

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

6777876		TRFO	PEACEWAR INC	
PERMIT NUMBER		TYPE	DBA WINE GUY CREEKSIDE	
02	01	2016		
ISSUE DATE		101 MILL ST SUITE 105		
04	06	2016		
FILING DATE		GAHANNA OH 43230		
D1	D2	D3	D6	
PERMIT CLASSES				
25	077	B	F15902	
TAX DISTRICT			RECEIPT NO.	

FROM 04/08/2016

9690866			WINE GUY GAHANNA LLC	
PERMIT NUMBER		TYPE	DBA THE WINE GUY	
02	01	2016		
ISSUE DATE		1ST FL PATIO ONLY		
04	06	2016		
FILING DATE		101 MILL ST STE 105		
D1	D2	D3	D6	
PERMIT CLASSES				
25	077			
TAX DISTRICT			RECEIPT NO.	



MAILED 04/08/2016

RESPONSES MUST BE POSTMARKED NO LATER THAN. 05/09/2016

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 TRFO 6777876**

(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
4/12/16
KMB*

FOR OFFICE USE ONLY

NEW TRANSFER REN

PERMIT # 6777876

**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/lic



OFFICER/ SHAREHOLDERS DISCLOSURE FORM

SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation <u>Peacewar Inc.</u>	DBA Name <u>The Wine Guy</u>	
Permit Premises Address <u>101 Mill Street Suite 105</u>	City, State <u>Columbus, OH</u>	Zip Code <u>43230</u>
Township, if in Unincorporated Area	Tax Identification No. (TIN) <u>47-5144950</u>	
Email Address: <u>peacewar01@gmail.com</u>		

SECTION B.

1. Is stock publicly traded? YES NO
If "YES", indicate exchange _____ & Do NOT complete SECTION D.

2. Does any stockholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total Number of shares issued 1500

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 enforcement action, or collect taxes.

SECTION C. List the top five (5) officers of the captioned corporation. If an office is NOT held please indicate by writing NONE.

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

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO <u>Michael J. Schaefer</u>	<u>[REDACTED]</u>	<u>9-19-66</u>
2) President <u>Michael J. Schaefer</u>	<u>[REDACTED]</u>	<u>9-19-66</u>
3) Vice-President		
4) Secretary <u>Michael J. Schaefer</u>	<u>[REDACTED]</u>	<u>9-19-66</u>
5) Treasurer		

SECTION D. Stockholders holding 5% or more outstanding shares. Note: If you answered Question 1 YES, do not complete this section

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. If none, please indicate by writing "NONE".

1) Stockholder's Name <u>Michael J. Schaefer</u>	Social Security No. (if Individual) <u>[REDACTED]</u>	NUMBER OF SHARES HELD (NOT PERCENTAGE) <u>1,500</u>
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No. <u>[REDACTED]</u>	
Zip Code	Date of Birth	
2) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No. (if applicable)	
City and State	Telephone No.	
Zip Code	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF OHIO, COUNTYss _____

I, Michael J. Schaefer being first duly sworn, according to law, deposes and says that he/she is (Title) CEO of the Peacewar Inc., a corporation 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 Corporate Title) MICHAEL SCHAEFER FOR PEACEWAR INC.

Sworn to and subscribed to in my presence this 8th day of March, 2016



Ian Heyman
Attorney At Law
Notary Public, State of Ohio

[Signature]
(Notary Public)

N/A
(Notary Expiration)