



LEGISLATIVE COVER MEMO

Meeting Date: July 7, 2025

Agenda Item: Liquor License Transfer Application

Submitted by: Adam Colon, Chief of Police

Scope/Description: Pilot Travel Centers LLC, DBA Pilot Travel Center 009 is requesting a C2 and C2X Liquor License stock transfer. There is no real change in ownership. There were internal changes with Pilot Travel Centers LLC and this is required based on those internal ownership changes. C2 allows wine and mixed beverages in sealed containers for carryout. C2X allows beer in original sealed containers for carryout.

Budget Impact: None.

Recommendation: Staff has no objections to this transfer application and does not request a hearing be requested.

If Council has no objections, no action is needed. If Council has an objection and would like to request the Division of Liquor Control hold a hearing on the transfer application, a motion to request a hearing is recommended.

NOTICE TO LEGISLATIVE
AUTHORITY

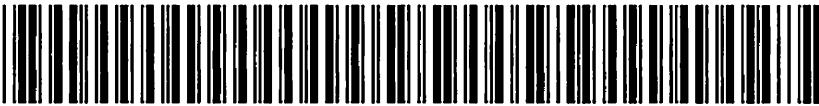
OHIO DIVISION OF LIQUOR CONTROL
6606 TUSSING ROAD, P.O. BOX 4005
REYNOLDSBURG, OHIO 43068-9005
(614)644-2360 FAX(614)644-3166

TO

69282280020 PERMIT NUMBER		STCK TYPE	PILOT TRAVEL CENTERS LLC DBA PILOT TRAVEL CENTER 009 6830 FRANKLIN LEBANON RD SR123 FRANKLIN OHIO 45005
ISSUE DATE			
04 18 2024 FILING DATE			
C2 C2X PERMIT CLASSES			
83 TAX DISTRICT	044 A RECEIPT NO.	F33404	

FROM 05/23/2025

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



MAILED

4/25/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN.

7/24/2025

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 6928228-0020

(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 FRANKLIN CITY COUNCIL
1 BENJAMIN FRANKLIN WAY
FRANKLIN OHIO 45005

SECTION A – Issued Permit Holder Information

*Issued Permit Holder's Business Name as listed on the issued permit: Pilot Travel Center #597		*Issued Permit Holder #: 6928228-	
*Permit Premises Address: 1111 East Main		*Is Permit Holder an Agency Store? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, what is the assigned agency # _____	
*Township (if premises is outside city limits):	*City: Chillicothe	*Zip Code: 45601	*County: Ross
*Contact Name: Adrienne Flowers		*Who will be the Primary Contact for this Application: <input checked="" type="checkbox"/> Contact Listed <input type="checkbox"/> Attorney Listed Below	
Phone:		*Business Phone: (865) 588-7488	
*Primary Contact's Email Address: l i c e n s i n g @ p i l o t t r a v e l c e n t e r s . c o m			
*Attorney Information (if applicable)		Name:	
Address:	City:	State:	Zip Code:
Phone #:			
Attorney Email Address:			

SECTION B – LLC Ownership Description

1. * List the **CURRENT 5% or more** owners in the issued permit as currently disclosed to us – Not sure who/what we have on record? Go to com.ohio.gov/liquorinfo (select "who has a disclosed ownership interest in a particular liquor permit" tab and enter the permit number listed on your issued permit).

	Person or Company Name	Membership Units	
		# Held	% Held
1	National Indemnity Company		80
2	Pilot Corporation		20
3			
4			

2. * List the **NEW/REVISED 5% or more** owners as they should be listed in the issued permit **AFTER** the change. (Note, depending on your proposed change it's possible that some individuals might be listed above and below.) Any real persons **MUST** be at least 21 years of age. In addition to filling out the below information, please submit an updated **LLC Membership Disclosure Form** (OR com.ohio.gov/requiredforms - select form "Limited Liability Disclosure" form) that matches the "NEW/REVISED" information below.

	Person or Company Name	Membership Units	
		# Held	% Held
1	National Indemnity Company		99
2			
3			
4			



Department of Commerce

Division of Liquor Control

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

2025 JAN 24 PM 2:25

Division Use Only:

Permit # _____

☐ New ☐ Transfer ☐ Renewal

Limited Liability Company (LLC) Disclosure Form

(This form must be submitted when an LLC is the applicant/permit holder)

Ohio Revised Code 4303.293

Limited Liability Companies wanting to obtain a liquor permit are required to disclose member/voting interest and management information to the Division. "" Indicates a required field.

In Sections B and D below, if a company owns or has a voting interest of 5% or more, a separate LLC Disclosure Form is required for each company. For example, assume the liquor permit applicant is XYZ, LLC. Further assume that on XYZ, LLC's entity disclosure form it lists ABC, Inc. as having either membership or voting interests in Sections B or D, respectively. In that case, another disclosure form also needs submitted on behalf of ABC, Inc. listing who/what owns ABC, Inc.

SECTION A - LLC Information						
* Business Entity Name as registered with the Secretary of State: Pilot Travel Centers LLC				DBA (Doing Business As): Flying J Travel Center #697		
* Permit Premises Address: 2226 North Main Street			* Charter # on File with Ohio Secretary of State: 1226958		* Tax ID: [REDACTED]	
* City or Township (if premises is outside city limits): Hubbard		* State: OH	* Zip Code: 44425		* Total Membership Units Issued: 100%	
* Email Address: l i c e n s i n g @ p i l o t t r a v e l c e n t e r s . c o m						
* SECTION B - Ownership in LLC - List individual(s)/company(ies) owning 5% or more of the LLC: <ul style="list-style-type: none">The % of "Membership Units Held" must total 100% (include the percentage of those that own less than 5% of the LLC in your calculation)If more space is needed, provide an additional sheet.Mailing address cannot be the permit premises.						
Person/Company Name	Mailing Address, City, State, Zip Code OR Email Address	Tax ID or SSN	Birthdate	Phone #	Membership Units	
					# Held	% Held
National 1) Indemnity Company	1314 Douglas Street, Suite 1400 Omaha, NE 68102	[REDACTED]	[REDACTED]	(866) 720-7861		99
BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A						
Berkshire Hathaway 2) Life Insurance Company of Nebraska	1314 Douglas Street, Suite 1400 Omaha, NE 68102	[REDACTED]	[REDACTED]	(402) 916-3000		1
BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A						
3)						
BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A						
4)						
BCI background check done? Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/A						
If the above listed percentages do not equal 100%, are there other people/companies that individually or in combination own less than 5% of the LLC? <input type="checkbox"/> YES - there are other persons/companies that own less than 5% <input type="checkbox"/> N/A - all persons/companies own at least 5%						