

FILE NO. 591-2025

NOTICE TO LEGISLATIVE
AUTHORITY

Ward 15 Spencer
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

TO

| | | |
|----------------|-------------|------------------------|
| 8003727 | STCK | 7310 FRANKLIN BLVD INC |
| PERMIT NUMBER | TYPE | 7310 FRANKLIN BLVD |
| ISSUE DATE | | CLEVELAND OH 44102 |
| 08 21 2024 | | |
| FILING DATE | | |
| C1 C2 | | |
| PERMIT CLASSES | | |
| 18 154 C | F33204 | |
| TAX DISTRICT | RECEIPT NO. | |

FROM 04/21/2025

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



MAILED 04/21/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN. 05/22/2025

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 8003727**

(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
ATTN CLERK
601 LAKESIDE AV RM 216
CLEVELAND OHIO 44114

2025 APR 11 AM 9:46

SECTION A – Issued Permit Holder Information

| | | | |
|--|-----------------------------|--|-----------------------------|
| *Issued Permit Holder's Business Name as listed on the issued permit: 7310 Franklin Blvd Inc | | *Issued Permit Holder #: 8003727 | |
| *Permit Premises Address: 7310 Franklin Blvd | | *Is Permit Holder an Agency Store? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, what is the assigned agency # _____ | |
| *Township (if premises is outside city limits): | *City: Cleveland | *Zip Code: 44102 | *County: Cuyahoga |
| *Contact Name: Jasmeet Kaur Randhawa | | *Who will be the Primary Contact for this Application: <input type="checkbox"/> Contact Listed <input checked="" type="checkbox"/> Attorney Listed Below | |
| Phone: (216) 507-2828 | | *Business Phone: | |
| *Primary Contact's Email Address: | | | |
| R a n d h a w a 4 1 0 9 8 1 @ g m a i l . c o m | | | |
| Attorney Information (if applicable) | | Name: James K Roosa | |
| Address: 8803 Brecksville Rd., Ste 7-222 | City: Brecksville | State: OH | Zip Code: 44141 |
| Attorney Email Address: | | Phone #: (216) 635-0636 | |
| j k r @ r o o s a l a w . c o m | | | |

SECTION B – Corporate Ownership Description

1. * List the **CURRENT 5% or more** owners in the issued permit as currently disclosed to us – Not sure who/what we have on record? Go to com.ohio.gov/liquorinfo (select "who has a disclosed ownership interest in a particular liquor permit" tab and enter the permit number listed on your issued permit).

| | Person or Company Name | Current # of Shares Held |
|---|------------------------|--------------------------|
| 1 | KULWANT SINGH RANDHAWA | 100 |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

2. * List the **NEW/REVISED 5% or more** owners as they should be listed in the issued permit **AFTER** the change. (Note, depending on your proposed change its possible that some individuals might be listed above and below.) Any real persons **MUST** be at least 21 years of age. In addition to filling out the below information, please submit an updated **Officer/Shareholder Disclosure Form** (OR com.ohio.gov/requiredforms - select form #4030) that matches the "NEW/REVISED" information below.

| | Person or Company Name | Revised # of Shares Held |
|---|------------------------|--------------------------|
| 1 | KULWANT SINGH RANDHAWA | 50 |
| 2 | JASMEET KAUR RANDHAWA | 50 |
| 3 | | |
| 4 | | |
| 5 | | |