FILE NO. 1114-17

NOTICE TO LEGISLATIVE **AUTHORITY** 

OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005 REYNOLDSBURG, OHIO 43068-9005

		TO (614)644-2360 FAX(614)644-3166
1883154	STCK	D & S AUTO SALES INC DBA NORMANDY TAVERN
		& PATIO 13999 LORAIN AV 1ST FL & BSMT
09 16 2016		CLEVELAND OHIO 44111
D5 D6		-
18 154 C F	F19082	-
TAX DISTRICT	RECEIPT NO.	FROM <b>09/11/2017</b>
PERMIT NUMBER	TYPE	-
ISSUE DATE		-
FILING DATE		-
PERMIT CLASSES	\$	
TAX DISTRICT	RECEIPT NO.	
MAILED 09/11/2017  PLEASE COMPLETE AND REWHETHER OR NOT THERE IS REFER TO THIS NUMBER IN	I TURN THIS S A REQUE ALL INQUI	C CTCR 188315A
	(IVIOST IVI	ANK ONE OF THE POLLOWING
WE REQUEST A HEARING O THE HEARING BE HELD		OVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT IN COLUMBUS.
WE DO NOT REQUEST A HE DID YOU MARK A BOX?		THIS WILL BE CONSIDERED A LATE RESPONSE.
PLEASE SIGN BELOW AND I	VIARK 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

State copy

For Questions call (614) 644-3162 Office Hours -8:00°a.m. - 5:00 p.m.

Ohio Department of Commerce - Division of Liquor Control 6606 Tussing Road, Reynoldsburg, Ohio 43068-9005





PROCESSING FEE \$100.00 CA	UTION: ALLO	W 10 TO 12 WEE	KS FOR PROCE	SSING THENT OF COUNTY
PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISI	ON OF LIQUOR C	ONTROL OF THE I	OLLOWING TRAN	ISFER(S) OF STOCK
Permit Holder Name D & S AUTO SALES INC.		Liquor Permit Number(s) 1883154 2-01908		
Permit Premises Address 13999 LORAIN AVE. C	LEVELAND	, OHIO 44111	V	7017
Email Address: J I M . G E R R I C K @ Y A H	0 0 . C 0	М		EP - 101V.
Attorney's Name, Address and Telephone Number (If represente	ed)			SCAN C
Is Stock Traded on a National Exchange? YES NO	If YES, give N	lame of Exchange	RM. 1-A	
Please be advised that any social security numbers provided Department of Public Safety, the Ohio Department of Taxat agency if the agency requests the social security number to c	ion, the Ohio Att	orney General, or	to any other state	e or local law enforcement
SECTION A: PREVIOUS 5% OR MORE STOCKHOLDERS  Name	BIRTHDATE	HDATE Social Security Number/FTI#		Number of Shares Issued For Stock Transfer Only (NOT Percentages)
<sup>1)</sup> SAM HASROUNI				850
2)				
3)				
4)			O CONTRACTOR OF THE CONTRACTOR	
5)				
SECTION B: REVISED 5% OR MORE STOCKHOLDERS  Name	BIRTHDATE	BIRTHDATE Social Security Number/FTI#		Number of Shares Issued For Stock Transfer Only (NOT Percentages)
1) JAMES S. GERRICK				850
2)		· · · · · · · · · · · · · · · · · · ·		
3)				
4)				
5)				
NOTE: If any Stockholder is a business entity, that entitax identification number (FTI #) above.	ity must list it's	federal	TOTAL NUMBER SHARES ISSUED	ROF
LIST THE TOP FOUR OFFICERS OF THE CAPTIONED CORPORATION. IF AN OFFICE IS NOT HELD, PLEASE INDICATE BY WRITING "NONE"	Soc	cial Security Num	Birthdate	
1) CEO/President JAMES S. GERRICK		200		
2) Vice-President				
3) Secretary				

4) Treasurer

## Department of Commerce

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





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1883154 CLERK OF CLEVELAND CITY COUNCIL 601 LAKESIDE AV RM 216 CLEVELAND, OH 44114

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