

FILE NO. 1101-17

POLICE NOTIFICATION

WARD 12-Brancatelli
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD
P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005

TO

26312750340 PERMIT NUMBER		NEW TYPE	FAMILY DOLLAR STORES OF OHIO INC DBA FAMILY DOLLAR 10417 8003 BROADWAY AVE CLEVELAND OH 4415
ISSUE DATE			
08 21 2017 FILING DATE			
C1 PERMIT CLASSES			
18 TAX DISTRICT	154 C	B66948 RECEIPT NO.	

FROM 08/28/2017

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



AUG 28 2017

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 of Township 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

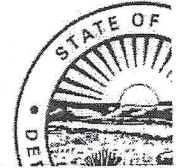
FOR OFFICE USE ONLY

NEW TRANSFER REN

PERMIT #

**OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL**
6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
Telephone: (614) 644-2360 http://www.com.ohio.gov/liqr

OFFICER/ SHAREHOLDERS DISCLOSURE FORM



SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation	Family Dollar Stores, Inc.	DBA Name	None
Permit Premises Address	Applying for license for multiple stores -- see attached list	City, State	Zip Code
Township, if in Unincorporated Area		Tax Identification No. (TIN)	56-0942963
Email Address:	c w i l l i a m s 3 @ f a m i l y d o l l a r . c o m		

SECTION B.

1. Is stock publicly traded? YES NO

If "YES", indicate exchange _____ & Do NOT complete SECTION D.

2. Does any stockholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total Number of shares issued 120500000

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement enforcement action, or collect taxes.

SECTION C. List the top five (5) officers of the captioned corporation. If an office is NOT held please indicate by writing NONE.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&L AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191

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	08/14/1953
4) Secretary Sandra Boscia (Assistant Secretary)	240-47-4041	9/20/1970
5) Treasurer Roger Dean (VP - Treasurer)	224-35-8278	10/17/1971

SECTION D. Stockholders holding 5% or more outstanding shares. Note: If you answered Question 1 YES, do not complete this section

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&L AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191. If none, please indicate by writing "NONE".

1) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Dollar Tree, Inc.	N/A	120500000
Residence Address 500 Volvo Parkway	Tax Identification No. (if applicable) 26-2018846	
City and State Chesapeake, VA	Telephone No. (757) 321-5000	
Zip Code 23320	Date of Birth N/A	
2) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF OHIO.

COUNTYss

I, Thomas E. Schoenheit being first duly sworn, according to law, deposes and says that he/she is (Title) Vice President - Asst. General Counsel, Asst. Secretary

of the Family Dollar Stores of Ohio, Inc., a corporation duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) Thomas E. Schoenheit (Print Name and Corporate Title) Thomas E. Schoenheit Vice President - Asst. General Counsel, Asst. Secretary

Sworn to and subscribed in my presence this 9 day of March, 2017

MOLLY ORR
NOTARY PUBLIC
Mecklenburg County, NC

Molly Orr
(Notary Public) (Notary Expiration) 11/27/2021

DLC4030

OFFICIAL LICENSE PROVIDER

FOR ITY USERS DIAL 1-800-750-0750

Rev. 08/2015

FOR OFFICE USE ONLY		
<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT #		

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
 6606 TUSSING ROAD, P.O. BOX 4005
 REYNOLDSBURG, OHIO 43068-9005
PERSONAL HISTORY BACKGROUND FORM
<http://www.com.ohio.gov/liqr>



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The applicant is required to fill out Section A only. The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B. THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION A (PLEASE PRINT)					
Name (Last)	(First)	(Middle)	Height	Weight	
Boscia	Sandra	Loftis	5 ft 6 in.	150	
Alias used or Maiden Name	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone #	Social Security #		
None		704-708-1953	240-47-4041		
Residence Address	City	State	Zip Code		
127 Meadowbrook Road	Charlotte	NC	28211		
Date of Birth	Are you a US Citizen?	Place of Birth			
9/20/1970	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Burlington, NC			
Marital Status	Spouse's Name (Last)	(First)	(Middle)		
Married	Boscia	Ralph	Anthony		
Permit Address:	Multiple OH locations -- please see attached list				
YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK					
x <u>Sandra Loftis Boscia</u>					

