

SUGARCREEK TOWNSHIP

RESOLUTION NO. 2012.06.18.01

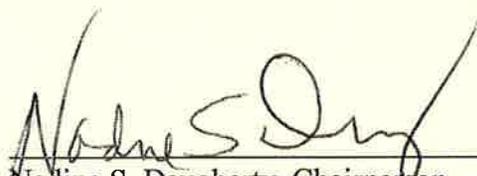
IN RE: Announcement of a Liquor Permit Application
Sugar Valley Partners, LLC DBA Sugar Valley Golf Club

WHEREAS, an application for a liquor permit was received from Sugar Valley Partners, LLC DBA Sugar Valley Golf Club, located at 1250 Mead Road; and,

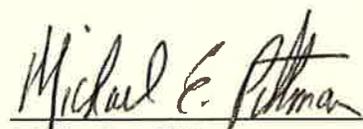
WHEREAS, this application is for a "D5" class permit, allowing the selling of alcoholic beverages at the premises; and,

WHEREAS, through this announcement, this Board of Trustees affords the residents of Sugarcreek Township the opportunity to express comments in writing either for against per the ORC,

NOW THEREFORE, BE IT RESOLVED, that if the Fiscal Officer receives no negative comments by 4:00 p.m., July 5, 2012, subject to the Ohio Revised Code, Sugarcreek Township will not file a request for a hearing with the Ohio Department of Commerce, Division of Liquor Control.



Nadine S. Daugherty, Chairperson



Michael E. Pittman, Vice Chairperson



Scott W. Bryant, Trustee



Theodore L. Hodson, Fiscal Officer

**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

8679759 PERMIT NUMBER		NEW TYPE	SUGAR VALLEY PARTNERS LLC DBA SUGAR VALLEY GOLF CLUB 1250 MEAD RD SUGARCREEK TWP BELLBROOK OH 45305
ISSUE DATE			
05 31 2012 FILING DATE			
D5 PERMIT CLASSES			
29 TAX DISTRICT	924 A	Z77617 RECEIPT NO.	

FROM 06/04/2012

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



MAILED 06/04/2012

RESPONSES MUST BE POSTMARKED NO LATER THAN. 07/05/2012

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 NEW 8679759**

(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:

Theodore L. Hodson

(Signature)

(Title)- Clerk of County Commissioner

(Date)

Clerk of City Council

Township Fiscal Officer

07/05/2012

**SUGARCREEK TOWNSHIP TRUSTEE
ATTN TOWNSHIP FISCAL OFFICER
2090 FERRY ROAD
BELLBROOK OHIO 45305**

FOR OFFICE USE ONLY	
NEW	TRANSFER
PERMIT # 8679754	

OHIO DEPARTMENT OF COMMERCE - DIVISION OF LIQUOR CONTROL
 6606 Tussing Road, P.O. Box 4005, Reynoldsburg, Ohio 43068-9005
 Telephone: (614) 644-2431 - http://www.com.ohio.gov/liqr

LIMITED LIABILITY COMPANY DISCLOSURE FORM
 (This form must accompany all applications of an LLC business entity)

SECTION A.

Name of Limited Liability Company Sugar Valley Partners, LLC	DBA Name Sugar Valley Golf Club	
Permit Premises Address 1250 Mead Road	City, State Bellbrook, Ohio	Zip Code 45305
Township, if in Unincorporated Area Sugarcreek Township	Tax Identification No. (TIN) 800654142	

Limited Liability Company ("LLC") - Chapter 1705 Ohio Revised Code. Indicate below the managing members, LLC Officers, and all persons with a 5% or greater membership or voting interest, and attach a copy of the Articles of Organization filed with the Ohio Secretary of State.

Please be advised that any social security numbers provided to the Division of Liquor Control in this application may be released to the Ohio Department of Public Safety, the Ohio Department of Taxation, the Ohio Attorney General, or to any other state or local law enforcement agency if the agency requests the social security number to conduct an investigation, implement an enforcement action, or collect taxes.

