

FILE NO. 729-2021

NOTICE TO LEGISLATIVE
AUTHORITY

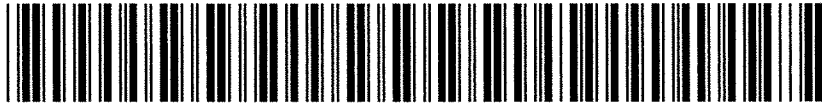
WARD 16-KAZY
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

TO

82007900001 <small>PERMIT NUMBER</small>		STCK <small>TYPE</small>	SIXTH CITY DISTRIBUTION LLC 12141 BENNINGTON AVE CLEVELAND OH 44135	
ISSUE DATE				
09 17 2020 <small>FILING DATE</small>				
B1 B5 <small>PERMIT CLASSES</small>				
18 <small>TAX DISTRICT</small>	154 <small>DISTRICT</small>	C <small>CLASS</small>	F25874 <small>RECEIPT NO.</small>	

FROM 08/18/2021

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



MAILED 08/18/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 09/20/2021

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 STCK 8200790-0001

(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**



Stack

FOR OFFICE USE ONLY:
Permit # 82405/900001
 New Transfer Ren

Limited Liability Company (LLC) Disclosure Form

SECTION A. (This form must accompany all applications of an LLC business entity)

Name of Limited Liability Company: SIXTH CITY DISTRIBUTION LLC		DBA Name:	
Permit Premises Address: 12444		City: COLUMBUS	State: OH
Township, if outside city limits:		Tax Identification No. (TIN):	
Email Address: SAME AS ATTORNEY			

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or more membership or voting interest.

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the 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 Limited Liability Company.

NAME OF OFFICER: (If an office is NOT held, please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO RYAN REED		
President BRIAN KELLEY		
Vice-President NONE		
Secretary NONE		
Treasurer/CFO NONE		

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

SECTION C. List the managing members and all persons with a 5% or more membership or voting interest in the LLC.		Total # of Units Issued by LLC:
		INTEREST:
		Check All That Apply
1) Name RYAN REED	Social Security No.	<input checked="" type="checkbox"/> Membership Interest 46.25 %
Residence Address	Tax Identification No.	<input checked="" type="checkbox"/> Managing Member
City Solon State OH	Telephone No.	<input checked="" type="checkbox"/> 5% or more Voting Interest 46.25 %
Zipcode	Birthdate	
2) Name BRIAN KELLEY	Social Security No.	Check All That Apply
Residence Address	Tax Identification No.	<input checked="" type="checkbox"/> Membership Interest 36.25 %
City Lakewood State OH	Telephone No.	<input type="checkbox"/> Managing Member
Zipcode	Birthdate	<input checked="" type="checkbox"/> 5% or more Voting Interest 36.25 %

See Page 2 to list additional members. Individuals listed in both Sections B and C must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at https://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/ **RYAN REED** CEO/Mang. Mem. **December 9, 2020**
 (eSignature - Electronic Signature) (Position) (Date)
 (Address) (City) (State) (Zip Code) (Telephone Number)

2021 FEB 12 PM 4:00
 PROJECT RECORDS

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 https://www.com.ohio.gov/documents/liqr_FingerPrint.pdf.

List the managing members and all persons with a 5% or more membership or voting interest in the LLC. If none, please indicate by writing "NONE":

3) Name John Koynock		Social Security No.	Check All That Apply <input checked="" type="checkbox"/> Membership Interest <u>17.5</u> % <input type="checkbox"/> Managing Member <input checked="" type="checkbox"/> 5% or more Voting Interest <u>17.5</u> %
Residence Address		Tax Identification No.	
City	State OH	Telephone No.	
Zipcode		Birthdate	
4) Name		Social Security No.	Check All That Apply <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
5) Name		Social Security No.	Check All That Apply <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
6) Name		Social Security No.	Check All That Apply <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
7) Name		Social Security No.	Check All That Apply <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
8) Name		Social Security No.	Check All That Apply <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	
9) Name		Social Security No.	Check All That Apply <input type="checkbox"/> Membership Interest _____ % <input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or more Voting Interest _____ %
Residence Address		Tax Identification No.	
City	State	Telephone No.	
Zipcode		Birthdate	

2017 FEB 2 PM 4:38
 RECEIVED
 2017 FEB 2 PM 4:38

Jack

FOR OFFICE USE ONLY

NEW TRANSFER REN

PERMIT 8200190000

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/liq



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

SECTION A (PLEASE PRINT)

Name (Last) REED	(First) RYAN	(Middle) KENNETH	Height 6 ft. 0 in.	Weight 165
Alias used or Maiden Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone #	Social Security #	
Residence Address	City Solon	State OH	Zip Code 44135	
Date of Birth	Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth		
Marital Status:	Spouse's Name (Last)	(First) Alexis	(Middle) Mary	
Permit Address: 12141 Bennington Ave., Cleveland, OH 44135				