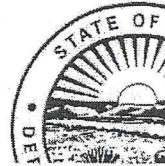
2017 AUG 21 PM 12:28
 OHIO DIV. LIQUOR CONTROL
 LICENSING SECTION 1-9

PLEASE READ: The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B. will be completed. THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION (B)		THIS SPACE FOR LAW ENFORCEMENT AGENCY USE	
Please complete the information below and either fax to (614) 644-3166, OR mail to Division of Liquor Control, 6606 Tussing Rd., Reynoldsburg, OH 43068-9005			
1) Does applicant have a police record? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, Give Details _____			
2) Does local police department know of any reason why permit should NOT be issued? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, Please Attach Supporting Evidence)			
3) Please complete the information below:			
_____ Police Department Name			
_____ Signature of Authorized Official (We cannot accept a stamped signature)		_____ Date Of Signature	

FOR OFFICE USE ONLY		
<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT #		

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
 6606 TUSSING ROAD, P.O. BOX 4005
 REYNOLDSBURG, OHIO 43068-9005
PERSONAL HISTORY BACKGROUND FORM
<http://www.com.ohio.gov/liqr>



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The applicant is required to fill out Section A only.
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SECTION A (PLEASE PRINT)						
Name (Last)	(First)	(Middle)	Height	Weight		
Old	William, Jr.	Abner	6 ft. 2 in.	250		
Alias used or Maiden Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone #	Social Security #			
None		757-321-5000	228-80-2298			
Residence Address	City	State	Zip Code			
111B 84th Street	Virginia Beach	VA	23451			
Date of Birth	Are you a US Citizen?	Place of Birth				
8/14/1953	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Norfolk, VA				
Marital Status:	Spouse's Name (Last)	(First)	(Middle)			
Married	Old	Elizabeth	None			
Permit Address:	Multiple OH stores -- Please see attached					

YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK

x William A. Old, Jr.

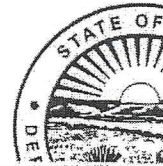
OHIO DIV. LIQUOR CONTROL
 LICENSING SQ# 241-1-B
 2017 AUG 21 PM 12:28

PLEASE READ: The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B. will be completed. THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION (B)	THIS SPACE FOR LAW ENFORCEMENT AGENCY USE	
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1) Does applicant have a police record? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, Give Details _____		
2) Does local police department know of any reason why permit should NOT be issued? <input type="checkbox"/> YES <input type="checkbox"/> NO		
(If YES, Please Attach Supporting Evidence)		
3) Please complete the information below:		
_____ Police Department Name		
_____ Signature of Authorized Official (We cannot accept a stamped signature)		_____ Date Of Signature
DLC 4121	EOE/ADA SERVICE PROVIDER	FOR TTY USERS DIAL 1-800-750-0750
		Rev. 6-2013

FOR OFFICE USE ONLY		
<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT #		

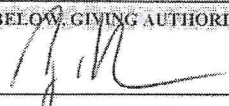
OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
 6606 TUSSING ROAD, P.O. BOX 4005
 REYNOLDSBURG, OHIO 43068-9005
PERSONAL HISTORY BACKGROUND FORM
<http://www.com.ohio.gov/liqr>



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The applicant is required to fill out Section A only.
 The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.
THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION A (PLEASE PRINT)

Name (Last) Dean	(First) Roger	(Middle) Wayne	Height 5 ft. 9 in.	Weight 135
Alias used or Maiden Name None	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone # 757-705-6771	Social Security # 224-35-8278	
Residence Address 2904 Ryan Court		City Virginia Beach	State VA	Zip Code 23456
Date of Birth 10/17/1971	Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth Roanoke, VA		
Marital Status: Married	Spouse's Name (Last) Dean	(First) Deanna	(Middle) K	
Permit Address: Applying for licenses for multiple stores in OH -- Please see attached list				
YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK				
X 				

