

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

FROM 12/13/2012 SAFEKEEPING

2296164	PERMIT NUMBER	TYPE	DRABIK INC DBA DANTE'S 261 W HIGH AV NEW PHILADELPHIA OHIO 44663	
02 01 2012	ISSUE DATE			
12 11 2012	FILING DATE			
D1				
79 099	TAX DISTRICT	PERMIT CLASSES		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 # 9249043	

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.com.ohio.gov/ohio/div/liquorcontrol>

FRONT DESK-3
 2012 NOV 30 AM 11:34

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 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.

1) Name ANDREW HANSEN	Social Security No. (if individual)	<input checked="" type="checkbox"/> Managing Member
Residence Address 3614 YORK COUNTY ROAD	Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State COLUMBUS, OHIO	Zip Code 43221	<input type="checkbox"/> 5% or greater membership interest
Telephone No. 513-673-6436	Date of Birth 2-16-59	
2) Name	Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State	Zip Code	<input type="checkbox"/> 5% or greater membership interest
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 forgoing affidavit are true.

(Signature) Andrew Hansen (Print Name and Title) ANDREW HANSEN SOLE PROPRIETOR

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

Brandy Spurgeon
(Notary Public)

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

FOR OFFICE USE ONLY	TRANSFER
NEW	
PERMIT # 9249043	

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.com.ohio.gov/ldc>

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

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Franklin

COUNTY ss,

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(Signature) Andrew Hansen

(Print Name and Title) ANDREW HANSEN SOLE PROPRIETOR

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

Brandy Surgeon
(Notary Public)

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