FILE NO. 24-2021 NOTICE TO LEGISLATIVE AUTHORITY OHIO DIVISION OF LIQUOR CONTROL 6606 TUSSING ROAD, P.O. BOX 4005 REYNOLDSBURG, OHIO 43068-9005

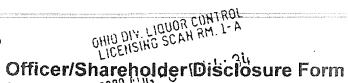
(614)644-2360 FAX(614)644-3166

	NEW BON APPETIT MANAGEMENT CO DBA PLUM MARKET 11473 EUCLID AV CLEVELAND OH 44106 58921 GEIPT NO. FROM 12/18/2020
PERMIT NUMBER ISSUE DATE FILING DATE PERMIT CLASSES TAX DISTRICT RI	TYPE
MAILED 12/18/2020	RESPONSES MUST BE POSTMARKED NO LATER THAN. 01/19/2021 IMPORTANT NOTICE
PLEASE COMPLETE AND RETWHETHER OR NOT THERE IS REFER TO THIS NUMBER IN A	C NEW 0814235-0045
	MUST MARK ONE OF THE FOLLOWING)
WE REQUEST A HEARING ON THE HEARING BE HELD	THE ADVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT IN OUR COUNTY SEAT. IN COLUMBUS.
WE DO NOT REQUEST A HEADID YOU MARK A BOX?	ARING IF NOT, THIS WILL BE CONSIDERED A LATE RESPONSE.
PLEASE SIGN BELOW AND IV	IARK THE APPROPRIATE BOX INDICATING YOUR TITLE:
(Signature)	(Title) - Clerk of County Commissioner (Date)

Township Fiscal Officer

CLERK OF CLEVELAND CITY COUNCIL ATTENTION CLERK 601 LAKESIDE AV RM 216 CLEVELAND OHIO 44114

Ohio.	Department of Commerce
•	Divides of Liquin Control



FOR OFFICE USE ONLY:	
Permit # 0814 Z350	WY CIE
remm. " (201-12-33)	70.20
New Transfer	□Ren

SECTION A. (This form must acco	mpanyall applica	ations of	a corporate busin	ess entity)		
Name of Corporation:			DBA Name:			
Bon Appeti Management Co.			Plum Market			
Permit Premises Address:			City:	State:	Zip Code;	
Township, if outside city limits:	······································		Tax Identification	No. (TIN):		
Email Address:	· · · · · · · · · · · · · · · · · · ·					
SECTION B. 1. Is stock publicly traded?		`		Committee Street Colonia and Colonia C		
1		and o	to NOT complete S	Section D	□YES ⊠NO	
If YES, indicate exchange and do NOT complete Section D. 2. Does any shareholder own 5% or more shares? If YES, complete SECTION D.					⊠YES □NO	
3. Total number of shares issued 2,396,999		······································		•	Cont. Cond.	
Please be advised that any social security num Public Safety, the Ohio Department of Taxation, requests the social security number to conduct	the Ohlo Attorney	General, d	or to any other state	or local law enforcer	o Ohio Department of ment agency	
SECTION.C List the top five (5) officers of the						
NAME OF OFFICER: (if an office is NOT hele CEO Fedele Bauccio	o please write "N	IONE")	SOCIAL SECU	RITY NUMBER	DATE OF BIRTH	
President Fedele Bauccio		1		Name of the Contract of the Co		
Vice-President C. Palmer Brown Jr.		 	**************************************			
Secretary Jennifer McConnell		 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Treasurer/CFO Elizabeth Baldwin	· · · · · · · · · · · · · · · · · · ·	 	**************************************		.,,	
SECTION D. Shareholders holding 5% or mor	a of outstanding o	haraa If	value appropriate de la constantina della consta	tion 1 VCC in Cast		
Name Yorkmont Four Inc.	e or outstanding s			Stion 1 YES in Section		
Residence Address			Security No.		NUMBER OF SHARES HELD (NOT	
City	C1-4-		ntification Nr		PERCENTAGE)	
	State	Telepho			2,396,999	
Zip Code		Date of	Birth			
2) Name		Social Security No.			NUMBER OF SHARES HELD (NOT	
Residence Address		Tax Identification No.			PERCENTAGE)	
City	State	Telepho	пе No.			
Zip Code		Date of	Birth			
See Page 2 to list additional shareholders. In and submit a Personal History Background Fon www.com.ohio.gov/documents/liqr_FingerPrint.CERTIFICATION OF FORM:	m. The Backgroun pdf.	d check p	rocess can be four	nd at	•	
By signing below, I certify that I have authority to complete to the best of my knowledge and belie	t Eve	2	d the information p	rovided is true, corr	ect and	
151 Aller	Crev	ueral Dunse	, (4	131/20	
(eSignature - Electronic Signature)		(Position)	THE RESERVE OF THE PERSON OF T	(D	rale)	
-,				1	1	
(Address)	/Cii		(State) 17:00	Code) (Te	Johnson Number	
LIQ-18-0014 - DLC 4030 5606 Tussing Road	(City	,	(State) (Zip	C008) (16	Revised 5/13/2019 614 644 2360	

