

**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

4179249 <small>PERMIT NUMBER</small>			TRFO <small>TYPE</small>	JB & B LLC DBA ALPINE BEVERAGE DRIVE THRU 210 GRANVILLE ST GAHANNA OHIO 43230
02	01	2016 <small>ISSUE DATE</small>		
01	27	2017 <small>FILING DATE</small>		
C1 C2 D6 <small>PERMIT CLASSES</small>				
25	077	B <small>TAX DISTRICT</small>	F17766 <small>RECEIPT NO.</small>	

FROM 05/02/2017

2428099 <small>PERMIT NUMBER</small>				ED DAVIS ENTERPRISES LLC DBA ALPINE DRIVE THRU 210 GRANVILLE ST GAHANNA OHIO 43230
02	01	2016 <small>ISSUE DATE</small>		
01	27	2017 <small>FILING DATE</small>		
C1 C2 D6 <small>PERMIT CLASSES</small>				
25	077	 <small>TAX DISTRICT</small>	 <small>RECEIPT NO.</small>	



MAILED 05/02/2017

RESPONSES MUST BE POSTMARKED NO LATER THAN.

06/02/2017

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 TRFO 4179249

(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
5/31/17
KMB*



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/liq>

FOR OFFICE USE ONLY
 NEW TRANSFER REN
 PERMIT # 4179249

LIMITED LIABILITY COMPANY DISCLOSURE FORM

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

SECTION A.

Name of Limited Liability Company <u>JBBD LLC</u>	DBA Name <u>Alpine Beverage Drive Thru</u>	
Permit Premises Address <u>210 Granville Street</u>	City, State <u>Columbus OHIO</u>	Zip Code <u>43230</u>
Township, if in Unincorporated Area <u>MA</u>	Tax Identification No. (TIN) <u>81-3269937</u>	
Email Address: <u>Joshua.parker55@jbbd.com</u>		

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 <u>Joshua Parker</u>	<u>110-71-4-22</u>	<u>6-20-20</u>
2) President <u>None</u>		
3) Vice-President <u>None</u>		
4) Secretary <u>None</u>		
5) Treasurer <u>None</u>		

OH. DIV. OF LIQUOR CONTROL
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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.

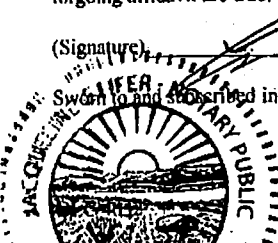
		INTEREST
1) Name <u>LEAH R PARKER</u>	Social Security No. (if individual)	<input checked="" type="checkbox"/> Managing Member
Residence /	Tax Identification No. (if applicable) <u>N/A</u>	<input type="checkbox"/> Voting interest <u>50</u> %
City and State <u>MA</u>	Telephone No.	<input type="checkbox"/> Membership interest _____ %
Zip Code <u>43200</u>	Birthdate	
2) Name	Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address	Tax Identification No. (if applicable)	<input type="checkbox"/> Voting interest _____ %
City and State	Telephone No.	<input type="checkbox"/> Membership interest _____ %
Zip Code	Birthdate	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Franklin County

I, Joshua Parker being first duly sworn, depose and says that he/she is (Title) Owner
 of the JBBD LLC a business duly organized under the laws to do business in the State of Ohio, and that the statements made in the forgoing affidavit are true.

(Signature) _____ (Print Name and Title) Joshua Parker / Owner
 Sworn to and subscribed in my presence this 11th day of April, 2017



EOE/ADA SERVICE PROVIDER

FOR TTY USERS DIAL 1-800-750-0750

Sep. 18, 2021
 (Notary Expiration)

REV. 08/2015