

**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

84189940725 <small>PERMIT NUMBER</small>		STCK <small>TYPE</small>	SPEEDWAY LLC DBA SPEEDWAY #3060 31000 VINE ST WILLOWICK OHIO 44095	
09 03 2021 <small>ISSUE DATE</small>				
C1 C2 D6 <small>FILING DATE</small>				
43	187	C	F26157 <small>PERMIT CLASSES</small>	
<small>TAX DISTRICT</small>		<small>RECEIPT NO.</small>		

FROM 09/17/2021

<small>PERMIT NUMBER</small>		<small>TYPE</small>		
<small>ISSUE DATE</small>				
<small>FILING DATE</small>				
<small>PERMIT CLASSES</small>				
<small>TAX DISTRICT</small>			<small>RECEIPT NO.</small>	



MAILED 09/17/2021

RESPONSES MUST BE POSTMARKED NO LATER THAN 10/18/2021

**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

**C STCK 8418994-0725**

(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 WILLOWICK CITY COUNCIL**  
30435 LAKESHORE BLVD  
WILLOWICK OHIO 44095