SECTION B. List the top five (5) officers of the captioned business. If an office is NOT held, please indicate by writing NONE.

EACH OFFICER LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO		
2) President		
3) Vice-President		
4) Secretary		
5) Treasurer		

SECTION C. List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

1) Name	James M. Keyes	Social Security No. (if individual)	[REDACTED]	<input checked="" type="checkbox"/> Managing Member
Residence Address	2492 Stewart Road	Tax Identification No. (if applicable)		<input checked="" type="checkbox"/> 5% or greater voting interest
City and State	Xenia, Ohio	Zip Code	45385	<input checked="" type="checkbox"/> 5% or greater membership interest
Telephone No	937.306.5465	Date of Birth	12/15/1945	
2) Name	James R. Powell	Social Security No. (if individual)	[REDACTED]	<input type="checkbox"/> Managing Member
Residence Address	6469 Kings Grant Passag	Tax Identification No. (if applicable)		<input checked="" type="checkbox"/> 5% or greater voting interest
City and State	Dayton, Ohio	Zip Code	45459	<input checked="" type="checkbox"/> 5% or greater membership interest
Telephone No	937.477.5770	Date of Birth	8/16/1950	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE)

STATE OF OHIO, Montgomery COUNTY ss.

I, James M. Keyes being first duly sworn, according to law, depose and says that he/she is (Title) Operating Mgr.
 of the Sugar Valley Partners, LLC a business duly authorized by law to do business in the State of Ohio, and that the statements made in the forgoing affidavit are true.

(Signature) [Signature] (Print Name and Title) JAMES M KEYES Managing Member

Sworn to and subscribed in my presence this 9th day of May 2012.

[Signature] (Notary Public) NONE (Notary Expiration)

OHIO DIV. LIQUOR CONTROL LICENSING SCAM RM. 1-B

2012 MAY 14 PM 2:13

DLC4032 (LIMITED LIABILITY COMPANY DISCLOSURE FORM)

SECTION C.
(CONTINUED)

List the managing members and all persons with a 5% or greater membership or voting interest in the LLC.

THE INDIVIDUALS LISTED BELOW MUST HAVE A BACKGROUND CHECK PERFORMED BY BCI&I AND SUBMIT A PERSONAL HISTORY BACKGROUND FORM. PLEASE READ "BACKGROUND CHECK INFORMATION" DLC4191.

3) Name	Gary L. Wright	Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address		Tax Identification No. (if applicable)	<input checked="" type="checkbox"/> 5% or greater voting interest
City and State	Germantown, Ohio	Zip Code 45327	<input checked="" type="checkbox"/> 5% or greater membership interest
Telephone No.	937.855.7189	Date of Birth 6/26/1949	
4) Name		Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address		Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State		Zip Code	<input type="checkbox"/> 5% or greater membership interest
Telephone No.		Date of Birth	
5) Name		Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address		Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State		Zip Code	<input type="checkbox"/> 5% or greater membership interest
Telephone No.		Date of Birth	
6) Name		Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address		Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State		Zip Code	<input type="checkbox"/> 5% or greater membership interest
Telephone No.		Date of Birth	
7) Name		Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address		Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State		Zip Code	<input type="checkbox"/> 5% or greater membership interest
Telephone No.		Date of Birth	
8) Name		Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address		Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State		Zip Code	<input type="checkbox"/> 5% or greater membership interest
Telephone No.		Date of Birth	
9) Name		Social Security No. (if individual)	<input type="checkbox"/> Managing Member
Residence Address		Tax Identification No. (if applicable)	<input type="checkbox"/> 5% or greater voting interest
City and State		Zip Code	<input type="checkbox"/> 5% or greater membership interest
Telephone No.		Date of Birth	

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OHIO DIV. OF PUBLIC SAFETY
LICENSING SCAN RM 1-B