

OHIO DEPARTMENT OF COMMERCE-DIVISION OF LIQUOR CONTROL

6606 Tussing Road, P.O. Box 4005,
Reynoldsburg, Ohio 43068-9005 Ph (614) 644-2360

INSTITUTION NOTICE FOR LIQUOR PERMIT

Name of Institution To:	Type of Application Re: <i>New DL, DS</i>
<i>Galion City Schools</i>	Application Number <i>2455473</i>
<i>472 Portland Way North</i>	Applicant Name <i>Eighteen O Three Taproom Inc</i>
<i>Galion, Ohio 44833</i>	DBA: <i>—</i>
	Address: <i>757 Carter Dr</i>
	Address: <i>Galion, Ohio 44833</i>

Dear Institution Representative:

Approximate Distance 400' Feet

A liquor permit has been applied for at the above captioned location. The Division of Liquor Control is required to notify any church, school, library, public playground, or township park that is located within 500 feet of a proposed permit premises. Your institution, as well as the local legislative authority, is being given the opportunity to object to the issuance of this permit. This is your opportunity to object to the above referenced permit application.

Please complete and return this form no later than 30 days from the date of this notice. Include the name, title, address and telephone number of the representative of the institution who is to attend the hearing. If an objection is filed and a hearing is scheduled, your representative should appear and testify in support of the objection. Otherwise the objection will be overruled. Objections based solely upon philosophical opposition to alcohol consumption are not sufficient grounds for sustaining an objection. You may wish to retain legal counsel to represent your interests, as the hearing is a legal proceeding.

PLEASE CHECK THE APPLICABLE BOX AND RETURN THIS FORM WITHIN 30 DAYS

- ☐ We do not object to this Permit.
- ☐ We request the Division of Liquor Control document our objection to the issuance of this permit but we do not request a hearing. In choosing this option I understand that it is only an objection for the record and will not adversely impact the issuance of this permit.
- ☐ We object and request a hearing on the advisability of issuing this permit. Please hold the hearing in Columbus.
- ☐ We object and request a hearing on the advisability of issuing this permit. Please hold the hearing in the county seat of the premises.

(Signature of Authority in Control of Institution)	(Telephone Number)	(Date)
(Name, Title of Person to Attend Hearing)	(Address)	

CERTIFICATE OF SERVICE

The above notice was served to		<i>Somers above</i>	
(Name)		(Address)	
<i>419-468-6500</i>		<i>2/18/15</i>	
(Telephone)		(Date)	
by			
<input type="checkbox"/> CERTIFIED MAIL, RETURN RECEIPT REQUESTED or <input checked="" type="checkbox"/> PERSONAL SERVICE or <input type="checkbox"/> STOREFRONT			
(Signature and Title of Recipient)		(Compliance Officer, Unit #, Date)	
<i>* Mark J. Stefanik - Supt.</i>		<i>Rodney W. Isaacson Unit #136</i>	
(Print Name and Title of Recipient)			
<i>* Mark J. Stefanik, Supt.</i>		CERTIFIED MAIL #	