FILE NO. 1101-17
POLICE NOTIFICATION

WARD 12-Brancatuli

OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD

P.O. BOX 4005 REYNOLDSBURG, OHIO 43068-9005

TO

263	1275	50340 PERMIT NUM	NEW TYPE	FAMILY DOLLAR STORES OF OHIO INC DBA FAMILY DOLLAR 10417 8003 BROADWAY AVE
08	SUE DAT	2017		CLEVELAND OH 4415
Cl		PERMIT C	LASSES	
18 _{TAX}	154 X DISTRI	-	B66948 RECEIPT NO.	FROM 0.0 (0.0 10.0 7

FROM 08/28/2017

PERMIT NUMBER TYPE		
ISSUE DATE		
PERMIT CLASSES		
TAX DISTRICT RECEIPT NO.		



This notice is sent to you in compliance with Section 4303.26 of the Ohio Revised Code and will serve as official notification of the filing of a permit application.

Depending on the applicant's business entity, enclosed please find a copy of the pending applicant's ownership disclosure form 4029 (Non Profit Entity Disclosure), Form 4030 (Stockholder Disclosure), Form 4031 (Partnership Disclosure), or Form 4032 (Limited Liability Company Disclosure) which lists those individuals who will have an interest in the above captioned permit.

In some instances, the Division will require a background check to be completed by your agency. If enclosed, please complete the Personal History Police Check(s), and return it/them in the enclosed postage paid envelope. If needed, we will submit the forms once received from the applicant at a later date for completion.

The chief police officer of each political subdivision may appear and testify in person or through a representative at any hearing held on the advisability of the issuance or transfer of a permit. However, Section 4303.26 O.R.C. DOES NOT give the police officer the right to request a hearing. If a hearing is desired, the chief police officer should contact the legislative authority (City or Village Council, or Board of County Commissioners, or Board ofTownship Trustees) and have that entity request a hearing.

The police department may submit any information to the Division relevant to the issuance or transfer of the permit, even if a formal hearing is not requested and conducted. This should be done by a separate letter with supporting documentation. The Division appreciates your statements and concerns regarding the pending application.

Licensing Section

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

CLEVELAND POLICE DEPT 1300 ONTARIO ST 9TH FL CLEVELAND OHIO 44113

	FOR OFFIC	E USE O	DNLY	
	NEW TRA	NSFER	REN	
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OHIO DEPARTMENT OF COMMERCE DIVISION OF LIQUOR CONTROL ssing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005



