

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

6109970			TRFO	SHANNON LEE MONK DBA STAG BAR 1ST FL & BSMT & PATIO 462 W CENTER ST MARION OHIO 43302
PERMIT NUMBER			TYPE	
02	01	2017		
ISSUE DATE				
08	14	2018		
FILING DATE				
D2 D2X D3				
PERMIT CLASSES				
51	044	B	F20883	
TAX DISTRICT			RECEIPT NO.	

FROM 08/16/2018 SAFEKEEPING

7074281				LEWIS PRICE EST LISA AHONEN EXT DBA STAG BAR 1ST FL & BSMT & PATIO 462 W CENTER ST MARION OHIO 43302
PERMIT NUMBER			TYPE	
02	01	2017		
ISSUE DATE				
08	14	2018		
FILING DATE				
D2 D2X D3				
PERMIT CLASSES				
51	044			
TAX DISTRICT			RECEIPT NO.	



MAILED 08/16/2018

RESPONSES MUST BE POSTMARKED NO LATER THAN. 09/17/2018

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 TRFO 6109970

(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 MARION CITY COUNCIL
233 W CENTER ST
MARION OHIO 43302

FOR OFFICE USE ONLY☐ NEW ☐ TRANSFER ☐ REN

PERMIT #

6109970

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OH 43068-9005**PERSONAL HISTORY BACKGROUND FORM**<http://www.com.ohio.gov/liqr>

2018 AUG -6 PM 1:15

Please be advised that any social security numbers provided to the Division of Liquor Control on this form 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.

The applicant is required to fill out Section A only.

The Division of Liquor Control will conduct a background check with the local authorities, who will complete Section B.

THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION A (PLEASE PRINT)

Name (Last) Monk	(First) Shannon	(Middle) Lee	Height ft. in.	Weight
Alias used or Maiden Name	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone # [REDACTED]	Social Security # [REDACTED]	
Residence Address 699 Sugar Street	City Marion	State OH	Zip Code 43302	
Date of Birth [REDACTED]	Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Place of Birth Marion		
Marital Status: S	Spouse's Name (Last) —	(First) —	(Middle) —	

Permit Address:

462 W. Center Street, Marion, Ohio**YOUR SIGNATURE BELOW, GIVING AUTHORIZATION FOR RECORD CHECK**x Shannon Monk

PLEASE READ: The Division of Liquor Control will submit this form to the local authorities to conduct a background check and at that time Section B. will be completed. THE APPLICANT IS NOT TO PERFORM THIS CHECK, THEREFORE, DO NOT TAKE THIS FORM TO YOUR LOCAL POLICE AUTHORITY.

SECTION (B)**THIS SPACE FOR LAW ENFORCEMENT AGENCY USE**

Please complete the information below and either fax to (614) 644-3166, OR mail to
Division of Liquor Control, 6606 Tussing Rd., Reynoldsburg, OH 43068-9005

1) Does applicant have a police record? ☐ YES ☐ NO

If Yes, Give Details _____

2) Does local police department know of any reason why permit should NOT be issued? ☐ YES ☐ NO
(If YES, Please Attach Supporting Evidence)

3) Please complete the information below:

Police Department Name_____
Signature of Authorized Official
(We cannot accept a stamped signature)_____
Date Of Signature