

FILE NO. 23-2021

NOTICE TO LEGISLATIVE AUTHORITY

WARD 3-MC CORNAK

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

TO

2780975		TRFO	FLATS 1220 LLC 1ST FL & PATIO 1220 OLD RIVER RD CLEVELAND OH 44113
PERMIT NUMBER		TYPE	
10 01	2017		
ISSUE DATE			
12 16	2020		
FILING DATE			
D1	D2	D3	D3A
PERMIT CLASSES			
18	154	C	F24554
TAX DISTRICT			RECEIPT NO.

FROM 12/18/2020

88651080001			1330 OLD RIVER LLC DBA ROC BAR 1ST FL & PATIO 1220 OLD RIVER RD CLEVELAND OH 44113
PERMIT NUMBER		TYPE	
10 01	2017		
ISSUE DATE			
12 16	2020		
FILING DATE			
D1	D2	D3	D3A
PERMIT CLASSES			
18	154		
TAX DISTRICT			RECEIPT NO.



MAILED 12/18/2020

RESPONSES MUST BE POSTMARKED NO LATER THAN. 01/19/2021

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 TRFO 2780975

(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 # _____
 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: Flats 1220 LLC		DBA Name:	
Permit Premises Address:		City:	State: Zip Code:
Township, if outside city limits:		Tax Identificatio. (TIN): 0-170-0000	
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 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 None		
President Robert T. George		
Vice-President None		
Secretary Robert T. George		
Treasurer/CFO Robert T. George		

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: 100		
INTEREST:		
Check All That Apply		
1) Name Robert T. George	Social Security No.	<input checked="" type="checkbox"/> Membership Interest 100 %
Residence Address:	Tax Identification No.	<input checked="" type="checkbox"/> Managing Member
City State Ohio	Telephone No.	<input checked="" type="checkbox"/> 5% or more Voting Interest 100 %
Zipcode 44107	Birthdate	
2) Name	Social Security No.	Check All That Apply
Residence Address	Tax Identification No.	<input type="checkbox"/> Membership Interest %
City State	Telephone No.	<input type="checkbox"/> Managing Member
Zipcode	Birthdate	<input type="checkbox"/> 5% or more Voting Interest %

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/ Robert T. George Managing Member 10-12-20
(eSignature - Electronic Signature) (Position) (Date)

(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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COLUMBUS OH 430
FIRST CLASS
PM 5 L



U.S. POSTAGE & RETENNY SOWES
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2780975
CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107699

