

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

3591123		NEW	HARDING HARBOR SEAFOOD LLC DBA HARDING HARBOR SEAFOOD 267 W CENTER ST MARION OH 43307
PERMIT NUMBER		TYPE	
ISSUE DATE			
03 23 2020			
FILING DATE			
D5			
PERMIT CLASSES			
51	044	B	C72490
TAX DISTRICT			RECEIPT NO.

FROM 10/05/2020

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



MAILED 10/05/2020

RESPONSES MUST BE POSTMARKED NO LATER THAN. 11/05/2020

**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 3591123**

(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

Commerce Division of Liquor Control : Web Database Search

**OWNERSHIP DISCLOSURE INFORMATION**

This online service will allow you to obtain ownership disclosure information for issued and pending retail liquor permit entities within the State of Ohio.

**Searching Instructions**

Enter the known information and click the "Search" button. For best results, search only ONE criteria at a time. If you try to put too much information and it does not match exactly, the search will return a message "No records to display".

The information is sorted based on the Permit Number in ascending order.

To do another search, click the "Reset" button.

	SEARCH CRITERIA
<b>Permit Number</b>	<input type="text" value="3591123"/>
<b>Permit Name / DBA</b>	<input type="text"/>
<b>Member / Officer Name</b>	<input type="text"/>

**Search      Reset      Main Menu**

Member/Officer Name	Shares/Interest	Office Held
<b>Permit Number:</b> 3591123; <b>Name:</b> HARDING HARBOR SEAFOOD LLC; <b>DBA:</b> DBA HARDING HARBOR SEAFOOD; <b>Address:</b> 267 W CENTER ST MARION 43307		
CHRISTOPHER RENNICK		CEO

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- [Ohio Department of Commerce](#)

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AUTHORITY**

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6606 TUSSING ROAD, P.O. BOX 4005  
REYNOLDSBURG, OHIO 43068-9005  
(614)644-2360 FAX(614)644-3166

TO

<b>6064860</b>		<b>STCK</b>	<b>MI RANCHO GROCERY STORE LLC</b>	
PERMIT NUMBER		TYPE	170 BARKS RD E MARION OH 43302	
ISSUE DATE				
<b>01 07 2020</b>				
FILING DATE				
<b>C1</b>				
PERMIT CLASSES				
<b>51</b>	<b>044</b>	<b>B</b>	<b>F24165</b>	
TAX DISTRICT			RECEIPT NO.	

FROM **10/09/2020**

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



MAILED **10/09/2020**

RESPONSES MUST BE POSTMARKED NO LATER THAN. **11/09/2020**

**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 6064860**

(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.

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**MARION OHIO 43302**

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	SEARCH CRITERIA
<b>Permit Number</b>	<input type="text" value="6064860"/>
<b>Permit Name / DBA</b>	<input type="text"/>
<b>Member / Officer Name</b>	<input type="text"/>

[Search](#)[Reset](#)[Main Menu](#)

Member/Officer Name	Shares/Interest	Office Held
<b>Permit Number:</b> 6064860; <b>Name:</b> MI RANCHO GROCERY STORE LLC; <b>DBA:</b> ; <b>Address:</b> 170 BARKS RD E MARION 43302		
ESTHER DIAZ	MANAGE MEM	CEO

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**Limited Liability Company (LLC) Disclosure Form**

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

Name of Limited Liability Company: Mi Rancho Grocery Store LLC	DBA Name:		
Permit Premises Address:	City:	State:	Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN): 46-4412555		
Email Address: Lopezsanchez338Fa@gmail.com			

**Limited Liability Company ("LLC")** - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or more membership or voting interest.

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the 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 Limited Liability Company.

NAME OF OFFICER: (if an office is NOT held, please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO None		
President None		
Vice-President None		
Secretary None		
Treasurer/CFO None		

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

SECTION C. List the managing members and all persons with a 5% or more membership or voting interest in the LLC.			Total # of Units Issued by LLC: <u>2</u>
			INTEREST: <u>50</u>
1) Name Alfredo Sanchez Gustavo Lopez	Social Security No. <u>000 000 123</u>	<b>Check All That Apply</b>	
Residence Address	Tax Identification No.	<input checked="" type="checkbox"/> Membership Interest <u>50</u> %	
City State	Telephone No.	<input checked="" type="checkbox"/> Managing Member	
Zipcode	Birthdate	<input checked="" type="checkbox"/> 5% or more Voting Interest <u>50</u> %	
2) Name Floridalma Cabrera Lopez	Social Security No.	<b>Check All That Apply</b>	
Residence Address	Tax Identification No.	<input checked="" type="checkbox"/> Membership Interest <u>50</u> %	
City State	Telephone No.	<input checked="" type="checkbox"/> Managing Member	
Zipcode	Birthdate <u>12/10/1990</u>	<input checked="" type="checkbox"/> 5% or more Voting Interest <u>50</u> %	

See Page 2 to list additional members. Individuals listed in both Sections B and C must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at [https://www.com.ohio.gov/documents/liqr\\_FingerPrint.pdf](https://www.com.ohio.gov/documents/liqr_FingerPrint.pdf).

**CERTIFICATION OF FORM:**  
By signing below, I certify that I have authority to execute this document and the information provided is true, correct and complete to the best of my knowledge and belief.

/s/ Alfredo Sanchez Lopez Managing Member 09/16/2020  
(eSignature / Electronic Signature) (Position) (Date)  
\_\_\_\_\_  
(Address) (City) (State) (Zip Code) (Telephone Number)