

FILE NO. 1314-18

NOTICE TO LEGISLATIVE
AUTHORITY

WARD 7- B. JONES

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

TO

1421349		NEW		CHESTER AVE HOTEL LLC 1914 E 101ST ST CLEVELAND OH 44106
PERMIT NUMBER		TYPE		
ISSUE DATE				
10 05 2018				
FILING DATE				
D5A				
PERMIT CLASSES				
18	154	C	C15089	
TAX DISTRICT		RECEIPT NO.		

FROM 10/15/2018

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



MAILED 10/15/2018

RESPONSES MUST BE POSTMARKED NO LATER THAN. 11/15/2018

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 NEW 1421349

(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 ☐ REN

PERMIT # 1421349

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>



LIMITED LIABILITY COMPANY DISCLOSURE FORM

(This form must accompany all applications of an LLC business entity)

SECTION A.

Name of Limited Liability Company CHESTER AVE HOTEL LLC		DBA Name PH 3: 25
Permit Premises Address 1914 EAST 101ST STREET	City, State CLEVELAND, OH	Zip Code 44106
Township, if in Unincorporated Area	Tax Identification No. (TIN)	
Email Address		

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or greater membership or voting interest, and attach a copy of the Articles of Organization filed with the Ohio Secretary of State.

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 an enforcement action, or collect taxes.

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

EACH OFFICER LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	BIRTHDATE
1) CEO NONE		
2) President NONE		
3) Vice-President NONE		
4) Secretary NONE		
5) Treasurer NONE		

SECTION C. List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

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

		INTEREST
1) Name Chester Ave Hotel Partners LLC	Social Security No. (if individual)	Check All That Apply
Residence Address	Tax Identification No. (if applicable)	<input checked="" type="checkbox"/> Managing Member
City and State	Telephone No.	<input checked="" type="checkbox"/> Voting interest 100 %
Zip Code	Birthdate	<input checked="" type="checkbox"/> Membership interest 100 %
2) Name	Social Security No. (if individual)	Check All That Apply
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Managing Member
City and State	Telephone No.	<input type="checkbox"/> Voting interest _____ %
Zip Code	Birthdate	<input type="checkbox"/> Membership interest _____ %

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF NEW YORK, COUNTY ss, MONROE

I, E. JOHN DEL MONTE being first duly sworn, according to law, deposes and says that he/she is (Title) MANAGER

of the CHESTER AVE HOTEL LLC, a business duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) [Signature] (Print Name and Title) E. John DelMonte Manager

Sworn to and subscribed in my presence this 2nd day of October, 2018

CYNTHIA E. SCHENK
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01SC6359015

DLC 4032

Commission Expires May 22, 20 21

FOR TTY USERS DIAL 1-800-750-0750

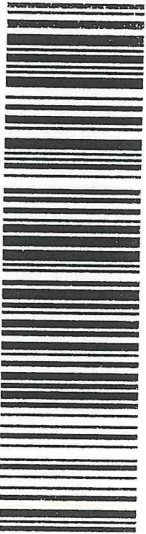
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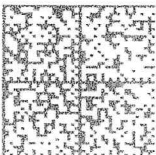
**Department
of Commerce**

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

CERTIFIED MAIL™



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CLEVELAND, OH 44114

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