

FILE NO. 27-2022

Mark T. House

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

NOTICE TO LEGISLATIVE
AUTHORITY

TO

| | | | | |
|---------------------------|----------|-----------------------|---|--|
| 5408741 PERMIT NUMBER | | N TYPE | MADD SOUL GROUP LLC DBA YONDER 1ST FL & BSMT 3859 SUPERIOR AVE CLEVELAND OH 44114 | |
| 12 07 2021 ISSUE DATE | | | | |
| 12 07 2021 FILING DATE | | | | |
| D1 PERMIT CLASSES | | | | |
| 18 TAX DISTRICT | 154 C | D22908 RECEIPT NO. | | |

FROM 12/09/2021

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



MAILED 12/09/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 01/10/2022

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 N 5408741**

(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

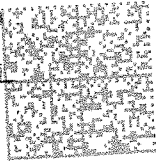


**Department
of Commerce**

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

CERTIFIED MAIL™

COLUMBUS OH 430



U.S. PC



ZIP 4:
02 41
0000

9214 7969 0099 9790 1806 2581 21

5408741
CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114

44114-107699

