


To: Mayor and Members of City Council

June 11, 2025

From: Sheryl M. M. Long, City Manager 

202501081

Subject: Liquor License – NEW

FINAL RECOMMENDATION REPORT

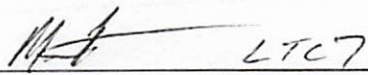
OBJECTIONS: None

This is a report on a communication from the State of Ohio, Division of Liquor Control, advising of a permit application for the following:


APPLICATION: 411896910615
PERMIT TYPE: NEW
CLASS: D4
NAME: IBPOE OF W LODGE 1061
DBA: IBPOE OF W ALPHA LODGE #1
3520 WARSAW AVE
CINCINNATI OH 45205

As of today's date, the Buildings and Inspections Department has declined comment on their investigation.

On April 17, 2025, the East Price Hill Improvement Association was notified and do not object.



Police Department Recommendation
☐ Objection ☒ No Objection



David M. Laing, Assistant City Prosecutor
Law Department - Recommendation
☐ Objection ☒ No Objection

MUST BE RECEIVED BY OHIO DIVISION OF LIQUOR CONTROL BY: JUNE 6, 2025.

Date Filed at Vice: 04/17/25

CINCINNATI DIVISION OF POLICE
RENEWAL, TRANSFER OR ISSUANCE
OF LIQUOR LICENSES

Renewal
New X
Transfer
Location
Ownership
Stock

District: 3
Application No: 411896910615

APPLICANT IBPOE OF W LODGE 1061 TRANSFER FROM
DBA IBPOE OF W ALPHA LODGE
#1 DBA
3520 WARSAW AV
PERMIT LOCATION CINCINNATI OH 45205 PERMIT LOCATION
PERMIT TYPE D4 PERMIT #

If the Applicant is a corporation or business entity list the individuals involved. If additional space is needed, List and attach on a separate page.

1. Name Edward Brown Jr.

Office Held
Social Security No. 298-66-6899
CTLNO: 1523658
DOB 11/07/63
Address 15 West St.
Telephone No. Cincinnati OH 45220
513-300-9727

2. Name Ernest Tate

Office Held
Social Security No. 268-74-6792
CTLNO: None
DOB 08/02/71
Address 1012 Lakeshire Dr
Telephone No. Galloway OH 43119
614-282-9404

3. Name

Office Held
Social Security No.
CTLNO:
DOB
Address
Telephone No.

4. Name

Office Held
Social Security No.
CTLNO:
DOB
Address
Telephone No.

Criminal Records Check:

Local X BCI & III X

Record X If Record, See Attached

No Record

Checked by: Espitia

RECOMMENDATIONS

No Objection X Objection, see attached form 17 for Summary

SIGNATURE

[Signature]
District Commander

Date

5-7-25 SIGNATURE

[Signature]
Central Vice Control Sect. Commander Date

SIGNATURE

[Signature]
Police Department Approval

Date