

**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

84189940855 PERMIT NUMBER		STCK TYPE	SPEEDWAY LLC DBA SPEEDWAY 3619 800 BELLEFONTAINE AV MARION OHIO 43302
ISSUE DATE			
01 17 2021 FILING DATE			
C1 C2 PERMIT CLASSES			
51 TAX DISTRICT	044 B	F26314 RECEIPT NO.	

FROM **10/05/2021**

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



Extension requested

MAILED **10/05/2021**

RESPONSES MUST BE POSTMARKED NO LATER THAN.

11/05/2021

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 STCK 8418994-0855

(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**

check #530085 \$2500

Office Hours
8:00 a.m. - 5:00 p.m.
For Questions call
(614) 644-3156

Ohio Department of Commerce - Division of Liquor Control
6606 Tussing Road, Reynoldsburg, Ohio 43068-9005
<http://www.com.ohio.gov/liqr>



2021 MAY 25 PM 2:45
RECEIVED

APPLICATION FOR CHANGE OF LLC MEMBERSHIP INTERESTS
PROCESSING FEE \$100.00

CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING:

Permit Holder Name: Speedway LLC		Permit Premises Address: Every Location in Ohio	
Liquor Permit Number(s):	Federal Tax ID Number:	FO26210 AK	

Email Address: l i c e n s i n g @ s p e e d w a y . c o m

Attorney's Name, Address and Telephone Number (If represented):
Richard Blau c/o GrayRobinson, P.A., 401 E. Jackson Street, Suite 2700, Tampa, FL 33602; 813-273-5000

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.

PLEASE COMPLETE ALL AREAS OF SECTION A & B BELOW

Section A - PREVIOUS List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) MPC Investment LLC	FEIN:	Member	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input checked="" type="checkbox"/> Membership interest 100 %	N/A
2) Timothy T. Griffith	SSN	President	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3) Glenn M. Plumby	SSN	Executive Vice President	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4) David E. Ball	SSN:		<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	

Section B - REVISED List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) SEI Speedway Holdings, LLC	FEIN	Member	<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input checked="" type="checkbox"/> Membership interest 100 %	N/A
2) Timothy T. Griffith	SSN	President	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3) Glenn M. Plumby	SSN:	Executive Vice President	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4) David E. Ball	SSN	General Counsel/ Secretary	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	

Office Hours
8:00 a.m. - 5:00 p.m.
For Questions call
(614) 644-3156

Ohio Department of Commerce - Division of Liquor Control
6606 Tussing Road, Reynoldsburg, Ohio 43068-9005
http://www.com.ohio.gov/lict



APPLICATION FOR CHANGE OF LLC MEMBERSHIP INTERESTS
PROCESSING FEE \$100.00

CAUTION: ALLOW 10 TO 12 WEEKS FOR PROCESSING

PERMIT HOLDER REQUESTS APPROVAL OF THE DIVISION OF LIQUOR CONTROL OF THE FOLLOWING:

Permit Holder Name:

Speedway LLC

Permit Premises Address:

Every Location in Ohio

Liquor Permit Number(s):

Federal Tax ID Number:

Email Address:

l i c e n s i n g @ s p e e d w a y . c o m

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

Richard Blau c/o GrayRobinson, P.A., 401 E. Jackson Street, Suite 2700, Tampa, FL 33602; 813-273-5000

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.

PLEASE COMPLETE ALL AREAS OF SECTION A & B BELOW

Section A - PREVIOUS List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) Carina Eckard Duffy	SSN:	Treasurer	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
2)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	

Section B - REVISED List of managing members and all persons with a 5% or greater membership or voting interest in the LLC

NAME	SOCIAL SECURITY # OR FEDERAL TAX ID #	OFFICE HELD	INTEREST	BIRTHDATE
1) Carina Eckard Duffy	SSN:	Treasurer	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
2)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
3)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	
4)			<input type="checkbox"/> Managing Member <input type="checkbox"/> Voting interest _____ % <input type="checkbox"/> Membership interest _____ %	

**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 PERMIT NUMBER		NEW TYPE	IRISHELK ENTERTAINMENT LLC 765 DAVIDS ST MARION OH 43302
ISSUE DATE			
04 19 2021 FILING DATE			
D5 PERMIT CLASSES			
51 TAX DISTRICT	044 RECEIPT NO.	B RECEIPT NO.	

FROM **07/28/2021**

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



Extension Requested

08/05/2021
~~07/28/2021~~

09/07/2021 K.A.
~~08/30/2021~~

MAILED

RESPONSES MUST BE POSTMARKED NO LATER THAN.

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:

Tamara Page

08/19/2021

(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

**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	
04 19 2021 <small>ISSUE DATE</small>		781 DAVIDS ST		
04 19 2021 <small>FILING DATE</small>		MARION OH 43302		
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 **05/05/2021**

<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 **05/05/2021**

RESPONSES MUST BE POSTMARKED NO LATER THAN. **06/07/2021**

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