CTION A. (This form must accompany all applications of a lame of Corporation Family Dollar Stores, Inc.		DBA Name None								-3		
Permit Premises Address Applying for license for multiple stores see	attached list	thed list City, State Zip Coo						Code			THE STATE OF THE S	
Cownship, if in Unincorporated Area		Tax Identi	fication >	lo. (TIN) 56-0	194296	3			Ē	= 2	
ownship, it is constant posted rated					T	TT	TT	7				
Email c w i l l i a m s 3 @ f a m i l Address:	y d o	1 1 a 1	г . с	o. m								
ECTION B.							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			- 177	250 250 250 250 250 250 250 250 250 250	
Is stock publicly traded?	k Do NOT co	malata CEIT	CIONI D						YES	× k	•	
If "YES", indicate exchange 8 Does any stockholder own 5% or more shares? If YES, complete SEC		inpicte one i	, to a D.					×	YES	П	100 100	
Total Number of shares issued 120500000								53		-		
Please be advised that any social security numbers provided to the Division of Li Department of Taxation, the Ohio Aftorney General, or to any other state or local implement enforcement action, or collect taxes. SECTION C. List the top live (5) officers of the captioned corporation.	al law enforce	ment agency ii	tine agenc	y reques	is the so	ciai seca	. arenarm	1,001 100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		hio igation,	
SECTION C. List the top live (5) officers of the captioned corporation. THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PE "BACKGROUND CHECK INFORMATION" DLC4191	APORALD 61	BCIGGAGO 30	199411 (4.11	*******	(T : 3 d'13 1	713			Ts 4 707	2 (3)2 (2)	рти	
NAME OF OFFICER		SOCIA	AL SECU	<u>RUYI</u> WA	RUYNUMBER					DATE OF BIRTH N/A		
1) CEO None 2) President Gary Philbin,		315-58-4819						11/15/1956			6	
3) Vice-President William A. Old, Jr. (Senior VP)		<u> </u>		80-229		-	······		08/	14/1953	3	
Secretary Sandra Boscia (Assistant Secretary)			240-	47-404	1		****		9/2	0/1970)	
5) Treasurer Roger Dean (VP - Treasurer)			224-	35-827	8				10/	17/197	1	
ECTION D. Stockholders holding 5% or more outstanding shares. THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PI "BACKGROUND CHECK INFORMATION" DLC4191. If none, please indicate by w Stockholder's Name Dollar Tree, Inc.	1	answered Qi BCI&LAND SI Security No.	UBMIT A P	ERSONA	a not co	N/A	e this se	D FORM	UMBE	ROFS	SHARES	
Residence Address 500 Volvo Parkway	Tax Io	Tax Identification No. (if applicable) 26-2018846						1	(NOT PERCENTAGE)			
City and State Chesapeake, VA	Telep	hone No.	(757) 32	1-5000		and the second second			12	050000	nn ·	
Zip Code 23320	Date	of Birth			N/A				12			
2) Stockholder's Name	Socia	Security No	. (if Indiv	idual)			Option and the second	. 1		R OF S	SHARES	
Residence Address	Tax I	dentification	No. (if a	plicable	2)			, 1			NTAGE)	
City and State	Telep	hone No.										
Zip Code	Date	of Birth	***************************************									
(PLEASE SEE REVERSE SIDE SHOULD STATE OF OHIO.	COUNT				2				Genera	resident d Couns ecretary	el,	
I. Thomas E. Schoenheit being I							neinoso	in the S	iare of ()hio, an	d that the	
Family Dollar Storag of Ohio Inc		a corporatio	n duly au	horized	by law	to do o	danneaa					
	,	_		The		to do o . Schoe			Vice P Genera	resident - il Counse	- Aust.	
of the Family Dollar Stores of Ohio, Inc.) (Print No	ime and Corp		The					Vice P	resident - il Counse	- Aust.	

Mecklenburg County, NC

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FORC)FFICE	USE	ONLY	
□NEW □] TRANS	SFER	REN	
PERMIT#				
SECTION A.	(This	form	must accor	1
Name of Corpo	oration	Fami	ly Dollar St	0
Permit Premise	s Addre	39 · S	iee attached	1
***************************************			······································	-

