

Word 3-McCormack

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

FILE NO. 223-2024

**NOTICE TO LEGISLATIVE
AUTHORITY**

TO

7642564 PERMIT NUMBER		STCK TYPE	S & P EAST 4 WOOLWORTH LLC 1ST FL MEZZANINE BSMT & PATIO 2050 E 4TH AVE CLEVELAND OH 44115
ISSUE DATE			
08 31 2021 FILING DATE			
D2 D2X D3 D3A D6 PERMIT CLASSES			
18 TAX DISTRICT	154	C	F30816 RECEIPT NO.

FROM **02/07/2024**

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



MAILED **02/07/2024**

RESPONSES MUST BE POSTMARKED NO LATER THAN. **03/11/2024**

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 7642564**

(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**

1-CR
#00031057
\$100.00

Office Hours
8:00 a.m. - 5:00 p.m.
For Questions call
(614) 644-3156

Ohio Department of Commerce - Division of Liquor Control
6606 Tussing Road, Reynoldsburg, Ohio 43068-9005
<http://www.com.ohio.gov/liqr>



APPLICATION FOR CHANGE OF LLC MEMBERSHIP INTERESTS
PROCESSING FEE \$100.00

CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING:

Permit Holder Name: **S & P East 4 Woolworth, LLC** Permit Premises Address: **2050 E. 4th St.**

Liquor Permit Number(s): **7642564** Federal Tax ID Number: [REDACTED] **Cleveland, OH 44115**

Email Address: **d o u g l a s p e t k o v i c @ g m a i l . c o m**

Attorney's Name, Address and Telephone Number (If represented):
Alicia E. Zambelli, 175 S. 3rd St., Ste. 295, Columbus, OH 43215 (614)246-2278

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.

PLEASE COMPLETE ALL AREAS OF SECTION A & B BELOW

Section A - PREVIOUS List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) Michael Symon	[REDACTED]	President	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input checked="" type="checkbox"/> Membership interest 33.33 %	[REDACTED]
2) Elizabeth Symon	[REDACTED]		<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest 33.33 %	[REDACTED]
3) Douglas Petkovic	[REDACTED]		<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input checked="" type="checkbox"/> Membership interest 33.34 %	[REDACTED]
4)	[REDACTED]		<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	[REDACTED]

Section B - REVISED List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) Douglas Petkovic	[REDACTED]	President	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input checked="" type="checkbox"/> Membership interest 100 %	[REDACTED]
2)	[REDACTED]		<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	[REDACTED]
3)	[REDACTED]		<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	[REDACTED]
4)	[REDACTED]		<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	[REDACTED]



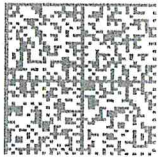
**Department
of Commerce**

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

CERTIFIED MAIL™



9214 7969 0099 9790 1650 9236 02



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0000383399 FEB 09 2024

7642364
CLERK OF CLEVELAND CITY COUNCIL
ATTENTION CLERK
601 LAKESIDE AVE RM 216
CLEVELAND, OH 44114

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