

**SUGARCREEK TOWNSHIP
RESOLUTION NO. 2012.08.06.04**

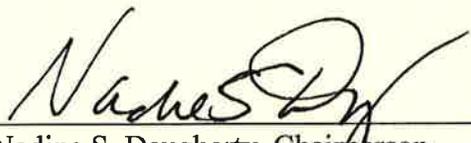
IN RE: Announcement of a Liquor Permit Application
A to Z Golf Management Co Inc. DBA Rollandia Golf Center & Magic Castle

WHEREAS, an application for a liquor permit was received from A to Z Golf Management Co Inc. DBA Rollandia Golf Center & Magic Castle, located at 4990 Wilmington Pike; and,

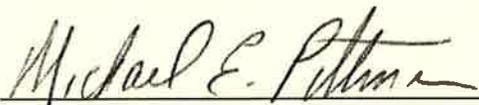
WHEREAS, this application is for a D-1 and D-2 permit, allowing the selling of beer only for on premises consumption or in original sealed containers for carryout only until 1:00 am and Wine and mixed beverages for on premises consumption or in original sealed containers for carryout only until 1:00 am; and,

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

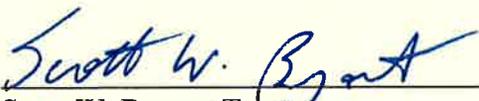
NOW THEREFORE, BE IT RESOLVED, that if the Fiscal Officer receives no negative comments by 4:00 p.m., August 26, 2012, subject to the Ohio Revised Code, Sugarcreek Township will not file a request for a hearing with the Ohio Department of Commerce, Division of Liquor Control.



Nadine S. Daugherty, Chairperson



Michael E. Pittman, Vice Chairperson



Scott W. Bryant, Trustee



Theodore L. Hodson, Fiscal Officer

12 JUL 30 12:29

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

0006520		TRFO	A TO Z GOLF MANAGEMENT CO INC	
PERMIT NUMBER		TYPE	DBA ROLLANDIA GOLF CENTER	
06	01	2012	ISSUE DATE	
07	24	2012	FILING DATE	
D1		D2		PERMIT CLASSES
29	924	A	F08035	
TAX DISTRICT		RECEIPT NO.		

FROM 07/26/2012

0011845			A TO Z GOLF MANAGEMENT CO LLC	
PERMIT NUMBER		TYPE	ROLLANDIA GOLF PARK PLUS & MAGIC	
06	01	2012	ISSUE DATE	
07	24	2012	FILING DATE	
D1		D2		PERMIT CLASSES
29	924			
TAX DISTRICT		RECEIPT NO.		



MAILED 07/26/2012

RESPONSES MUST BE POSTMARKED NO LATER THAN. 08/27/2012

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 TRFO 0006520**

(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

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

FOR OFFICE USE ONLY	
NEW	TRANSFER
PERMIT # <u>0006520</u>	

**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>
OFFICER/ SHAREHOLDERS DISCLOSURE FORM



SECTION A. (This form must accompany all applications of a corporate business entity)

Name of Corporation <u>A to Z GOLF MANAGEMENT CO., INC</u>	DBA Name <u>ROLLANDIA GOLF CENTER; MAGEE CASTLE</u>
Permit Premises Address <u>4990 WILMINGTON PK.</u>	City, State <u>DAYTON, OH 10</u> Zip Code <u>45440</u>
Township, if in Unincorporated Area <u>SUGARCREEK</u>	Tax Identification No. (TIN) <u>45-3279924</u>

SECTION B.

1. Is stock publicly traded? YES NO
If "YES", indicate exchange _____ & Do NOT complete SECTION D.

2. Does any stockholder own 5% or more shares? If YES, complete SECTION D. YES NO

3. Total Number of shares issued 2

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 enforcement action, or collect taxes.

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

➔ 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

NAME OF OFFICER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
1) CEO		
2) President <u>ZACHARY W. FINK</u>		
3) Vice-President <u>ANGELA S. FINK</u>		
4) Secretary		
5) Treasurer		

SECTION D. Stockholders holding 5% or more outstanding shares. Note: If you answered Question 1 YES, do not complete this section

➔ 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. If none, please indicate by writing "NONE".

1) Stockholder's Name	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
<u>ZACHARY W. FINK</u>		
Residence Address <u>1687 FOX TRAIL</u>	Tax Identification No. (if applicable) <u>45-3279924</u>	1
City and State <u>BEAUBROOK, OH 45305</u>	Zip Code <u>45305</u>	
Telephone No. <u>937-609-6427</u>	Date of Birth <u>12 29 1959</u>	
2) Stockholder's Name <u>ANGELA S. FINK</u>	Social Security No. (if Individual)	NUMBER OF SHARES HELD (NOT PERCENTAGE)
Residence Address <u>1687 FOX TRAIL</u>	Tax Identification No. (if applicable) <u>45-3279924</u>	1
City and State <u>BEAUBROOK OH 45305</u>	Zip Code <u>45305</u>	
Telephone No. <u>937-609-6427</u>	Date of Birth <u>7 25 1962</u>	

(PLEASE SEE REVERSE SIDE SHOULD YOU NEED ADDITIONAL SPACE TO LIST STOCKHOLDERS)

STATE OF OHIO,

COUNTYss

I, ZACHARY FINK being first duly sworn, according to law, deposes and says that he/she is (Title) OWNER of the A to Z GOLF CO., INC. a corporation duly authorized by law to do business in the State of Ohio, and that the statements made in the foregoing affidavit are true.

(Signature) [Signature] (Print Name and Corporate Title) Zachary Fink - owner
Sworn to and signed before me in my presence this July day of 2012
Notary Public, State of Ohio [Signature] (Notary Public) 5/1/2011 (Notary Expiration)
My Commission Expires: May 1, 2016

LICENSING SOA/RM/1-8