

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

2428099		STCK	ED DAVIS ENTERPRISES LLC	
PERMIT NUMBER		TYPE	DBA ALPINE DRIVE THRU	
ISSUE DATE		210 GRANVILLE ST		
01 12 2016		GAHANNA OHIO 43230		
FILING DATE				
C1 C2 D6				
PERMIT CLASSES				
25	077	B	F15583	
TAX DISTRICT			RECEIPT NO.	

FROM 02/22/2016

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



MAILED 02/22/2016

RESPONSES MUST BE POSTMARKED NO LATER THAN. 03/24/2016

**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 STCK 2428099**

(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 GAHANNA CITY COUNCIL  
200 S HAMILTON RD  
GAHANNA OHIO 43230

*Rec'd  
2/22/2016  
KMB*

Office Hours  
8:00 a.m. - 5:00 p.m.  
For Questions call  
(614) 644-3156

Ohio Department of Commerce - Division of Liquor Control  
6606 Tussing Road, Reynoldsburg, Ohio 43068-9005  
http://www.com.ohio.gov/liqr

1-CHK  
#6601  
\$100



**APPLICATION FOR CHANGE OF LLC MEMBERSHIP INTERESTS CONTROL**  
**PROCESSING FEE \$100.00**  
FRONT DESK-1

CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL FOR THE FOLLOWING:

Permit Holder Name: Ed Davis Enterprises LLC		Permit Premises Address: 210 Granville Street Gahanna, Ohio 43230
Liquor Permit Number(s): 2428099	Federal Tax ID Number: 38-3737393	F 15583

Email Address: [Grid of empty boxes]

Attorney's Name, Address and Telephone Number (If represented):  
Pete Riddell, 194 West Johnstown Road, Gahanna, Ohio 43230 phone: 614-478-3676

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.

**PLEASE COMPLETE ALL AREAS OF SECTION A & B BELOW**

**Section A - PREVIOUS** List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) Edward Davis		President	<input checked="" type="checkbox"/> Managing Member <input checked="" type="checkbox"/> Voting interest 90 % <input checked="" type="checkbox"/> Membership interest 90 %	
2)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4) Send CC, PD, Rept			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	

**Section B - REVISED** List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) Karyl Davis		President	<input checked="" type="checkbox"/> Managing Member <input checked="" type="checkbox"/> Voting interest 100 % <input checked="" type="checkbox"/> Membership interest 100 %	
2)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4) No Violations Opesout			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	