

RESOLUTION #09-0908-12

Requesting "no hearing" in relation to a liquor license renewal for One Powell Sports Pub

WHEREAS, Liberty Township has received notice from the State of Ohio and Delaware County Commissioners regarding the interest of One Powell Sports Pub to renew their liquor license for their property, and

WHEREAS, there is no need to unnecessarily delay the administrative processes in light of the quality management of the establishment and lack of community problems related to their ability to regulate their clients activities, and


NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY, OHIO that the Trustees direct the Township Fiscal Officer to respond to the County and State of Ohio with a position of "no hearing requested" to assist One Powell Sports Pub in attaining their desired outcome in this process in a timely manner.

This Resolution shall be in force and become effective immediately upon its execution.


Motion made by Mann and seconded by Sybert.

Vote: yes Ms. Guzzo yes Mr. Mann yes Mr. Sybert


9-8-09
Date


Robert Mann, Trustee


Curtis J. Sybert, Trustee


Peggy Guzzo, Trustee

CERTIFIED BY:


Mark S. Gerber, Fiscal Officer

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)644-3186

TO

6555573 <small>PERMIT NUMBER</small>			TRFO <small>TYPE</small>	ONE POWELL SPORTS PUB LLC DBA NORTH POINTE TAVERN 9999 SAWMILL PKWY LIBERTY TWP POWELL OHIO 43065
02	01	2008 <small>ISSUE DATE</small>		
08	28	2009 <small>FILING DATE</small>		
D1	D2	D3	D3A	
21 <small>TAX DISTRICT</small>	928	B	F01350 <small>RECEIPT NO.</small>	

FROM 09/01/2009

99630500010 <small>PERMIT NUMBER</small>				ZOSO INC 9999 SAWMILL PKWY LIBERTY TWP POWELL OHIO 43065
02	01	2008 <small>ISSUE DATE</small>		
08	28	2009 <small>FILING DATE</small>		
D1	D2	D3	D3A	
21 <small>TAX DISTRICT</small>	928			<small>RECEIPT NO.</small>



MAILED 09/01/2009

RESPONSES MUST BE POSTMARKED NO LATER THAN. 10/02/2009

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 6555573**

(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:

Mark S. Fisher

(Signature)

(Title) - Clerk of County Commissioner

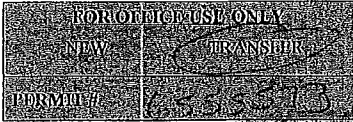
Clerk of City Council

Township Fiscal Officer

9/16/09

(Date)

LIBERTY TOWNSHIP TRUSTEES
ATTENTION TOWNSHIP FISCAL OFFICER
10104 BREWSTER LN SUITE 125
POWELL OHIO 43065



OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
 Telephone: (614) 644-2431 - http://www.com.ohio.gov/liqr

LIMITED LIABILITY COMPANY DISCLOSURE FORM

SECTION A.

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

Name of Limited Liability Company One Powell Sports Pub LLC	DBA Name CROWN Sports Pub	
Permit Premises Address 9999 Sawmill Parkway	City, State Powell Ohio	Zip Code 43065
Township, if in Unincorporated Area Liberty	Tax Identification No. (TIN)	

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 HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO <i>None</i>		
2) President <i>AL Coughlin Jr</i>		<i>3-7-61</i>
3) Vice-President <i>Bradley K Rucker</i>		<i>6-9-72</i>
4) Secretary <i>Debbie Coughlin</i>		<i>2-10-59</i>
5) Treasurer <i>None</i>		

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

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

1) Name <i>AL Coughlin Jr</i>	Social Security No. (if i...)	<input checked="" type="checkbox"/> Managing Member <input type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address <i>8163 Camden Lakes Blvd</i>	Tax Identification No. (if applicable)	
City and State <i>Publin Ohio 43016</i>	Zip Code <i>43016</i>	
Telephone No. <i>614-402-1275</i>	Date of Birth <i>3-7-61</i>	
2) Name <i>Bradley K Rucker</i>	So	<input type="checkbox"/> Managing Member <input checked="" type="checkbox"/> 5% or greater voting interest <input type="checkbox"/> 5% or greater membership interest
Residence Address <i>4352 B.G Bear Avenue</i>	Tax Identification No. (if applicable)	
City and State <i>Powell Ohio</i>	Zip Code <i>43065</i>	
Telephone No. <i>614-989-2984</i>	Date of Birth <i>6-9-72</i>	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Delaware COUNTY ss,

I, AL Coughlin Jr being first duly sworn, according to law, deposes and says that he/she is (Title) Managing member of the One Powell Sports Pub LLC a business duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) A.L. Coughlin Jr (Print Name and Title) AL Coughlin Jr

Sworn to and subscribed in my presence this 29th day of August, 2009



GARY DILDINE
 Notary Public, State of Ohio
 My Commission Expires 04-26-2011

(Notary Public) [Signature] (Notary Expiration)

Note: If you answered Question 1 "YES", do not complete this section

DLC 4030 (OFFICER / SHAREHOLDERS DISCLOSURE FORM)

SECTION D.

(CONTINUED)

List Stockholders holding 5% or more outstanding shares. If none, please indicate by writing "NONE".

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

3) Stockholder's Name	Debbie Coughlin	Social Security No. (if Indi.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	8163 Campden Lakes Blvd	Tax Identification No. (if applicable)	
City and State	Dublin Ohio	Zip Code	
Telephone No.	614-374-1448	Date of Birth	
4) Stockholder's Name		Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)	
City and State		Zip Code	
Telephone No.		Date of Birth	
5) Stockholder's Name		Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)	
City and State		Zip Code	
Telephone No.		Date of Birth	
6) Stockholder's Name		Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)	
City and State		Zip Code	
Telephone No.		Date of Birth	
7) Stockholder's Name		Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)	
City and State		Zip Code	
Telephone No.		Date of Birth	
8) Stockholder's Name		Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)	
City and State		Zip Code	
Telephone No.		Date of Birth	
9) Stockholder's Name		Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)	
City and State		Zip Code	
Telephone No.		Date of Birth	
10) Stockholder's Name		Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address		Tax Identification No. (if applicable)	
City and State		Zip Code	
Telephone No.		Date of Birth	