

**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

72469720085 <small>PERMIT NUMBER</small>		STCK <small>TYPE</small>	RED LOBSTER HOSPITALITY LLC DBA RED LOBSTER #553 1515 RIVER VALLEY CIR N LANCASTER OHIO 43130
01 17 2024 <small>ISSUE DATE</small>			
D5 D6 <small>FILING DATE</small>			
23	066	B	F32580
<small>TAX DISTRICT</small>		<small>RECEIPT NO.</small>	

FROM 12/13/2024

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



MAILED 12/13<sup>31</sup>/2024 *mg*

RESPONSES MUST BE POSTMARKED NO LATER THAN.

01/13<sup>31</sup>/2025 *mg*

**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 7246972-0085**

(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 LANCASTER CITY COUNCIL**  
104 EAST MAIN STREET  
ROOM 102  
LANCASTER OHIO 43130

**SECTION A – Issued Permit Holder Information**

*Issued Permit Holder's Business Name as listed on the issued permit: <b>Red Lobster Hospitality LLC</b>		*Issued Permit Holder #: <b>724697200 85</b>	
*Permit Premises Address: <b>1515 RIVER VALLEY CIR N</b>		*Is Permit Holder an Agency Store? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, what is the assigned agency # _____	
*Town (if premises is outside city limits):	*City: <b>LANCASTER</b>	*Zip Code: <b>43130</b>	*County: <b>FAIRFIELD</b>
*Contact Name: <b>Joyce Leonardi</b>		*Who will be the Primary Contact for this Application: <input checked="" type="checkbox"/> Contact Listed <input type="checkbox"/> Attorney Listed Below	
Phone: <b>(407) 734-9652</b>		*Business Phone: <b>(407) 734-9652</b>	
*Primary Contact's Email Address: R L L i c e n s i n g @ r e d l o b s t e r . c o m			
*Attorney Information (if applicable)		Name: Joseph Berkebile	
Address: 317 E Carson Street, Suite 333	City: Pittsburgh	State: PA	Zip Code: 15219
Attorney Email Address:		Phone #: (412) 535-5105	
j o s e p h @ f l a h e r t y - o h a r a . c o m			

**SECTION B – LLC Ownership Description**

1. \* List the **CURRENT 5% or more** owners in the issued permit as currently disclosed to us – Not sure who/what we have on record? Go to [com.ohio.gov/liquorinfo](http://com.ohio.gov/liquorinfo) (select "who has a disclosed ownership interest in a particular liquor permit" tab and enter the permit number listed on your issued permit).

	Person or Company Name	Membership Units	
		# Held	% Held
1	Red Lobster Management LLC	100	100
2			
3			
4			

2. \* List the **NEW/REVISED 5% or more** owners as they should be listed in the issued permit **AFTER** the change. (Note, depending on your proposed change it's possible that some individuals might be listed above and below.) Any real persons **MUST** be at least 21 years of age. In addition to filling out the below information, please submit an updated **LLC Membership Disclosure Form** (OR [com.ohio.gov/requiredforms](http://com.ohio.gov/requiredforms) - select form "Limited Liability Disclosure" form) that matches the "NEW/REVISED" information below.

	Person or Company Name	Membership Units	
		# Held	% Held
1	RL Investor Investor Holdings LLC	100	100
2			
3			
4			