

FILE NO. 1089-18

NOTICE TO LEGISLATIVE
AUTHORITY

WARD 5 - CLEVELAND
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

TO

4142630		TRFO	TAMKA INGRAM DBA 65 BEVERAGE 1ST FL & BSMT 3137 E 65TH ST CLEVELAND OH 44127
PERMIT NUMBER		TYPE	
10	01	2017	
ISSUE DATE			
08	09	2018	
FILING DATE			
C1			
PERMIT CLASSES			
18	154	C	F20861
TAX DISTRICT			RECEIPT NO.

FROM **08/13/2018**

7466293			RODNEY HARRIS DBA OS STOP DELI 1ST FL & BSMT 3137 E 65TH ST CLEVELAND OH 44105
PERMIT NUMBER		TYPE	
10	01	2017	
ISSUE DATE			
08	09	2018	
FILING DATE			
C1			
PERMIT CLASSES			
18	154		
TAX DISTRICT			RECEIPT NO.



MAILED **08/13/2018**

RESPONSES MUST BE POSTMARKED NO LATER THAN. **09/13/2018**

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 TRFO 4142630**

(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**

FOR OFFICE USE ONLY	
NEW	TRANSFER
PERMIT #	7466298

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>

OHIO DIV. LIQUOR CONTROL
LICENSING SCAN RM. 1-A
2018 JUL 16 AM 9:40

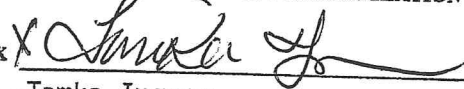
Please be advised that any social security numbers provided to the Division of Liquor Control on this form may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests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

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) Ingram		(First) Tamka	(Middle)	Height 5 ft. 6 in.	Weight 135 lbs.
Alias used or Maiden Name Nickelson	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone #		Social Security #	
Residence Address 22680 Libby Road		City Bedford Hts.		State Ohio	Zip Code
Date of Birth	Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Place of Birth Cleveland, Ohio		
Marital Status: Married	Spouse's Name (Last) Ingram		(First) Benny	(Middle)	
Permit Address: 3137 East 65th Street, Cleveland, Ohio 44127 (first floor and basement)					

YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK

x 
Tamka Ingram

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?
(If YES, Please Attach Supporting Evidence) ☐ YES ☐ NO

3) Please complete the information below:

Police Department Name _____

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

Date Of Signature _____

OHIO DIV. LIQUOR CONTROL
LICENSING-REN. DESK 2
2018 JUL 17 AM 11:33



**Department
of Commerce**

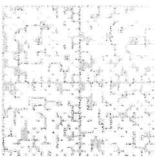
Division of Liquor Control
6606 Tussing Road, P.O. Box 4005
Reynoldsburg, Ohio 43068-9005

CERTIFIED MAIL™



9214 7969 0099 9790 1763 9746 45

4142630
CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV RM 216
CLEVELAND, OH 44114



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