

**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

4153959 <small>PERMIT NUMBER</small>		NEW <small>TYPE</small>	IRISHELK ENTERTAINMENT LLC 765 DAVIDS ST MARION OH 43302	
04 19 2021 <small>ISSUE DATE</small>				
D5 <small>PERMIT CLASSES</small>				
51 <small>TAX DISTRICT</small>	044 <small>PERMIT CLASSES</small>	B <small>PERMIT CLASSES</small>	C94099 <small>RECEIPT NO.</small>	

FROM 07/07/2021

<small>PERMIT NUMBER</small>		<small>TYPE</small>			
<small>ISSUE DATE</small>					
<small>FILING DATE</small>					
<small>PERMIT CLASSES</small>					
<small>TAX DISTRICT</small>			<small>RECEIPT NO.</small>		



MAILED 07/07/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN. 08/09/2021

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 NEW 4153959

(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