

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

9249043		TREX		VENTURE53 RESTAURANTS LLC	
PERMIT NUMBER		TYPE		DBA SMASHBURGER	
02	01	2012		109 N HAMILTON RD BLDG B	
ISSUE DATE				GAHANNA OH 45230	
12	11	2012			
FILING DATE					
D1					
PERMIT CLASSES					
25	077	B	F08882		
TAX DISTRICT		RECEIPT NO.			

FROM 12/13/2012 SAFEKEEPING

2296164				DRABIK INC	
PERMIT NUMBER		TYPE		DBA DANTES	
02	01	2012		261 W HIGH AV	
ISSUE DATE				NEW PHILADELPHIA OHIO 44663	
12	11	2012			
FILING DATE					
D1					
PERMIT CLASSES					
79	099				
TAX DISTRICT		RECEIPT NO.			

RECEIVED
2012 DEC 14 A 11:05
GAHANNA CLERK'S OFFICE



MAILED 12/13/2012

RESPONSES MUST BE POSTMARKED NO LATER THAN. 01/14/2013

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 **B TREX 9249043**

(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:

Isabel L Sherwood

1/3/2013

(Signature)

(Title)- ☐ Clerk of County Commissioner

(Date)

☒ Clerk of City Council

☐ Township Fiscal Officer

CLERK OF GAHANNA CITY COUNCIL
200 S HAMILTON RD
GAHANNA OHIO 43230

FOR OFFICE USE ONLY	
NEW	TRANSFER
PERMIT # <u>9249043</u>	

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
 Telephone: (614) 644-2431 - http://www.commerce.state.oh.us



LIMITED LIABILITY COMPANY DISCLOSURE FORM

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

SECTION A.

Name of Limited Liability Company Venture53Restaurants LLC	DBA Name Smashburger	
Permit Premises Address 109 N. Hamilton Rd., Bldg B	City, State Gahanna OH	Zip Code 45230
Township, if in Unincorporated Area	Tax Identification No. (TIN)	

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	DATE OF BIRTH
1) CEO <u>NONE</u>		
2) President <u>NONE</u>		
3) Vice-President <u>NONE</u>		
4) Secretary <u>NONE</u>		
5) Treasurer <u>NONE</u>		

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.

1) Name <u>ANDREW HANSEN</u>	Social Security No. (if individual) <u>[REDACTED]</u>	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address <u>5614 YORK COUNTY ROAD</u>	Tax Identification No. (if applicable)	
City and State <u>COLUMBUS, OHIO</u>	Zip Code <u>43221</u>	
Telephone No. <u>513-673-6436</u>	Date of Birth <u>2-6-59</u>	
2) Name	Social Security No. (if individual)	<input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Franklin COUNTY ss,

I, ANDREW HANSEN being first duly sworn, according to law, deposes and says that he/she is (Title) SOLE PROPRIETOR of the VENTURE53 RESTAURANTS, 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) ANDREW HANSEN SOLE PROPRIETOR

Sworn to and subscribed in my presence this 29 day of OCTOBER, 2012

[Signature]
 (Notary Public)

BRANDY SPURGEON
 (Notary Public)
NOTARY PUBLIC, STATE OF OHIO
 My Commission Expires 4/11/2017

FOR OFFICE USE ONLY
NEW
TRANSFER
PERMIT # 9249043

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
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2) President NONE		
3) Vice-President NONE		
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5) Treasurer NONE		

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Residence Address 5614 YORK COUNTY ROAD	Tax Identification No. (if applicable)	
City and State COLUMBUS, OHIO	Zip Code 43221	
Telephone No. 513-673-6436	Date of Birth	
2) Name	Social Security No. (if individual)	<input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	

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(Signature) [Signature] (Print Name and Title) ANDREW HANSEN SOLE PROPRIETOR

Sworn to and subscribed in my presence this 29 day of October, 2012

[Signature] BRANDY SPURGEON
 (Notary Public)
 NOTARY PUBLIC, STATE OF OHIO
 My Commission Expires 4/11/2017