city of CINCINNATI

Interdepartmental Correspondence Sheet

November 19, 2025

To: Mayor and Members of City Council

From: Sheryl M. M. Long, City Manager

202502007

Subject: **Liquor License – TRFO**

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: 10005837-1
PERMIT TYPE: TRFO
CLASS: D5
NAME: IN BOCCA AL LUPO INC.
DBA: IN BOCCA AL LUPO ROOKWOOD
1077 CELESTIAL
CINCINNATI OH 45202

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

On October 19, 2025, the Mount Adams Civic Association was notified and does 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: November 28, 2025

Date Filed at Vice: 10/13/25

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

District: CBS

Application No: 10005837-1

Renewal
New
Transfer X
Location
Ownership X
Stock

APPLICANT	IN BOCCA AL LUPO INC.	TRANSFER FROM	ROOKWOOD POTTERY RESTAURANT LLC
DBA	IN BOCCA AL LUPO ROOKWOOD	DBA	NONE LISTED
PERMIT LOCATION	1077 CELESTIAL CINCINNATI, OH 45202	PERMIT LOCATION	1077 CELESTIAL ST CINCINNATI, OH 45202
PERMIT TYPE	D-5	PERMIT #	07509409-2

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	ROBERT PELONI	2. Name	
Office Held		Office Held	
Social Security No.	564-75-2798	Social Security No.	
CTLNO:	NONE	CTLNO:	
DOB	9/26/1982	DOB	
Address	10 ANNA STREET READING, OH 45212	Address	
Telephone No.	310-210-1469	Telephone No.	
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 X BCI & III X

Record If Record, See Attached
No Record X Checked by: WERNER

RECOMMENDATIONS

No Objection ✓ Objection, see attached form 17 for Summary

SIGNATURE [signature] 11/6/25
District Commander Date

SIGNATURE
Central Vice Control Sect. Commander Date

SIGNATURE [signature] 11/10/25
Police Department Approval Date