File No. 741-2024

Ward 10 Harrington

NOTICE TO LEGISLATIVE AUTHORITY

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

TO

| | |
|---|---|
| 4104018 (PERMIT NUMBER) NEW (TYPE)<br>(ISSUE DATE)<br>06 10 2024 (FILING DATE)<br>C1 (PERMIT CLASSES)<br>18 (TAX DISTRICT) 154 C E21865 (RECEIPT NO.) | ISKNDARIA LLC<br>DBA EUCLID MART DRIVE THRU<br>17229 EUCLID AVE<br>CLEVELAND OH 44112 |

FROM 06/26/2024

| | |
|---|---|
| (PERMIT NUMBER) (TYPE)<br>(ISSUE DATE)<br>(FILING DATE)<br>(PERMIT CLASSES)<br>(TAX DISTRICT) (RECEIPT NO.) | |

MAILED 06/26/2024 RESPONSES MUST BE POSTMARKED NO LATER THAN. 07/29/2024

**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 NEW 4104018
(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