

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

0084777		STCK		AK MARUTI FOOD INC	
PERMIT NUMBER		TYPE		303 S MAIN ST	
ISSUE DATE				CELINA OH 45822	
05 18 2020					
FILING DATE					
C1 C2 D6					
PERMIT CLASSES					
54	022	A	C69688		
TAX DISTRICT			RECEIPT NO.		

FROM 11/27/2020



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



MAILED 11/27/2020

RESPONSES MUST BE POSTMARKED NO LATER THAN. 12/28/2020

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 **A STCK 0084777**

(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 CELINA CITY COUNCIL
225 N MAIN ST
CELINA OHIO 45822



Department
of Commerce
Division of Liquor Control

FOR OFFICE USE ONLY:

Permit #
☒ New ☐ Transfer ☐ Ren

OH. DIV. OF LIQUOR CONTROL
FRONT DESK

Officer/Shareholder Disclosure Form

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

2021 JAN -2 PM 1:21

Name of Corporation: AK MARUTI FOOD INC	DBA Name:
Permit Premises Address:	City: State: Zip Code:
Township, if outside city limits:	Tax Identification No. (TIN):
Email Address:	

SECTION B.

1. Is stock publicly traded? ☐ YES ☒ NO
If YES, indicate exchange _____ and do NOT complete Section D.

2. Does any shareholder 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 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 corporation.

NAME OF OFFICER: (if an office is NOT held please write "NONE")	SOCIAL SECURITY NUMBER	DATE OF BIRTH
CEO NONE		
President NIMESH PATEL		
Vice-President DIMPAL PATEL		
Secretary NONE		
Treasurer/CFONONE		

SECTION D. Shareholders holding 5% or more of outstanding shares. If you answered question 1 YES in Section B, do not complete

1) Name NIMESH PATEL	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	50
City State	Telephone No.	
Zip Code	Date of Birth	
2) Name DIMPAL PATEL	Social Security No.	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address	Tax Identification No.	50
City Brookville Stat	Telephone No.	
Zip Code	Date of Birth	

See Page 2 to list additional shareholders. Individuals listed in both Sections C and D must have a background check performed by BCI and submit a Personal History Background Form. The Background check process can be found at www.com.ohio.gov/documents/liqr_FingerPrint.pdf.

CERTIFICATION OF FORM:

By signing below, I certify that I have authority to execute this document and the information provided is true, correct and complete to the best of my knowledge and belief.

Is/ DIMPAL PATEL Vice President 11-6-2019
(eSignature - Electronic Signature) (Position) (Date)

(Address) (City) (State) (Zip Code) (Telephone Number)