Department of Commerce
Division of Liquor Control

FILE NO. 1200-2026
com.ohio.gov

Mike DeWine, *Governor* Jim Tressel, *Lt. Governor* Sherry Maxfield, *Director*

CLEVELAND CITY COUNCIL
ATTN CLERK
601 LAKESIDE AVE, RM 216
CLEVELAND OH 44114

NOTICE TO LEGISLATIVE AUTHORITY

TO

03564841-2 PERMIT NUMBER	**TRFO** TYPE	**HANGRY BRANDS LLC** **Society** **2063 E 4TH ST LOWER LEVEL** **CLEVELAND OH 44115** **Muni/Village/Twp: Cleveland**
ISSUE DATE:		
FILING DATE: **9/17/2026**		
PERMIT CLASSES: **D-2 D-3 D-1 D-3A**		
18154 TAX DISTRICT	**OCT** RECEIPT NO	

FROM **9/22/2026**

00006349-1 PERMIT NUMBER	TYPE	**AP LOUNGE LLC** **AP LOUNGE LLC** **2063 E 4TH ST** **CLEVELAND OH 44115** **Muni/Village/Twp: Cleveland**
ISSUE DATE:		
FILING DATE:		
PERMIT CLASSES:		
18154 TAX DISTRICT	**OCT** RECEIPT NO	

MAILED 9/22/2026 **RESPONSES MUST BE POSTMARKED NO LATER THAN 10/23/2026**

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: **OCT TRFO 03564841-2**
(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 City Council ☐ Township Fiscal Officer (Date)

(Printed Name) (Email Address) (Telephone No.)