**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

| | |
|---|---|
| 5897197 PERMIT NUMBER / STCK TYPE | MI TRADICION INC<br>& PATIOS<br>111-119-125 N STYGLER RD<br>GAHANNA OHIO 43230 |
| ISSUE DATE | |
| 01 17 2021 FILING DATE | |
| D1 D2 D3 D6 PERMIT CLASSES | |
| 25 077 B F26356 TAX DISTRICT / RECEIPT NO. | |

FROM 10/06/2021

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

MAILED 10/06/2021 RESPONSES MUST BE POSTMARKED NO LATER THAN. 11/08/2021

**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 5897197
(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