



House-308

CLEVELAND CITY COUNCIL
ATTN CLERK
601 LAKESIDE AVE, RM 216
CLEVELAND OH 44114

NOTICE TO LEGISLATIVE AUTHORITY

TO

| | | |
|-----------------------------|-------------------|---|
| 10010514-1 PERMIT NUMBER | TRFO TYPE | 5505 Saint Clair Gas Inc. 5505 Saint Clair Avenue Cleveland OH 44103 Muni/Village/Twp: Cleveland |
| ISSUE DATE: | | |
| FILING DATE: 3/16/2026 | | |
| PERMIT CLASSES: C-1 | | |
| 18154 TAX DISTRICT | OCT RECEIPT NO | |

FROM 3/17/2026

| | | |
|-----------------------------|-------------------|---|
| 02600183-2 PERMIT NUMBER | TYPE | F S D OIL COMPANY INC 5505 ST CLAIR AVE CLEVELAND OH 44103 Muni/Village/Twp: Cleveland |
| ISSUE DATE: | | |
| FILING DATE: | | |
| PERMIT CLASSES: | | |
| 18154 TAX DISTRICT | OCT RECEIPT NO | |

MAILED 3/17/2026

RESPONSES MUST BE POSTMARKED NO LATER THAN 04/17/2026

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: OCT TRFO 10010514-1
(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 City Council (Date)
 Township Fiscal Officer

(Printed Name) (Email Address) (Telephone No.)