

**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

98367120001		TRFL	YOON MI & COMPANY INC	
PERMIT NUMBER		TYPE	DBA CHRISTINES GARDEN	
02	01	2015		
ISSUE DATE				
01	13	2016		
FILING DATE				
C2				
PERMIT CLASSES				
25	011	B	F15370	
TAX DISTRICT			RECEIPT NO.	

FROM 02/02/2016

9836712			YOON MI & COMPANY INC	
PERMIT NUMBER		TYPE	DBA CHRISTINES GARDEN	
02	01	2015		
ISSUE DATE				
01	13	2016		
FILING DATE				
C2				
PERMIT CLASSES				
25	044			
TAX DISTRICT			RECEIPT NO.	



MAILED 02/02/2016

RESPONSES MUST BE POSTMARKED NO LATER THAN. 03/04/2016

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 TRFL 9836712-0001

(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 BEXLEY CITY COUNCIL
2242 EAST MAIN STREET
BEXLEY OHIO 43209**

FOR OFFICE USE ONLY

NEW TRANSFER REN

PERMIT # 9836712-001

OHIO DEPARTMENT OF COMMERCE
DIVISION OF LIQUOR CONTROL
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
 Telephone: (614) 644-2360 http://www.com.ohio.gov/liqr



OFFICER/ SHAREHOLDERS DISCLOSURE FORM

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

Name of Corporation <u>Yoon mi & Company, inc.</u>	DBA Name <u>Christine Y. Spangle</u>
Permit Premises Address <u>2733 E MAIN ST.</u>	City, State <u>COLUMBUS, OH</u> Zip Code <u>43209</u>
Township, if in Unincorporated Area	Tax Identification No (TIN) <u>25-285485</u>
Email Address <u>yoommiandcompany@sbcglobal.net</u>	

SECTION B.

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

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

3. Total Number of shares issued 100

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 BC&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DL4191

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CFO <u>none</u>		
2) President <u>Christine Y. Spangle</u>		
3) Vice-President <u>none</u>		
4) Secretary <u>Richard A. Spangle</u>		
5) Treasurer <u>none</u>		

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 BC&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DL4191. If none, please indicate by writing "NONE".

1) Stockholder's Name <u>Christine Y. Spangle</u>	Social Security No (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE) <u>60</u>
Residence Address	Tax Identification No (if applicable) <u>none</u>	
City and State	Telephone No.	
Zip Code	Date of Birth	
2) Stockholder's Name <u>Richard A. Spangle</u>	Social Security No (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE) <u>40</u>
Residence Address	Tax Identification No (if applicable) <u>none</u>	
City and State	Telephone No.	
Zip Code	Date of Birth	

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

STATE OF OHIO, COUNTYss _____

I, _____ being first duly sworn, according to law, deposes and says that he/she is (Title) _____ of the _____, 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) _____ (Print Name and Corporate Title) _____

Sworn to and subscribed in my presence this _____ day of _____

(Notary Public) _____ (Notary Expiration) _____