□ NEW □ TRANSFER □ REN 6606 Tussing Road	DIVISION OF LIQUOR CONTROL 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005 Telephone: (614) 644-2431 http://www.com.ohio.gov/liqr								
OFFICER/ SHARI SECTION A. (This form must accompany all applications of a co	EHOLDERS DISCLOSURE FORM								
Name of Corporation Family Dollar Stores of Ohio, Inc.									
	DBA Name Family Dollar								
Permit Premises Address See attached list	City, State Zip Co	<u> </u>							
Township, if in Unincorporated Area	Tax Identification No. (TIN) 56-0991921	P2							
Email c w i l l i a m s 3 @ f a m i l y	d o 1 1 a r . c o m	P							
SECTION B.		Ţ <u></u>							
1. Is stock publicly traded? If "YES", indicate exchange & D	to SECT recognition (CT/TTECN) PS	TYES NO 12							
11 "YES", indicate exchange & D 2. Does any stockholder own 5% or more shares? If YES, complete SECTIO		▼ YES □ NO							
3. Total Number of shares issued 1000		¥ YES □ NO							
Please be advised that any social security numbers provided to the Division of Liquo Department of Taxation, the Obio Attorney General, or to any other state or local la implement enforcement action, or collect taxes. SECTION C. List the top five (S) officers of the captioned corporation.	in enforcement agency if the agency requests the social security number If an office is NOT held please indicate by writing NONE,	r to conduct an investigation,							
THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFO "BACKGROUND CHECK INFORMATION" DLC4191	DRMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FO)RM. PLEASE READ							
NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH							
1) CEO None	N/A	N/A							
2) President Gary Philbin	315-58-4819	11/15/1956							
3) Vice-President William A. Old, Jr. (Senior VP)	228-80-2298	8/14/1953							
4) Secretary Thomas E. Schoenheit (VP - Asst. General Counsel, Asst. Secretary)	Schoenheit (VP - Assr. General Counsel, Assr. Secretary) 128-42-0693								
5) Treasurer Roger Dean (VP - Treasurer)	224-35-8278	10/17/1971							
SECTION D. Stockholders holding 5% or more outstanding shares. Note THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFC "BACKGROUND CHECK INFORMATION" DLC4191, If none, please indicate by writing	: If you answered Question 1 YES, do not complete this section meets by BCL&I and submit a personal history background for money.								
1) Stockholder's Name Family Dollar Stores, Inc.	Social Security No. (if Individual) N/A	NUMBER OF SHARES HELD							
Residence Address 10301 Monroe Road	Tax Identification No. (if applicable) 56-0942963	(NOT PERCENTAGE)							
City and State Matthews, NC	Telephone No. (704) 847-6961	1000							
Zip Code 28105	Date of Birth N/A	1000							
2) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD							
Residence Address	Tax Identification No. (if applicable)	(NOT PERCENTAGE)							
City and State	Telephone No.	*							
Zip Code	Date of Birth	,							
STATE OF OHIO.	UNEED ADDITIONAL SPACE TO LIST STOCKHOLDER COUNTYSS MECK-CODUCY duly sworn, according to law, deposes and says that he/she is (Title	Vice President - Asst. General Counsel,							
of the Family Dollar Stores of Ohio, Inc. statements made in the foregoing affidavit are true.	nnty sworn, according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law, deposes and says that resule is Critical according to law to do business in the Critical according to law to do business in the Critical according to law to do business in the Critical according to law to do business and constitution according to law to do business in the Critical according to the Cr								
1	March	2017							
Sworn to and subscribed in my presence this day of	I MANY.	<u> </u>							

MOLLY ORR
NOTARY PUBLIC
DLC 4030 Mecklenburg County, NC

(Notary Public)

*FOR TTY USERS DIAL 1-800-750-0750

(Notary Expiration)

Rev. 6/2013

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PERMIT #				-			- 1	Ž.	