	Department) R	COMIROR
	of Commerce	710
OH	TOUNDE TO THE POST OF THE POST	" 12 3ch

FOR OFFICE U.SE ONLY:					
Permit # 0814235	0045				
New Transfer	☐Ren.				

SECTION A: NO (This form must acc Name of Corporation:	ompany all a	applications of		iness entity)	
Yorkmont Four Inc.			DBA Name:		
Permit Premises Address:			Plum Market City:	State:	Zip Code:
			Oity.	diale.	(Zip Code.
Township, if outside city limits:			Tax Identification	n No. (TIN)	
Email Address:					
SECTION B.					
Is stock publicly traded? If YES, indicate exchange					☐YES ⊠NO
if YES, indicate exchange are 2. Does any shareholder own 5% or more shares? If YES, complete			OO NOT complete		
3. Total number of shares issued 100	na/co/ ii rec		CHO(A)D.		⊠YES □NO
Please be advised that any social security num	nbers provide	d to the Division	of Liquor Control	may be released to t	he Ohio Department of
Public Safety, the Ohio Department of Taxation requests the social security number to conduct	ո, the Ohio Att	tornev General, d	or to any other stat	le or local law enforc	ement agency if the agency
SECTION.C List the top five (5) officers of the	e corporation	1		or concertance.	
NAME OF OFFICER: (if an office is NOT he	eld please wi	rite "NONE")	SOCIAL SEC	JRITY NUMBER	DATE OF BIRTH
Adrian Weredign					0
President Adriam Meredith					
Vice-President C. Palmer Brown Jr.					
Secretary Jennifer McConnell				~~~~~	
Treasurer/CFO Adrian Meredith	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		-:		
SECTION D. Shareholders holding 5% or mo	re of outstand	ding shares. If	you answered qu	estion 1 YES in Sec	tion B. do not complete
1) Name Compass Group USA			Security No.		NUMBER OF
Residence Address	-	Tax Ide	ntification No		SHARES HELD (NOT PERCENTAGE)
City	Stat	Telepho	one No		· · · · · ·
Zip Code		Date of	Birth		100
2) Name		Social S	Security No.		NUMBER OF
Residence Address		Tax Ider	ntification No.	SHARES HELD (NOT PERCENTAGE)	
City	State	Telepho	ne No.		According to the Principles
Zip Code	J	Date of	Birth	· · · · · · · · · · · · · · · · · · ·	
See Page 2 to list additional shareholders. and submit a Personal History Background For www.com.ohio.gov/documents/ligr_FingerPrint CERTIFICATION OF FORM:	т. те васк	sted in both Sec	tions C and D mu	ist have a backgrou und at	nd check performed by BCI
sy signing below, I certify that I have authority complete to the best of my knowledge and believed. (esignature - Electronic Signature)	to execute the	is document an EVP General Gouy (Position)	d the information	provided is true, co	(31/20 Date)
			· ·		1111 10 1V
(A001255) IQ-18-0014 - DLC 4030	·	(City)	(State) (Zip	Code) (Felephone Number) Revised 5/13/2019
606 Tussing Road O Box 4005 teynoldsburg, OH 43068-9005 U.S.A.	An Equa	al Opportunity Em	iployer and Service	Provider	614 644 2360 Fax 614 644 3166 TTY/TDD 800 750 0750 www.com.ohio.gov



Department of Commerce Division of Liquor Control 6606 Tussing Road, P.O. Bo

6606 Tussing Road, P.O. Box 4005 Reynoldsburg, Ohio 43068-9005



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08142350045 CLERK OF CLEVELAND CITY COUNCIL 601 LAKESIDE AV RM 216 CLEVELAND, OH 44114