

Date: August 6, 2025

To: Mayor and Members of City Council

From: Sheryl M. M. Long, City Manager *gn*

202501469

Subject: Liquor License – Stock

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: 3832266
PERMIT TYPE: STCK
CLASS: D5J D6
NAME: HIGHER GRAVITY LLC
DBA: NONE LISTED
4106 HAMILTON AVE 1ST FL & PATIO
CINCINNATI OH 45223

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

On June 20, 2025, the Northside Community Council was notified and do not object.

Maureen A. Robinson/Lt. CO2

Police Department Recommendation
☐ Objection ☒ No Objection

David M. Laing

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

MUST BE RECEIVED BY OHIO DIVISION OF LIQUOR CONTROL BY: August 8, 2025.

Date Filed at Vice: 6/20/25

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

Renewal _____
New _____
Transfer _____
Location _____
Ownership _____
Stock X

District: 3
Application No: 3832266

APPLICANT HIGHER GRAVITY LLC TRANSFER FROM _____
DBA NONE LISTED DBA _____
4106 HAMILTON AVE 1ST FL & PATIO
PERMIT LOCATION CINCINNATI OH 45223 PERMIT LOCATION _____
PERMIT TYPE D5J D6 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 <u>JASON PARNES</u>	2. Name <u>NICK BELLEMAN</u>
Office Held _____	Office Held _____
Social Security No. <u>290-84-8479</u>	Social Security No. <u>282-86-8405</u>
CTLNO: <u>2638159</u>	CTLNO: <u>14106388</u>
DOB <u>6/15/86</u>	DOB <u>7/2/87</u>
Address <u>4835 LAUREL AVE</u>	Address <u>1432 AP JONES ST</u>
Telephone No. <u>513-476-2488</u>	Telephone No. <u>HAMILTON, OH 45223</u>
	<u>513-405-4457</u>
3. Name _____	4. Name _____
Office Held _____	Office Held _____
Social Security No. _____	Social Security No. _____
CTLNO: _____	CTLNO: _____
DOB _____	DOB _____
Address _____	Address _____
Telephone No. _____	Telephone No. _____

Criminal Records Check: Local ☒ BCI & III ☒
Record _____ If Record, See Attached
No Record ☒ Checked by: M.K. WERNER

RECOMMENDATIONS

No Objection _____ Objection, see attached form 17 for Summary _____

SIGNATURE [Signature] 7/14/25 SIGNATURE _____
District Commander Date Central Vice Control Sect. Commander Date
SIGNATURE [Signature] 7/18/25
Police Department Approval Date