Ward 3
Gray

Department of Commerce
Division of Liquor Control

FILE NO. 810-2026
com.ohio.gov

Mike DeWine, *Governor* Jim Tressel, *Lt. Governor* Sherry Maxfield, *Director*

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

NOTICE TO LEGISLATIVE AUTHORITY

TO

10013303-1 PERMIT NUMBER	**TRFO** TYPE		**Fleet Gas Station Inc.** **7025 Fleet Ave** **Cleveland OH 44105** **Muni/Village/Twp: Cleveland**
ISSUE DATE:			
FILING DATE: **5/21/2026**			
PERMIT CLASSES: **C-2X C-2**			
18154 TAX DISTRICT	**OCT**	RECEIPT NO	

FROM **5/22/2026**

02777025-1 PERMIT NUMBER		TYPE	**FLEET GAS DELI INC** **7025 FLEET AVE** **CLEVELAND OH 44105** **Muni/Village/Twp: Cleveland**
ISSUE DATE:			
FILING DATE:			
PERMIT CLASSES:			
18154 TAX DISTRICT	**OCT**	RECEIPT NO	

MAILED 5/26/2026 **RESPONSES MUST BE POSTMARKED NO LATER THAN 06/26/2026**

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 10013303-1**
(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 ☐ Township Fiscal Officer (Date)

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