

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

FROM 05/17/2013

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



RECEIVED

2013 MAY 21 A 10:13

GAHANNA CLERK'S OFFICE

MAILED 05/17/2013

RESPONSES MUST BE POSTMARKED NO LATER THAN.

06/17/2013

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 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:

*Isobel L Sherwood*

(Signature)

(Title) - ☐ Clerk of County Commissioner

(Date)

☒ Clerk of City Council

☐ Township Fiscal Officer

6/04/13

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**

709 APR 23 PM 2:56

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%M	

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# \_\_\_\_\_

EDE/ADA SERVICE PROVIDER  
FOR TTY USERS, DIAL ORS 1-800-750-0750