

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

14374150821 PERMIT NUMBER		TREX TYPE	CHIPOTLE MEXICAN GRILL OF COLORADO LLC DBA CHIPOTLE MEXICAN GRILL 1890 95 N HAMILTON RD GAHANNA OH 43230
02	01	2013 ISSUE DATE	
05	15	2013 FILING DATE	
D1 PERMIT CLASSES			
25	077	B	F09819 RECEIPT NO.

FROM 05/17/2013

14374150820 PERMIT NUMBER		TYPE	CHIPOTLE MEXICAN GRILL OF COLORADO CHIPOTLE 4130 TUSCARAWAS ST W CANTON OH 44710
02	01	2013 ISSUE DATE	
05	15	2013 FILING DATE	
D1 PERMIT CLASSES			
76	055 TAX DISTRICT		RECEIPT NO.



MAILED 05/17/2013

RESPONSES MUST BE POSTMARKED NO LATER THAN.

06/17/2013

RECEIVED

GAHANNA CLERK'S OFFICE

2013 MAY 21 A 10:13

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 TREX 1437415-0821

(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:



6/04/13

(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

SECTION 3

LLC, GENERAL PARTNERS DATA VERIFICATION

CHIPOTLE MEXICAN GRILL OF COLORADO LLC

APR 23 2009

PERMIT # 1437415-0115

RENEWAL YEAR 2009-2010

PARTNERS OF A PARTNERSHIP, MANAGING MEMBERS, PERSONS HOLDING 5% OR GREATER MEMBERSHIP OR VOTING INTEREST IN A LLC.	LAST FOUR DIGITS OF SOCIAL SECURITY #	INTEREST	TITLE
M STEVEN ELLS MONTGOMERY F MORAN CHIPOTLE MEXICAN GRILL INC	*****9603 *****6476 *****9301	MANAGE-MBR MANAGE-MBR MAN-MBR5%	

IF INFORMATION LISTED ABOVE IS NOT ACCURATE, PLEASE INDICATE CHANGES BELOW.

NAME	SOCIAL SECURITY #	TITLE	BIRTHDATE

COMPLETE THE CURRENT LIST OF YOUR TOP FOUR(4) OFFICERS.

IF NO ONE HOLDS THAT OFFICE, INDICATE 'NONE'. PLEASE PRINT OR TYPE.

CEO/PRESIDENT _____

SOCIAL SECURITY# _____

VICE-PRESIDENT _____

SOCIAL SECURITY# _____

TREASURER _____

SOCIAL SECURITY# _____

SECRETARY _____

SOCIAL SECURITY# _____