

Ward 14 Santana

FILE NO. 1375-2024

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

2071705 PERMIT NUMBER		STCK TYPE	DENISON GAS AND GO LLC 3742 FULTON RD CLEVELAND OH 44109	
09 27 2024 ISSUE DATE				
09 27 2024 FILING DATE				
C1 C2 PERMIT CLASSES				
18 TAX DISTRICT	154 C	F32447 RECEIPT NO.		

FROM 11/20/2024

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



MAILED 11/20/2024 RESPONSES MUST BE POSTMARKED NO LATER THAN. 12/23/2024

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 STCK 2071705

(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

OHIO DIVISION OF LIQUOR CONTROL
LICENSING SCAN # _____
(Division Use Only Name: _____)

2024 OCT 11 AM 8:58

SECTION A – Issued Permit Holder Information

*Issued Permit Holder's Business Name as listed on the Issued permit: DENISON GAS AND GO, LLC		*Issued Permit Holder #: 2071705	
*Permit Premises Address: 3742 FULTON RD		*Is Permit Holder an Agency Store? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, what is the assigned agency # _____	
*Township (if premises is outside city limits): fgasandgo@gmail.com	* City: CLEVELAND	*Zip Code: 44109	*County: CUYAHOGA
*Contact Name: SAMIRA SALAMA		*Who will be the Primary Contact for this Application: <input type="checkbox"/> Contact Listed <input checked="" type="checkbox"/> Attorney Listed Below	
Phone:		*Business Phone: (216) 308-6065	
*Primary Contact's Email Address: F G A S A N D G O @ G M A I L . C O M			
Attorney Information (if applicable)		Name: MOHAMMAD S. ABDALLAH	
Address: 700 W. ST. CLAIR AVE, STE 400	City: CLEVELAND	State: OH	Zip Code: 44113
Attorney Email Address: M O @ A B D V O . C O M		Phone #: (216) 438-3046	

SECTION B – LLC Ownership Description

1. * List the **CURRENT 5% or more** owners in the issued permit as currently disclosed to us – Not sure who/what we have on record? Go to com.ohio.gov/liquorinfo (select "who has a disclosed ownership interest in a particular liquor permit" tab and enter the permit number listed on your issued permit).

	Person or Company Name	Membership Units	
		# Held	% Held
1	SAMIRA SALAMA		100
2			
3			
4			

2. * List the **NEW/REVISED 5% or more** owners as they should be listed in the issued permit **AFTER** the change. (Note, depending on your proposed change it's possible that some individuals might be listed above and below.) Any real persons **MUST** be at least 21 years of age. In addition to filling out the below information, please submit an updated LLC Membership Disclosure Form (OR com.ohio.gov/requiredforms - select form "Limited Liability Disclosure" form) that matches the "**NEW/REVISED**" information below.

	Person or Company Name	Membership Units	
		# Held	% Held
1	RAMI CHALHOUB		100
2			
3			
4			





**Department
of Commerce**

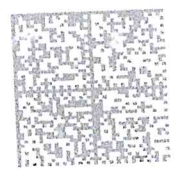
Division of Liquor Control
6606 Tussing Road, P.O. Box 4005
Reynoldsburg, Ohio 43068-9005

CERTIFIED MAIL™



9214 7969 0099 9790 1841 4905 62

FIRST-CLASS



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

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