



LORAIN CITY COUNCIL
ATTN CLERK
200 W ERIE AVE
LORAIN OH 44052

RECEIVED
3.20.26
M. Patton

NOTICE TO LEGISLATIVE AUTHORITY

TO

Form with fields: PERMIT NUMBER (08400937-3), TYPE (NEW), ISSUE DATE, FILING DATE (3/22/2026), PERMIT CLASSES (D-2, D-3, D-1), TAX DISTRICT (47088), RECEIPT NO (OCT), TO: SPEAK OF THE DEVIL COCKTAILS LLC, Burdette's Show Room, 203 W 5TH ST, Lorain OH 44052, Muni/Village/Twp: Lorain, FROM 3/23/2026

Empty form with fields: PERMIT NUMBER, TYPE, ISSUE DATE, FILING DATE, PERMIT CLASSES, TAX DISTRICT, RECEIPT NO

MAILED 3/23/2026

RESPONSES MUST BE POSTMARKED NO LATER THAN 04/23/2026

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: OCT NEW 08400937-3 (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 and Title fields: (Signature), (Title) - [ ] Clerk of City Council [ ] Township Fiscal Officer, (Date), (Printed Name), (Email Address), (Telephone No.)



Dear Local Legislative Authority Official:

Please find enclosed the legislative notice that is being sent to you regarding the applied for liquor permit as captioned on the notice. You **must**, within 30 days from the “mailed” date listed on the notice under the bar code:

- Notify the Division whether you object and want a hearing; or
- Ask for your one-time only, 30-day extension. o Any requests for a one-time, 30-day extension will be reviewed by the Division upon timely receipt. If granted, your additional 30-days runs from the expiration of the original 30-day period.

To be considered **timely**, your above response **MUST** be faxed, emailed, or mailed to the Division no later than the postmark deadline date stated on the form. To speed up processing times and reduce paper, the Division respectfully asks that you either fax or email your response. Please send your response to:

**FAX:** (614) 644 – 3166

**EMAIL:** [Liquordocs@com.ohio.gov](mailto:Liquordocs@com.ohio.gov)

**MAIL:** Ohio Division of Liquor Control  
Attn: Licensing Unit  
6606 Tussing Road  
PO Box 4005  
Reynoldsburg, Ohio 43068-9005

To find out who has disclosed an ownership interest in the permit application to us you can:

- Visit [com.ohio.gov/liquorinfo](http://com.ohio.gov/liquorinfo). Select the “Search who has disclosed an ownership interest” tab. Where asked, enter the permit number listed on the legislative notice; or
- Contact your police department or county sheriff (if you are a township fiscal officer or county clerk). We also sent them detailed ownership information to review for any criminal background issues involving the disclosed persons.

We have resources for you at [com.ohio.gov/govhelp](http://com.ohio.gov/govhelp). Never miss out on when renewal objections are due! Sign-up for our emails at [com.ohio.gov/stayinformed](http://com.ohio.gov/stayinformed).

Thank you in advance for your cooperation,

Division Licensing Section

(rev. 2.12.25)