

NOTICE TO LEGISLATIVE
AUTHORITY

OHIO DIVISION OF LIQUOR CONTROL
5606 TUSSING ROAD
P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005

TO

90134550005 <small>PERMANENT NUMBER</small>		TRFO <small>TYPE</small>	TOWN & COUNTRY STORES LLC 315 SR140 PORTSMOUTH OHIO 45662	
02	01	2005 <small>ISSUE DATE</small>		
11	16	2005 <small>FILING DATE</small>		
C1		C2 <small>PERMIT CLASSES</small>		
73	033	B	F92163 <small>RECEIPT NO.</small>	

RECEIVED

NOV 22 2005

CITY CLERK'S OFFICE

FROM 11/18/2005

4290887 <small>PERMANENT NUMBER</small>			JJS 140 CONVENIENT MART LLC DBA JJS 315 SR140 PORTSMOUTH OHIO 45662	
02	01	2005 <small>ISSUE DATE</small>		
11	16	2005 <small>FILING DATE</small>		
C1		C2 <small>PERMIT CLASSES</small>		
73	033			



MAILED 11/18/2005

RESPONSES MUST BE POSTMARKED NO LATER THAN.

12/19/2005

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 TRFO 9013455-0005

(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

Clerk of Township Trustees

CLERK OF MUNICIPAL COUNCIL
CITY HALL
PORTSMOUTH OHIO 45662

FOR OFFICE USE ONLY	
NEW	<u>TRANSFER</u>
PERMIT#	10134550005

LIMITED LIABILITY COMPANY DISCLOSURE FORM

Section A (This form must accompany all applications of an LLC business entity)

Name of Limited Liability Company <u>Town & Country Stores, LLC</u>	DBA Name	
Permit Premises Address <u>315 SR 140</u>	City, State <u>Portsmouth, OH</u>	Zip Code <u>45662</u>
Township, if in Unincorporated Area	Tax Identification No. (TIN) <u>42-1625886</u>	

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or greater membership or voting interest, and attach a copy of the Articles of Organization filed with the Ohio Secretary of State.

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.

SECTION B. List the top five (5) officers of the captioned business. If an office is NOT held, please indicate by writing NONE.

EACH OFFICER LISTED BELOW MUST SUBMIT A CIVILIAN IDENTIFICATION CARD & PERSONAL HISTORY BACKGROUND FORM

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO <u>None</u>		
2) President <u>None</u>		
3) Vice-President <u>None</u>		
4) Secretary <u>None</u>		
5) Treasurer <u>None</u>		

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

ALL INDIVIDUALS LISTED BELOW MUST SUBMIT A CIVILIAN IDENTIFICATION CARD & PERSONAL HISTORY BACKGROUND FORM

1) Name <u>Robert E. Rutman</u>	Social Security No. (if individual) <u>[REDACTED]</u>	Sole <input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address <u>321 Oakwood</u>	Tax Identification No. (if applicable)	
City and State <u>West Portsmouth, OH</u>	Zip Code <u>45663</u>	
Telephone No. <u>740-858-4645</u>	Date of Birth <u>3-16-55</u>	
2) Name	Social Security No. (if individual)	<input type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	

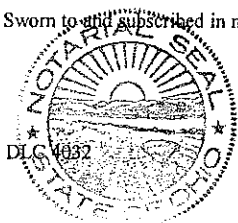
(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Scioto COUNTYss,

I, Robert E. Rutman being first duly sworn, according to law, deposes and says that he/she is (Title) Sole Member of the Town & Country Stores, LLC a business duly authorized by law to do business in the State of Ohio, and that the statements made in the forgoing affidavit are true.

(Signature) X [Signature] (Print Name and Title) Robert E. Rutman, Sole Member

Sworn to and subscribed in my presence this 4th day of November, 2005



STEPHEN L. OLIVER, ATTORNEY AT LAW
 Notary Public, State of Ohio
 My Commission Expires 12/31/06

[Signature]
 (Notary Public) (Notary Expiration)

OHIO DIV. LIQUOR CONTROL LICENSING SCAN RM.1-B

2005 NOV 16 AM 10:22