CENTIL 76			http://www	com ohio gov/liqr				NT C	16 60
Please be advised that an Department of Public So if the agency requests th	Cata oba Oliva Barrenin	ant of Lovation If	ie unio Amir	nev ticheral, or wa	my contra o	CCLIC IN SCIENCE	1	Ohio proement	agency
The applicant is required The Division of Liquor THE APPLICANT IS NOT	Control will sandnot a b	antaround check	with the loca E, DO NOT T/	l authorities, who w AKE THIS FORM TO	ill comple YOUR LC	te Section I	B. CE AUTHO	ORITY.	
SECTION A (PLEASE	PRINT)			(Middle)		T 12 1.		Weight	
Name (Last) Boso	Boscia Sandra				ftis	Height 5 ft.	6 in.	150	
Alias used or Maiden Nan None	no Male	⊠ Female	Phone #	704-708-1953		Social Sec 240	ounty #)-47-40=	<u> </u>	
Residence Address 127	' Meadowbrook Ro	ad C	ity Charle	tte	State	NC .	1	p Code 8211	السام
Date of Birth A 9/20/1970					urlingto	n, NC			
Marital Status	Spouse's Name (La	ame (Last) (First)					(Middle)	***************************************	3
Married	To I I							ny	N
Permit Address	Multiple OH locati	ons please s	ee attached	list					-0
VOUR SIGNATURE BI	LOW, GIVING AUTHO	RIZATION FOR	RECORD CH	ECK			***************************************	-	7.
	ne Division of Liquor			m to the local guil	harities to	· conduct	a backer	ound ch	eck and
at that time Section B	. will be completed. ** AUTHORITY	THE APPLICANT I	IS NOT TO PE	RFORM THIS CHEC	K, THERE	FORE, DO	NOT TAK	E THIS F	ORM TO
SECTION (B)	Please complet	e the information	n below and	either fax to (614) Rd., Reynoldsbur	644-3166,	OR mail t	0	-	*
Does applicant have	e a police record?	□YES	□NO						
If Yes, Giv	e Details	1.1 (* * * * * * * * * * * * * * * * * *			***************************************			e, dediciones and the other th	
	department know of any Attach Supporting Evi		nit should NO	T be issued?	☐ YES		NO		
3) Please complete th	e information below:			e ĝ					
Police Depa	rtment Name								
	f Authorized Official accept a stamped signati	ire)	3		Date Of S	ignature			
DLC 423	EO	WADA SERVICE PROVI	DER FOR	TTY USERS DIAL 1-800-7	50-0750			Re	v. 6-3013

FOR OFFICE USE ONLY □NEW □ TRANSFER □ REN

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005 REYNOLDSBURG, OHIO 43068-9005 PERSONAL HISTORY PAGE CONTROL



PERMIT #		PERSONAL HISTORY BACKGROUND FORM http://www.com.ohio.gov/liqr									
Please be advised that any s Department of Public Safety if the agency requests the so	, the Ohio Departm	ent of Taxation,	the Ohio Attor	mey General, or t	o any other	state or loca	al law enf		agency		
The applicant is required to The Division of Liquor Con THE APPLICANT IS NOT TO	trol will conduct a b	ackground chec						ORITY.			
SECTION A (PLEASE PRI	NT)	~~	***************************************								
Name (Last) Old		(First) Wi	illiam, Jr.	(Middle)	bner	Height 6 ft.	2 in.	Weight 250			
Alias used or Maiden Name None	Male Male	☐ Female	Phone #	757-321-500	00	Social Se	curity # 8-80-225	98	٠		
Residence Address	4th Street		^{City} Virgin	ia Beach	State	VA	1 1	o Code 3451			
Date of Birth. Are yo 8/14/1953	u a US Citizen? 🔀	YES N	0	Place of Birth	Norfolk, V	VA			(C)		
Marital Status: Married							(Middle) None	-	CT CT		
Permit Address:	lltiple OH stores	Please see	attached	523							
YOUR SIGNATURE BELOV	8		RECORD CH	ECK			×		\$ \$ \$		
PLEASE READ: The D t that time Section B. will YOUR LOCAL POLICE AUTI SECTION (B)	l be completed. THIS Please complete	SPACE FOR	LAW ENFO		GENCY U.	FORE. DO? SE OR mail t	NOT TAKI				
Does applicant have a p	olice record?	□YES	□NO			×					
If Yes, Give De	ails		•				~~~				
		00000000000000000000000000000000000000									
Does local police depar (If YES, Please Aftac			mit should NO	T be issued?	☐ YES		NO				
3) Please complete the inf	ormation below:							421			
Police Departmen	nt Name		·		n - #						
Signature of Aut (We cannot acce	horized Official pt a stamped signatur	re)			Date Of S	ignature					
DLC 4121	80E/	ada šervice prov	TOTER FOR	TTY DSERS DIAL 1-800	~750×0750			Rev. 6	i-2013		

