

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

2456182		STCK		1840 TOWN PARK BLVD LLC DBA LEGENDS SPORTS PUB & PATIOS 1840 TOWN PARK BLVD UNIT G GREEN UNIONTOWN OHIO 44685
PERMIT NUMBER		TYPE		
ISSUE DATE				
09 06 2024				
FILING DATE				
D1 D2 D3 D3A D6		PERMIT CLASSES		
77	220	C	F32526	
TAX DISTRICT		RECEIPT NO.		

FROM 12/05/2024

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



MAILED 12/05/2024

RESPONSES MUST BE POSTMARKED NO LATER THAN.

2/13/2025

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

C STCK 2456182

(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 GREEN CITY COUNCIL
CITY BUILDING
P O BOX 278
GREEN OHIO 44232

10K# 1548/\$100

(Division Use Only: Name: _____)

OHIO DIV. LIQUOR CONTROL
FRONT DESK-2

F032520

SECTION A – Issued Permit Holder Information

2024 NOV -7 PM 1:06

*Issued Permit Holder's Business Name as listed on the issued permit: 1840 TOWN PARK BLVD LLC			*Issued Permit Holder #: 2456182		
*Permit Premises Address: 1840 TOWN PARK BLVD. UNIT G			*Is Permit Holder an Agency Store? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, what is the assigned agency # _____		
*Township (if premises is outside city limits):	*City: GREEN-UNIONTOWN	*Zip Code: 44685	*County: SUMMIT		
*Contact Name: Teresa Wells			*Who will be the Primary Contact for this Application: <input type="checkbox"/> Contact Listed <input checked="" type="checkbox"/> Attorney Listed Below		
Phone: (614) 221-5212			*Business Phone: (614) 221-5212		
*Primary Contact's Email Address: T W E L L S @ L R E L A W . C O M					
Attorney Information (If applicable)			Name: LUMPE, RABER & EVANS		
Address: 1700 LAKE SHORE DRIVE, SUITE 300		City: COLUMBUS	State: OHIO	Zip Code: 43204	Phone #: (614) 221-5212
Attorney Email Address: T W E L L S @ L R E L A W . C O M					

SECTION B – LLC Ownership Description

1. * List the **CURRENT 5% or more** owners in the issued permit as currently disclosed to us – Not sure who/what we have on record? Go to com.ohio.gov/liquorinfo (select "who has a disclosed ownership interest in a particular liquor permit" tab and enter the permit number listed on your issued permit).

	Person or Company Name	Membership Units	
		# Held	% Held
1	James D. House	100	100
2			
3			
4			

2. * List the **NEW/REVISED 5% or more** owners as they should be listed in the issued permit **AFTER** the change. (Note, depending on your proposed change it's possible that some individuals might be listed above and below.) Any real persons **MUST** be at least 21 years of age. In addition to filling out the below information, please submit an updated **LLC Membership Disclosure Form** (OR com.ohio.gov/requiredforms - select form "Limited Liability Disclosure" form) that matches the "NEW/REVISED" information below.

	Person or Company Name	Membership Units	
		# Held	% Held
1	Don Boyer	10	10
2	Daniel J. Yano	85	85
3			
4			

Send