

RESOLUTION #09-1019-07

Requesting "no hearing" in relation to a new liquor license for Walgreen Co. dba Walgreens

WHEREAS, Liberty Township has received notice from the State of Ohio and Delaware County Commissioners regarding the interest of Walgreen Co. dba Walgreens in obtaining a new liquor license for their property in Liberty Township, 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 Walgreen Co. dba Walgreens 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 Sybert and seconded by Mann.

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

10-19-09
Date

Robert Mann
Robert Mann, Trustee

Curtis J. Sybert
Curtis J. Sybert, Trustee

Peggy Guzzo
Peggy Guzzo, Trustee

CERTIFIED BY:

Mark S. Gerber
Mark S. Gerber, Fiscal Officer

Delaware County Commissioners

Todd Hanks
Tommy Thompson
Ken O'Brien



County Administrator
David Cannon

Clerk to the Commissioners
Letha George

October 9, 2009

Mark Gerber
Liberty Township Fiscal Officer
10104 Brewster Lane
Suite 125
Powell, Ohio 43035

Dear Mr. Gerber:

On September 18, 2009, the Delaware County Commissioners received the attached liquor license request.

The Commissioners' policy is to support the township in hearing requests.

The Liberty Township Trustees

Request a Hearing

Do not request a Hearing

Please indicate the preference of the trustees and return this document by October 16, 2009. Our Fax Number is 740-833-2099.

If the Commissioners do not receive a preference from the Township, it will be considered a do not request a Hearing Response.

Thank you for addressing this matter.

Sincerely,

Jennifer Walraven
Assistant Clerk to the Commissioners

New Liquor License Request in Liberty Township

On October 19, 2009 at 9:00 AM The Delaware County Commissioners will address a New Liquor License Request for Walgreens Co. DBA Walgreens 11145 Located at 9669 Sawmill PKWY Liberty Township Powell, Ohio 43065.

All interested parties are encouraged to attend.

Jennifer Walraven
Assistant Clerk to the Board of Commissioners

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

935794111145 PERMIT NUMBER		NEW TYPE	WALGREEN CO DBA WALGREENS 11145 9669 SAWMILL PKWY LIBERTY TWP POWELL OH 43065	
ISSUE DATE				
09 15 2009				
FILING DATE				
C1 C2 PERMIT CLASSES				
21 TAX DISTRICT	928	B	Y80573 RECEIPT NO.	

FROM 09/18/2009

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

2009 SEP 17 AM 9:43
 RECEIVED
 DELAWARE COUNTY



MAILED 09/18/2009

RESPONSES MUST BE POSTMARKED NO LATER THAN. 10/19/2009

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 NEW 9357941-11145

(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 C Seiber

10/22/09

(Signature)

(Title) Clerk of County Commissioner

(Date)

Clerk of City Council

Township Fiscal Officer

CLERK OF DELAWARE COUNTY COMMISSIONERS
101 N SANDUSKY
DELAWARE OHIO 43015

FOR OFFICE USE ONLY	
NEW	TRANSFER
PERMIT #	

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.liquorcontrol.ohio.gov
OFFICER/ SHAREHOLDERS DISCLOSURE FORM

SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation WALGREEN CO.	DBA Name Walgreens #12008
Permit Premises Address 1101 Hill Rd. N	City, State Pickerington, OH Zip Code 43147
Township, if in Unincorporated Area	Tax Identification No. (TIN) 36-1924025

SECTION B.

1. Is stock publicly traded?
 If "YES", indicate exchange NYSE & Do NOT complete SECTION D. YES NO

2. Does any stockholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total Number of shares issued 1,025,400,000

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 enforcement action, or collect taxes.

SECTION C. List the top five (5) officers of the captioned corporation. If an office is NOT held 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

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO Gregory Wasson	[REDACTED]	10/19/1958
2) President **same as CEO		
3) Vice-President Mark Wagner	[REDACTED]	10/22/1961
4) Secretary Dana Green	[REDACTED]	12/14/1949
5) Treasurer John Spina	[REDACTED]	02/02/1959

SECTION D. Stockholders holding 5% or more outstanding shares. Note: If you answered Question 1 YES, do not complete this section

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. If none, please indicate by writing "NONE".

1) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
NONE		
Residence Address	Tax Identification No. (if applicable)	
City and State	Zip Code	
Telephone No.	Date of Birth	
2) 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	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

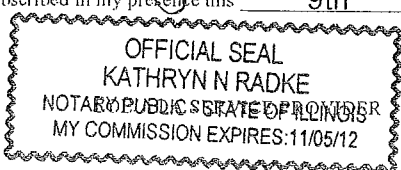
STATE OF Illinois Lake COUNTYss

I, Margarita Kellen being first duly sworn, according to law, deposes and says that he/she is (Title) Asst. Secretary of the WALGREEN CO., a corporation duly authorized by law to do business in the State of Ohio, and that the

statements made in the foregoing affidavit are true.

(Signature) Margarita Kellen (Print Name and Corporate Title) Margarita Kellen, Asst. Secretary

Sworn to and subscribed in my presence this 9th day of September 2009



Kathryn Radke
 (Notary Public) (Notary Expiration)

OHIO DIV. LIQUOR CONTROL
 LICENSING SECTION
 2009 SEP 10 PM 3:09