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PERMIT#	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2007		Ť.,	52 ,		****	

http://www.com.ohio.gov/liqr



Please be advised that any so Department of Public Safety	, the Ohio Departme	ent of Taxation.	the Ohio Arto	rnev General, or to	any other s	state or loc	al law ar	the Ohio	nt agency
if the agency requests the soc The applicant is required to f The Division of Liquor Cont THE APPLICANT IS NOT TO	ill out Section A or rol will conduct a ba	aly.	with the loca	al authorities, who	will comple	rte Section	ıR		
SECTION A (PLEASE PRIN		***************************************							2 2
Name (Last) Dean		(First) Rog	ger	(Middle)	Vayne	Height 5 ft.	g in.	Weigh	ŧ '
Alias used or Maiden Name None	Male Male	☐ Female	Phone #	757-705-677	71	Social Se		1 100	
Residence Address 2904 R	yan Court		City Virgin	îa Beach	Stare	VA	Z	Sip Code	F-3
Date of Birth Are you 10/17/1971	a US Citizen?	YES NO		Place of Birth	Roanoke,	VA		77977.0 WAWW.	m
Marital Status:	Spouse's Name (Las	t) .		(First)	VEX.11.		(Middle	;)	(3)
Married	Dean			Deanna			K		<u></u>
Permit Address: App	lying for license	es for multiple	e stores in	OH Please se	e attached	l list			Ţ
YOUR SIGNATURE BELOW	GIVING AUTHOR	XIZATION FOR	RECORD CH	ECK					23 28
LEASE READ: The Divide that time Section B. will your LOCAL POLICE AUTHORSECTION (B)	be completed. TI	HE APPLICANT I	S NOT TO PE		CK, THEREF	FORE, DO			
SECTION (B)	Please complete	the information	ı below and e	either fax to (614)	644-3166,	OR mail t	io		
***************************************	Division of L	iquor Control, (6606 Tussing	Rd., Reynoldsbu	rg, OH 430	068-9005			,
1) Does applicant have a po	olice record?	□YES	□NO						
If Yes, Give Deta	ils		*		*		-1		
				·			······································		*************
2) Does local police depart (If YES, Please Attach			it should NO	Γ be issued?	☐ YES		NO		v
	rmation below:								
3) Please complete the infor									
3) Please complete the information Police Department	Name	and the second s	*						

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Please be advised that any social Department of Public Safety, the if the agency requests the social s	Ohio Departm	ent of Taxatio	on, the C	hio Attor	nev General or t	o any others	tate or local	law ant	Ohio orcement a	gency
The applicant is required to fill on The Division of Liquor Control w THE APPLICANT IS NOT TO PERI	vill conduct a b	ackground ch	ieck with	h the Ìoca O NOT TA	authorities, who	o will comple TO YOUR LO	te Section E	3. E AUTH(ORITY.	
SECTION A (PLEASE PRINT)	54									
Name (Last) Schoenheit		(First) Thomas		5	(Middle)	Height ft.	5'8 in,	Weight 150lbs		
Allas used or Maiden Name	llas used or Maiden Name Maie		Female Phone # 704 8		14-5491		Social Section 128-42		,	-
Residence Address			City			State		Zip	Code	
1305 Brittle Creek Dr			Matth	news		NC		2	18105	
Date of Birth Are you a US 04/29/1953	S Citizen? 🔀	YES	NO		Place of Birth Asheville, No	3				P-5
	Spouse's Name (Last)				(First)	***************************************		(Middle)		E
Married	Schoenheit			Jeam			Elliott			(T)
Permir Address:	***************************************									
Multipl	e OH location	ons pleas	e see a	ttached	list					
ZOLON OLONG TRUNKE BELLONG OF	COTALIZADO A ELEMETRA	NICE STREAM OF	vn woo		OUTOR.				· · · · · · · · · · · · · · · · · · ·	چىند ئىس
YOUR SIGNATURE BELOW, GI	VING AUTHO	RIZATION FO	OR REC	ORD CHI	CK					ئنت برده الأع
x Thomas	The	17 1	p	4						í.
X Lhours	2/ !	(Som More	morthist (***************************************			7
LEASE READ: The Division	o of the said	Canadaa Lavilli	.v1	thin from	ta the lead of	. stanušti na ta	and the	le a alle access	a constitution of the contri	1
t that time Section B. will be cour LOCAL POLICE AUTHORIT	completed. T									
SECTION (B)		SPACE FO	OR LAV	V ENFO	RCEMENT AC	GENCY US	E			
ri					ither fax to (614 Rd., Reynoldsb				•	
Does applicant have a police	record?	☐ YES	С]NO						
rev. Of marile										
If Yes, Give Details		national and the second se		***************************************			ekalaalkakeessa, saataa aana		***************************************	era meter.

