

September 10, 2025

To: Mayor and Members of City Council

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

202501582

Subject: Liquor License – TFOL

**FINAL RECOMMENDATION REPORT**

OBJECTIONS: Cincinnati Police Department

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: 10005323-1  
PERMIT TYPE: TFOL  
CLASS: D5 D6  
NAME: SPH FC NA 11, LLC  
DBA: 125 W 5<sup>TH</sup> ST  
125 W 5<sup>TH</sup> ST  
CINCINNATI OH 45202

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

On July 23, 2025, Downtown Residents Council was notified and do not object.

*M. J.* *LTC 7*  
\_\_\_\_\_  
Police Department Recommendation  
☒ Objection ☐ No Objection

*[Signature]*  
\_\_\_\_\_  
David M. Laing, Assistant City Prosecutor  
Law Department - Recommendation  
☒ Objection ☐ No Objection

MUST BE RECEIVED BY OHIO DIVISION OF LIQUOR CONTROL BY: September 5, 2025.

Date Filed at Vice: 7/23/25

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

Renewal

New

Transfer

Location

Ownership

Stock

District: 1

Application No: 10005323-1

APPLICANT	SPH FC NA 11, LLC	TRANSFER FROM	MT WASHINGTON PIZZERIA INC
DBA	125 W 5TH ST	DBA	NONE LISTED
	125 W 5TH ST		2111 BEECHMONT AVE
PERMIT LOCATION	CINCINNATI, OH 45202	PERMIT LOCATION	CINCINNATI, OH 45230
PERMIT TYPE	D-5 D-6	PERMIT #	06212758-2

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 LOUISE NEILSON

Office Held

Social Security No. 538-95-8684

CTLNO: NONE

DOB 10-8-1976

Address 1140 N WELLS ST UNIT 1604

CHICAGO, IL 60610

Telephone No. 312-647-8674

2. Name TOBY HARRIS

Office Held

Social Security No. 789-50-9731

CTLNO: NONE

DOB 5-18-1975

Address 295 HANOVER RD

CARLISLE, MA 01741

Telephone No. 781-305-0708

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 ☒ BCI & III ☒

Record If Record, See Attached

No Record ☒

Checked by: M. Werner

RECOMMENDATIONS

No Objection \_\_\_\_\_ Objection, see attached form 17 for Summary ☒

SIGNATURE

District Commander

Date

SIGNATURE

Central Vice Control Sect. Commander Date

SIGNATURE

Police Department Approval

Date