

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

7636743		TRFO	RUB CHEMONA LLC DBA ARLINGTON BP 3171 S ARLINGTON RD AKRON GREEN OHIO 44312
PERMIT NUMBER		TYPE	
10	01	2016	
ISSUE DATE			
08	29	2017	
FILING DATE			
C1 C2		PERMIT CLASSES	
77	220	C	F19059
TAX DISTRICT		RECEIPT NO.	

FROM 08/31/2017

3648841			HARVESTER ENERGY LLC 3171 S ARLINGTON RD AKRON GREEN OHIO 44312
PERMIT NUMBER		TYPE	
10	01	2016	
ISSUE DATE			
08	29	2017	
FILING DATE			
C1 C2		PERMIT CLASSES	
77	220		
TAX DISTRICT		RECEIPT NO.	



2017 SEP - 7 PM 9:15  
GREEN CITY COUNCIL

MAILED 08/31/2017

RESPONSES MUST BE POSTMARKED NO LATER THAN.

10/02/2017

**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 TRFO 7636743**

(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

FOR OFFICE USE ONLY  
NEW TRANSFER  
PERMIT # 7636743

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL  
6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005  
Telephone: (614) 644-2431 - http://www.com.ohio.gov/liqr

LIMITED LIABILITY COMPANY DISCLOSURE FORM

SECTION A. (This form must accompany all applications of an LLC business entity)

Name of Limited Liability Company RUB CHEMONA LLC	DBA Name Arlington BP	
Permit Premises Address 3171 S. Arlington Rd	City, State AKRON OH	Zip Code 44312
Township, if in Unincorporated Area GREEN	Tax Identification No. [REDACTED]	

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or greater membership or voting interest, and attach a copy of the Articles of Organization filed with the Ohio Secretary of State.

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 B. List the top five (5) officers of the captioned business. If an office is NOT held, please indicate by writing NONE.

EACH OFFICER LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO NONE		
2) President NONE		
3) Vice-President NONE		
4) Secretary NONE		
5) Treasurer NONE		

SECTION C. List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

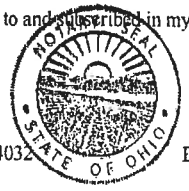
1) Name MOHAMMAD N. ALAM	Social Security No. (if individual) [REDACTED]	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address 202 Treetop Spur	Tax Identification No. (if applicable) [REDACTED]	
City and State Copley, OH 44321	Zip Code [REDACTED]	
Telephone No. [REDACTED]	Date of Birth [REDACTED]	
2) Name	Social Security No. (if individual)	<input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Summit COUNTY ss,  
I, MOHAMMAD N. ALAM being first duly sworn, according to law, deposes and says that he/she is (Title) Member  
of the RUB CHEMONA LLC, a business duly authorized by law to do business in the State of Ohio, and that the statements made in the  
forgoing affidavit are true.

(Signature) Mod. Alalam (Print Name and Title) MOHAMMAD N. ALAM, Member

Sworn to and subscribed in my presence this 21<sup>st</sup> day of AUGUST, 2017



Keith D. Mumma  
Notary Public, State of Ohio  
My Commission Expires March 4, 2019  
EOE/ADA SERVICE PROVIDER

(Notary Public) [Signature] (Notary Expiration) MARCH 4, 2019