



## LEGISLATIVE COVER MEMO

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**Meeting Date:** October 20, 2025

**Agenda Item:** Liquor License Application

**Submitted by:** Adam Colon, Chief of Police

**Scope/Description:** CWM Real Estate LLC, located at 1155 E 2<sup>nd</sup> Street, is requesting Transfers of Ownership at same location (TRFO) of their C-1 and C-2 Liquor License Permit from SLS Enterprises INC.  
C-1 allows for beer only in original sealed container for carry out only.  
C-2 allows for wine and mixed beverages in sealed containers for carry out.

**Budget Impact:** None.

**Recommendation:** Staff has no objections to this 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

10004519-1 PERMIT NUMBER		TRFO TYPE	TO
ISSUE DATE			CWM REAL ESTATE LLC 1155 E 2ND ST 1155 E 2ND ST FRANKLIN OH 45005  Muni/Village/Twp: Franklin
7/21/2025 FILING DATE			
C-2 C-1 PERMIT CLASSES			
83044 TAX DISTRICT	JUN	RECEIPT NO	
FROM 9/24/2025			
08244740-1 PERMIT NUMBER		TYPE	SLS ENTERPRISES INC 1155 E 2ND ST FRANKLIN OH 45005  Muni/Village/Twp: Franklin
ISSUE DATE			
FILING DATE			
PERMIT CLASSES			
83044 TAX DISTRICT	JUN	RECEIPT NO	

MAILED

10/01/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN

11/01/2025

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: JUN TRFO 10004519-1

(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

(Printed Name)

(Email Address)

(Telephone No.)

CLERK OF FRANKLIN CITY COUNCIL  
1 BENJAMIN FRANKLIN WAY  
FRANKLIN OH 45005