2017 AUG 21 PM 2:28

OHIO DIV. LIQUOR CONTROL
LICENSING SCAV RM 1-B

PLEASE READ: The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B. will be completed. **THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.**

SECTION (B)	THIS SPACE FOR LAW ENFORCEMENT AGENCY USE	
Please complete the information below and either fax to (614) 644-3166, OR mail to Division of Liquor Control, 6606 Tussing Rd., Reynoldsburg, OH 43068-9005		
1) Does applicant have a police record? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, Give Details _____		
2) Does local police department know of any reason why permit should NOT be issued? <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Please Attach Supporting Evidence)		
3) Please complete the information below:		
_____ Police Department Name		
_____ Signature of Authorized Official (We cannot accept a stamped signature)		_____ Date Of Signature
DLC 4121	BOEADA SERVICE PROVIDER	FOR TTY USERS DIAL 1-800-750-0750
		Rev. 6-2013

FOR OFFICE USE ONLY		
<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT #		

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The applicant is required to fill out Section A only.
 The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.
THE APPLICANT IS NOT TO PERFORM THIS CHECK. THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION A (PLEASE PRINT)

Name (Last) Schoenheit	(First) Thomas	(Middle) Edward	Height ft. 5'8 in.	Weight 150lbs
Alias used or Maiden Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone # 704 814-5491	Social Security # 128-42-0693	
Residence Address 1305 Brittle Creek Dr	City Matthews	State NC	Zip Code 28105	
Date of Birth 04/29/1953	Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth Asheville, NC		
Marital Status: Married	Spouse's Name (Last) Schoenheit	(First) Jeam	(Middle) Elliott	
Permit Address: Multiple OH locations -- please see attached list				

YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK

x *Thomas T Schoenheit*

2011 AUG 21 PM 12:28
 OHIO DIV. LIQUOR CONTROL
 LICENSING SQ# 241-8

PLEASE READ: The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B. will be completed. **THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.**

SECTION (B) **THIS SPACE FOR LAW ENFORCEMENT AGENCY USE**

Please complete the information below and either fax to (614) 644-3166, OR mail to
 Division of Liquor Control, 6606 Tussing Rd., Reynoldsburg, OH 43068-9005

1) Does applicant have a police record? YES NO

If Yes, Give Details _____

2) Does local police department know of any reason why permit should NOT be issued? YES NO
 (If YES. Please Attach Supporting Evidence)

3) Please complete the information below:

 Police Department Name

 Signature of Authorized Official
 (We cannot accept a stamped signature)

 Date Of Signature

DLC 4121 EOE/ADA SERVICE PROVIDER FOR TTY USERS DIAL 1-800-750-0750 Rev. 6-2013

FOR OFFICE USE ONLY		
<input type="checkbox"/> NEW	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> REN
PERMIT #		

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 6606 TUSSING ROAD, P.O. BOX 4005
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The applicant is required to fill out Section A only.
 The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.
THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION A (PLEASE PRINT)

Name (Last) Philbin	(First) Gary	(Middle) Michael	Height 6 ft. 0 in.	Weight 150
Alias used or Maiden Name None	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone # 704-708-1403	Social Security # 315-58-4819	
Residence Address 255 W. Freemason Street	City Norfolk	State VA	Zip Code 23510	
Date of Birth 11/15/1956	Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth Pittsburgh, PA		
Marital Status: Married	Spouse's Name (Last) Philbin	(First) Glenda	(Middle) M	
Permit Address: Applying for licenses for multiple OH locations -- Please see attached list				

2017 AUG 21 PM 12:28
 OHIO DIV. LIQUOR CONTROL
 LICENSING SPAN RM 1-B

YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK

x *[Signature]*

PLEASE READ: The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B will be completed. **THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.**

SECTION (B) THIS SPACE FOR LAW ENFORCEMENT AGENCY USE

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1) Does applicant have a police record? YES NO
 If Yes, Give Details _____

2) Does local police department know of any reason why permit should NOT be issued? YES NO
 (If YES, Please Attach Supporting Evidence)

3) Please complete the information below:

 Police Department Name

 Signature of Authorized Official
 (We cannot accept a stamped signature)

 Date Of Signature

