

**NOTICE TO LEGISLATIVE
AUTHORITY**

OHIO DIVISION OF LIQUOR CONTROL
6806 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3188

TO

1879572		STCK		D B L T INC	
PERMIT NUMBER		TYPE		DBA BROAD STREET TAVERN	
ISSUE DATE		FILING DATE		RR4 1ST FL & PATIO	
01 17 2018				11472 E BROAD ST	
PERMIT CLASSES		TAX DISTRICT		PATASKALA OHIO 43062	
D1 D2 D3 D3A		45 132 B		F20792	
RECEIPT NO.					

FROM 07/30/2018

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



MAILED 07/30/2018

RESPONSES MUST BE POSTMARKED NO LATER THAN. 08/30/2018

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 STCK 1879572**

(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 PATASKALA CITY COUNCIL
ATTN FISCAL OFFICER/CLERK
621 W BROAD ST - SUITE 2B
PATASKALA OHIO 43062**

ICK 1003 \$100

For Questions call
(614) 644-6162
Office Hours -
8:00 a.m. - 5:00 p.m.

Ohio Department of Commerce - Division of Liquor Control
306 Tussing Road, Reynoldsburg, Ohio 43068-9005
http://www.com.ohio.gov/liqr



OHIO DIV. LIQUOR CONTROL
LICENSING CAN RM. 1-A
PROCESSING FEB 13

APPLICATION FOR CHANGE OF CORPORATE STOCK OWNERSHIP
\$300.00 CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING TRANSFER(S) OF STOCK

Permit Holder Name: **DLT INC.** Liquor Permit Number(s): **1079572 K020792**

Permit Premises Address: _____
Email Address: _____

Attorney's Name, Address and Telephone Number (If represented): _____

Is Stock Traded on a National Exchange? YES NO If YES, give Name of Exchange and Symbol _____

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 A: PREVIOUS 5% OR MORE STOCKHOLDERS

Name	DATE	Social Security Number/FTI#	Number of Shares Issued For Stock Transfer Only (NOT Percentages)
1) MICHAEL G. BYERS			500
2)			
3)			
4)			
5)			

SECTION B: REVISED 5% OR MORE STOCKHOLDERS

Name	DATE	Social Security Number/FTI#	Number of Shares Issued For Stock Transfer Only (NOT Percentages)
1) DEBORAH ANNE CRYSTY			500
2)			
3)			
4)			
5)			

NOTE: If any Stockholder is a business entity, that entity must list it's federal tax identification number (FTI #) above. TOTAL NUMBER OF SHARES ISSUED: **500**

LIST THE TOP FOUR OFFICERS OF THE CAPTIONED CORPORATION. IF AN OFFICE IS NOT HELD, PLEASE INDICATE BY WRITING "NONE"	Social Security Number	Birthdate
1) CEO/President MICHAEL G. BYERS		
2) Vice-President		
3) Secretary		
4) Treasurer		