



LEGISLATIVE COVER MEMO

Meeting Date: March 16, 2026

Agenda Item: Liquor License Application

Submitted by: Adam Colon, Chief of Police

Scope/Description: Main Street Tavern is requesting a new D-5J Liquor Permit. The D-5J Permit shall be issued only within a community entertainment district and may be issued to the owner or the operator of a retail food establishment to sell beer and intoxicating liquor at retail.

If granted, the business will be instructed by the Division of Liquor Control to cancel their current D2, D3, and D3-A permits.

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.



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

NOTICE TO LEGISLATIVE AUTHORITY

TO

Form with fields: PERMIT NUMBER (05439045-2), TYPE (NEW), MAIN STREET TAVERN OF FRANKLIN, 331 S Main, 40 Clearview In, Franklin OH 45005, Muni/Village/Twp: Franklin, FILING DATE: 3/3/2026, PERMIT CLASSES: D-5J, TAX DISTRICT (83044), JUN, RECEIPT NO.

FROM 3/4/2026

Form with fields: PERMIT NUMBER, TYPE, ISSUE DATE, FILING DATE, PERMIT CLASSES, TAX DISTRICT, RECEIPT NO.

MAILED 3/4/2026

RESPONSES MUST BE POSTMARKED NO LATER THAN 04/04/2026

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 NEW 05439045-2 (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:

Form with fields: (Signature), (Title) - [] Clerk of City Council [] Township Fiscal Officer, (Date), (Printed Name), (Email Address), (Telephone No.)