

**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

49794490055 <small>PERMIT NUMBER</small>		STCK <small>TYPE</small>	LAKES VENTURE LLC DBA FRESH THYME FARMERS MARKET 1125 N HAMILTON RD GAHANNA OH 43230
ISSUE DATE			
01 15 2016			
FILING DATE			
C1 C2 D6 D8			
<small>PERMIT CLASSES</small>			
25	077	B	F17150
<small>TAX DISTRICT</small>			<small>RECEIPT NO.</small>

FROM 09/28/2016

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



MAILED 09/28/2016

RESPONSES MUST BE POSTMARKED NO LATER THAN 10/31/2016

**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 4979449-0055**

(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  
9/29/16  
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/liq>

**APPLICATION FOR CHANGE OF LLC MEMBERSHIP INTERESTS**  
**PROCESSING FEE \$100.00**

CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

2016 AUG - 8 PM 12: 54



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

Permit Holder Name:  
 Lakes Venture, LLC

Permit Premises Address:  
 1125 North Hamilton Road  
 Gahanna, Ohio 43230

Liquor Permit Number(s):  
 4979449-0055

Federal Tax ID Number:  
 46-1124457

F17150

Email Address: [Grid of boxes]

Attorney's Name, Address and Telephone Number (If represented):  
 Scott Simon, 37 West Broad Street, Suite 1140, Columbus, Ohio 43215

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) Meijer Companies, Ltd.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Managing Member <input checked="" type="checkbox"/> Voting interest 100 % <input checked="" type="checkbox"/> Membership interest 100 %	
2) no oil, no raw ped OK to Key Co 9.26.16		<input checked="" type="checkbox"/>	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest ____ % <input type="checkbox"/> Membership interest ____ %	
3) OTHERS issued please send CC + PD RPTs		<input checked="" type="checkbox"/>	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest ____ % <input type="checkbox"/> Membership interest ____ %	
4)		<input checked="" type="checkbox"/>	<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) Lakes Venture Holding Company, LLC		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Managing Member <input checked="" type="checkbox"/> Voting interest 100 % <input checked="" type="checkbox"/> Membership interest 100 %	
2)		<input checked="" type="checkbox"/>	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest ____ % <input type="checkbox"/> Membership interest ____ %	
3)		<input checked="" type="checkbox"/>	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest ____ % <input type="checkbox"/> Membership interest ____ %	
4)		<input checked="" type="checkbox"/>	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest ____ % <input type="checkbox"/> Membership interest ____ %	

**FOR OFFICE USE ONLY**

NEW  TRANSFER  REN

PERMIT #

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 Lakes Venture, LLC, a Delaware limited liability company	DBA Name Fresh Thyme Farmers Market	
Permit Premises Address 6670 Sawmill Road	City, State Columbus, Ohio	Zip Code 43235
Township, if in Unincorporated Area	Tax Identification No. (TIN)	
Email Address: fwindsor@Freshthyme.com		

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 Christopher Sherrell		
2) President Christopher Sherrell		
3) Vice-President Stephen Shoemaker		
4) Secretary Fran Windsor		
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 Lakes Venture Holding Company, LLC	Social Security No. (if individual) N/A	Check All That Apply <input checked="" type="checkbox"/> Managing Member <input checked="" type="checkbox"/> Voting interest 100 % <input checked="" type="checkbox"/> Membership interest 100 %
Residence	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Birthdate N/A	
2) Name	Social Security No. (if individual)	Check All That Apply <input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Birthdate	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, DuPage COUNTY ss,

I, Chris Sherrell, being first duly sworn, according to law, deposes and says that he/she is (Title) CEO & President

of the LLC, 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) *Chris Sherrell* (Print Name and Title) Chris Sherrell, CEO & President

Sworn to and subscribed in my presence this 23rd day of June 2016

*Sueann M Berberich*  
 SUEANN M BERBERICH  
 Notary Public - State of Illinois  
 Commission Expires Mar 22, 2017 (Notary Expiration)  
 3-22-17