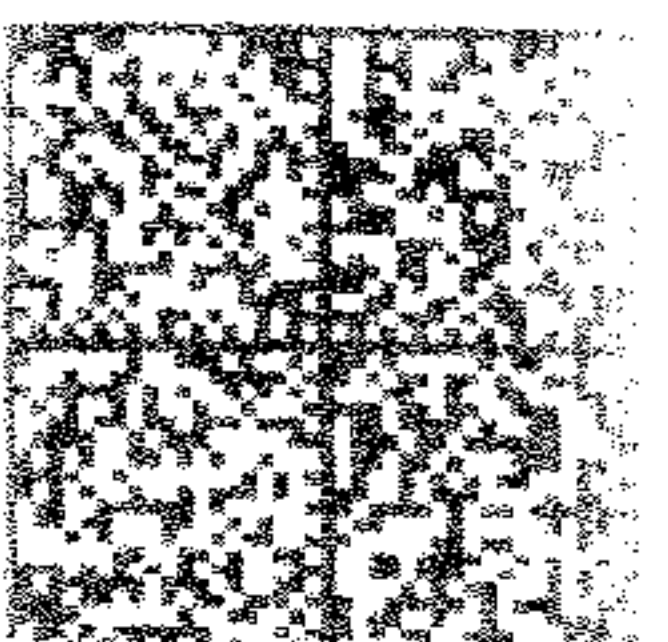



**Department
of Commerce**

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



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U.S. POSTAGE & FINES/BOVES

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76426390001
CLERK OF CLEVELAND CITY COUNCIL
601 LAKE SIDE AV RM 216
CLEVELAND, OH 44114