2) Does local police departmen (If YES, Please Attach Sup			ermit sh	ould NOT	be issued?	☐ YES	□ Ni	0		
3) Please complete the informat	tion below:						, ,			
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					X 4	
Police Department Nau	ne									
		a.								
Signature of Authorized Official						Date Of Signature				
(We cannot accept a st	amped signatur	re)								
T C 4121	STYPE.	SOA SERVICE PRO	STATES	TOR T	TY USERS DIAL 1-800	.750.0750			Rev. 6-3	2013

FOR	OFFICE USE	ONLY
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PERMIT#		



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Please be advised t Department of Pub if the agency reque	he Safety,	the Ohio Departm	ent of Taxat	ion, the	Ohio Atto	mey General o	r to any other	state or lov	al law on	Engament	agency
The applicant is red The Division of Lid THE APPLICANT IS	nuor Contro	ol will conduct a l	nackground c	heck wi	th the loca	l authorities, w	ho will comple	ete Section	B.	ORITY,	
SECTION A (PLE.							127	***************************************		***************************************	
Name (Last) Philbin (First)				Gary		(Middle) Michael		Height 6 ft.	() in.	Weight 150	**************************************
Alias used or Maiden None	Alias used or Maiden Name Male F			ile	Phone #	704-708-1	403	1	Security # 15-58-4819		
Residence Address	Residence Address 255 W. Freemason Street				Norfol	k	State	VΑ	Zip Code 23510		3
Date of Birth 11/15/1956	1 xm) sur es current					Place of Birth Pittsburgh, PA					
Marital Status: Married	1	Spouse's Name (Last) Philbin			on policy	(First) Glenda			(Middle)	N	
Permit Address:	Appl	ying for licens	es for mul	tiple O	H locati		see attache	d list	341		
X PLEASE READ: at that time Section	The Divi	sion of Liquor C	Control will	submit	this form	a to the local a	nuthorifies to	conduct	n backgro	ound che	ck and
YOUR LOCAL POLICE SECTION (B)	CE AUTHO	RITY.		-		RCEMENT A	=				
		Please complete Division of L	the Informa iquor Contr	ition bel ol, 6606	low and e	ther fax to (61 Rd., Reynoldsl	4) 644-3166, 6 ourg, OH 430	OR mail t 068-9005	0		
Does applicant If Yes. C	have a poli	\$1 100 010 010 000 010 010 010 010 010	YES	Г	ON	ministra mendian compensario mendian	Management and American American				-
A						***************************************					
2) Does local polic (If YES, Pleas		ent know of any r supporting Evide		ermit sh	ould NOT	be issued?	☐ YES	, 🗆 🗸	Ю		
3) Please complete	the inform	nation below;					*				
Police De	partment N	ame			***************************************	•		. •			
#1.50±100;000;000;000;000;000;000;000;000;00					٠	×			-		
		zed Official stamped signature	•)		,	enex	Date Of Sig	nature	***************************************		
DLC 4121		- FOE/A	DA SERVICE PRO	warren	EOP T	VISEDSTMAL LSO	2340.0250			n ×	2012



of Commerce Department

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

CLERK OF CLEVELAND CITY COUNCIL

601 LAKESIDE AV RM 216 CLEVELAND, OH 44114

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