

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

1475133		NEW		CIAO VINO ITALIAN KITCHEN LLC DBA CIAO VINO STE 130 121 MILL STREET GAHANNA OH 43230	
PERMIT NUMBER		TYPE			
ISSUE DATE					
04 09 2013					
FILING DATE					
D51		PERMIT CLASSES			
25	077	B	A04401		
TAX DISTRICT		RECEIPT NO.			

FROM 04/11/2013

PERMIT NUMBER		TYPE		RECEIVED 2013 APR 11 1:00 GAHANNA CLERK'S OFFICE
ISSUE DATE				
FILING DATE				
PERMIT CLASSES				
TAX DISTRICT		RECEIPT NO.		



MAILED 04/11/2013

RESPONSES MUST BE POSTMARKED NO LATER THAN. 05/13/2013

**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 NEW 1475133**

(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*

5-7-13

(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

<b>FOR OFFICE USE ONLY</b>	
NEW	TRANSFER
PERMIT #	1475133

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/liqr>



### LIMITED LIABILITY COMPANY DISCLOSURE FORM

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

#### SECTION A.

Name of Limited Liability Company Ciao Vino Italian Kitchen LLC	DBA Name Ciao Vino	
Permit Premises Address 121 Mill Street Suite 130	City, State Gahanna Ohio	Zip Code 43230
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 Laura Decker		
2) President Craig Decker		
3) Vice-President		
4) Secretary		
5) Treasurer		

#### 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 Craig Decker	Social Security No (if individual)	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address 1097 Komraus Ct	Tax Identification No (if applicable)	
City and State Reynoldsburg Ohio	Zip Code 43068	
Telephone No 614-577-9463	Date of Birth	
2) Name Laura Decker	Social Security No (if individual)	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address 1097 Komraus Ct	Tax Identification No (if applicable)	
City and State Reynoldsburg Ohio	Zip Code 43068	
Telephone No 614-415-6051	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

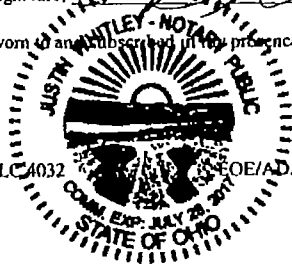
STATE OF OHIO, FAIRFIELD COUNTY ss,

I, Craig Decker being first duly sworn, according to law, deposes and says that he/she is (Title) President  
 of the Ciao Vino Italian Kitchen LLC a business duly authorized by law to do business in the State of Ohio, and that the statements made in the  
 foregoing affidavit are true.

(Signature) [Signature] (Print Name and Title) President Craig Decker

Sworn to and subscribed in my presence this 20 day of MARCH, 2013

[Signature] (Notary Public) July 25, 2017 (Notary Expiration)



<b>FOR OFFICE USE ONLY</b>	
NEW	TRANSFER
PERMIT #	1475133

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 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005  
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NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO <b>Laura Decker</b>		<b>6/30/69</b>
2) President <b>Craig Decker</b>		<b>5/2/59</b>
3) Vice-President		
4) Secretary		
5) Treasurer		

### SECTION C. List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

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1) Name <b>Craig Decker</b>	Social Security No (if individual)	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address <b>1097 Komraus Ct</b>	Tax Identification No (if applicable)	
City and State <b>Reynoldsburg Ohio</b>	Zip Code <b>43068</b>	
Telephone No <b>614-577-9463</b>	Date of Birth <b>5/2/59</b>	
2) Name <b>Laura Decker</b>	Social Security No (if individual)	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address <b>1097 Komraus Ct</b>	Tax Identification No (if applicable)	
City and State <b>Reynoldsburg Ohio</b>	Zip Code <b>43068</b>	
Telephone No <b>614-415-6051</b>	Date of Birth <b>6/30/69</b>	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE.)

STATE OF OHIO, FARFIELD COUNTY ss,

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(Signature) [Signature] (Print Name and Title) President Craig Decker

Sworn to and subscribed in my presence this 20 day of MARCH, 2013

(Notary Public)

(Notary Expiration)

