

FAX COVER SHEET

To: "

From: DLA ADMIN

Company:

Date: 08/25/20 10:32:48 AM

Fax Number: 16143424100

Pages (Including cover): 2

Re: 2910691 City Council Notice

Notes:

The information transmitted is intended solely for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you have received this email in error please contact the sender and delete the material from any computer.



NOTICE TO LEGISLATIVE AUTHORITY

DMO DIVISION OF LIQUOR CONTROL
6608 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43066-9005
(614)844-2380 FAX(614)644-3166

TO

2910691 PERMIT NUMBER		NEW TYPE	PIER 11 GAHANNA LLC DBA PIER 11 BOILING SEAFOOD 1335 STONERIDGE GAHANNA OH 43230
12 23 2019 ISSUE DATE			
D5 PERMIT CLASSES			
25 TAX DISTRICT	077 B	C055920 RECEIPT NO.	

FROM 08/26/2020

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

MAILED 08/26/2020

RESPONSES MUST BE POSTMARKED NO LATER THAN 09/26/2020

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 _____

(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

(Total)

Clerk of City Council

Township Fiscal Officer

CLERK OF GAHANNA CITY COUNCIL
200 S HAMILTON ROAD
GAHANNA OH 43230

FAX COVER SHEET

To: " **From: DLA ADMIN**

Company: **Date: 08/25/20 10:46:39 AM**

Fax Number: 16143424100 **Pages (Including cover): 3**

Re: 2910691 City Council Notice

Notes:

****CORRECTION****

From: Jacob, Jesse
 Sent: Tuesday, August 25, 2020 10:33 AM
 To: '16143424100@FAX2MAIL.COM' <16143424100@FAX2MAIL.COM>
 Subject: 2910691 City Council Notice

The information transmitted is intended solely for the individual or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking action in reliance upon this information by persons or entities other than the intended recipient is prohibited. If you have received this email in error please contact the sender and delete the material from any computer.



Please complete and email to:

liquorlicensingmailunit@com.state.oh.us

or fax to: **614-644-3166**

Thank you,

Ohio

Department
of Commerce

Division of Liquor Control

Jesse H. Jacob

Accountant / Examiner II

Ohio Department of Commerce

Division of Liquor Control

6606 Tussing Road, Reynoldsburg, OH 43068

Phone: 614-644-3155

Fax: 614-644-3166

www.com.ohio.gov

This message and any response to it may constitute a public record and thus may be publicly available to anyone who requests it.

NOTICE TO LEGISLATIVE AUTHORITY

OHIO DIVISION OF LIQUOR CONTROL
6606 TUSHING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43085-9005
(614)844-2300 FAX(614)844-3166

TO

2910691 PERMIT NUMBER		NEW TYPE	PIER 11 GAHANNA LLC DBA PIER 11 BOILING SEAFOOD 1335 STONERIDGE GAHANNA OH 43230	
ISSUE DATE 12 23 2019				
FILING DATE D51				
PERMIT CLASSES				
25 TAX DISTRICT	077	B	C055920 RECEIPT NO.	

FROM 08/26/2020

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

MAILED 08/26/2020

RESPONSES MUST BE POSTMARKED NO LATER THAN 09/26/2020

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 _____

(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 ROAD
GAHANNA OH 43230