DIVISION OF LIQUOR CONTROL
 REYNOLDSBURG, OH 43068-9005
 FEB 12 PM 4:38

YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK

X *[Signature]*

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.**

SECTION (B) THIS SPACE FOR LAW ENFORCEMENT AGENCY USE

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? YES NO

If Yes, Give Details _____

2) Does local police department know of any reason why permit should NOT be issued? YES NO
 (IF YES, Please Attach Supporting Evidence)

3) Please complete the information below:

Police Department Name _____

Signature of Authorized Official _____ Date Of Signature _____
 (We cannot accept a stamped signature)

STICK

FOR OFFICE USE ONLY:		
Permit #	<i>8200790001</i>	
<input type="checkbox"/> New	<input type="checkbox"/> Transfer	<input type="checkbox"/> Ren

Personal History Background Form

THE APPLICANT IS NOT TO PERFORM THIS CHECK. DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.
The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.

SECTION A. The applicant is required to complete Section A only					
Name (Last) <i>KELLEY</i>	(First) <i>BRIAN</i>	(Middle) <i>M</i>	Height <i>5</i> ft. <i>7</i> in.	Weight <i>140</i>	
Alias used or Maiden Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number	Social Security Number		
Residence Address <i>1111 NVC</i>	City <i>LAKEWOOD</i>	State <i>OH</i>	ZIP Code		
Date of Birth	Are you a U.S. Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth			
Marital Status: <i>MARRIED</i>	Spouse's Name (Last) <i>LOVEJOY</i>	(First) <i>REBECCA</i>	(Middle) <i>A</i>	<i>2011 FEB</i>	
Permit Address: _____					
SIGNATURE REQUIRED BY LOCAL LAW ENFORCEMENT, GIVING AUTHORIZATION FOR RECORD CHECK					
<i>[Signature]</i>					
<i>PM 4:33</i>					
PLEASE READ: The Division of Liquor Control will submit this form to the local police authority to conduct a background check, and Section B will be completed at that time.					

OHIO DIV. LIQUOR CONTROL
FORM 1-8

SECTION B. THIS SECTION IS FOR LAW ENFORCEMENT USE ONLY	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach supporting evidence.	
Please complete the information below:	
_____ Police Department Name	
_____ Signature of Authorized Official (We cannot accept a stamped signature)	_____ Date of Signature

Jack

FOR OFFICE USE ONLY Permit # 82007900001 [] New [] Transfer [] Ren

Personal History Background Form

THE APPLICANT IS NOT TO PERFORM THIS CHECK. DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY. The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.

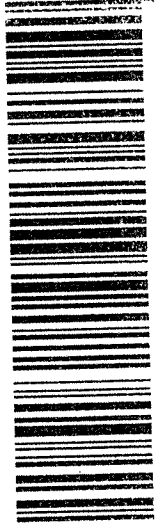
SECTION A. The applicant is required to complete Section A only. Name (Last) Koynock (First) John (Middle) Michael Height 6 ft. 0 in. Weight 197. Alias used or Maiden Name [] Male [] Female Phone Number Social Security Number. Residence Address City State OH ZIP Code. Date of Birth 5/4/1956 Are you a U.S. Citizen? [X] YES [] NO Place of Birth Cleveland, OH. Marital Status: Married Spouse's Name (Last) Long-Koynock (First) Anita (Middle) Kathleen. Permit Address: 121... SIGNATURE REQUIRED BY LOCAL LAW ENFORCEMENT, GIVING AUTHORIZATION FOR RECORD CHECK. PLEASE READ: The Division of Liquor Control will submit this form to the local police authority to conduct a background check, and Section B will be completed at that time.

OHIO DIV. LIQUOR CONTROL 2021 FEB 12 14:38

SECTION B. THIS SECTION IS FOR LAW ENFORCEMENT USE ONLY. 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? [] YES [] NO If Yes, give details. 2) Does local police department know of any reason why permit should NOT be issued? [] YES [] NO If YES, please attach supporting evidence. Please complete the information below: Police Department Name Signature of Authorized Official (We cannot accept a stamped signature) Date of Signature

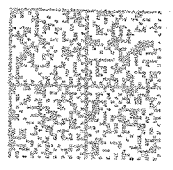


Department of Commerce
 Division of Liquor Control
 6606 Tussing Road, P.O. Box 4005
 Reynoldsburg, Ohio 43068-9005



9214 7969 0099 9790 1802 7517 87

FIRST CLASS



U.S. POSTAGE
 PITNEY BOWES
 ZIP 43209 \$007.16⁰
 02 4W
 0000566292 AUG 16 2021

82007900001
 CLERK OF CLEVELAND CITY COUNCIL
 601 LAKESIDE AV RM 216
 CLEVELAND, OH 44114