



1233 Main Street, Suite 3000  
P.O. Box 751  
Wheeling, WV 26003-0751  
(304) 233-0000 (304) 233-0014 Fax  
www.steptoe-johnson.com

Writer's Contact Information

304-598-8152  
Charlie.Russell@steptoe-johnson.com

February 18, 2022

**Via Hand Delivery**

Wheeling Building & Planning  
ATTN: Tom Connelly  
1500 Chapline St.  
Wheeling, WV 26003

**Re: ABC application for Pizza Hut, Elm Grove**

Dear Tom,

Enclosed is the original ABC license application and zoning form for the Pizza Hut in Elm Grove for the City of Wheeling's review and consideration. Upon final approval, please have the proper officer sign the zoning form. Once signed, please contact Lee Mahan at (304) 231-0452 who can pick up the originals in person for further handling.

We appreciate your assistance in this matter. Should you have any questions, please do not hesitate to call me directly at (304) 598-8152.

Very truly yours,

A handwritten signature in blue ink that reads 'Charlie Russell / lgm'.

Charlie Russell

CRR/lms  
Enclosures  
14124284

**Zoning Form**

(Original copy must be submitted to the WVABCA Licensing Department)

**Note: If an establishment's location is not situated within a municipality, this office will need a letter from the County Commission stating that the establishment location is zoned properly. All applicants must complete the obverse (front) portion of the form.**

**To: Municipal Clerk or Recorder**

Under the requirements set forth in 60-7-4a and/or 11-16-8(a)(5) of the W. Va. State Code, a person intending to apply for a license to operate an ABCA licensed Private Club, Private Wine Restaurant or Tavern at any location within a municipality **must file a notice of such intention with the Clerk or Recorder of such municipality at least ten (10) days prior** to filing an application for such license with the Alcohol Beverage Control Administration. Pursuant to this requirement, **notice** is herein given that the following intends to apply to the WVABCA for a license to operate a Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern issued pursuant to the provisions of §§ Chapter 60, Article 7 and Article 8 and/or Chapter 11, Article 16 of the W.Va. State Code.

Entity Name: SFR X Holdings, LLC

DBA (Doing Business As): Pizza Hut

Address of Establishment: 2345 National Road Wheeling WV 26003  
(Street/Route) (City) (State) (Zip Code)

Applicant's Name(s): SFR X Holdings, LLC  
(Last) (First) (Middle)

\_\_\_\_\_  
(Last) (First) (Middle)

General Description of Premises: \_\_\_\_\_  
**Restaurant**

Food Services to be Offered: \_\_\_\_\_  
**Pizza, wings, salads, desserts**

Patron Capacity: 124 (dining seats)

This Notice has been filed with the Clerk or Recorder of the City/Town of Wheeling on this 18 day of February, 2022.

Applicant's Signature(s): [Signature] Date: 2/16/2022  
**Kevin R. Attkisson, as Manager** Date: \_\_\_\_\_

(FOR USE BY MUNICIPAL AUTHORITIES ONLY)

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern described consistent with the zoning ordinances or your Municipality as either a permitted use or a conditional use of such premises?

Yes  No

If the answer to the first question was "no," does your Municipality provide within its business zones suitable alternative locations for Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern?

Yes  No

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern herein described situated in an area designated for the use of community development block grant funds in the municipality?

Yes  No

If yes, is the planned use of the premises at the location herein described consistent with any plan adopted by the governing body of the municipality for revitalization of the area wherein the premises are situated?

Yes  No

Does the municipality have any restrictions or regulations prohibiting Limited Video Lottery?

Yes  No

Does the municipality have any restrictions or regulations prohibiting Exotic Dancing establishments?

Yes  No

Additional comments to the Alcohol Beverage Control Administration:

The property is zoned C-2  
The use is permitted

*DoConnelly* Director Building + Planning  
Approved By: Authorized Official Signature and Title

Wheeling  
City/Town

Date: 2/18/22

Return Original To: WVABCA  
Licensing Division  
900 Pennsylvania Avenue, 4<sup>th</sup> Floor  
Charleston, WV 25302

WEST VIRGINIA ALCOHOL BEVERAGE CONTROL ADMINISTRATION

**APPLICATION FOR RETAIL LICENSE**

CONSUMPTION "ON PREMISES"

TAVERN

**CLASS A**

FOR FISCAL YEAR 2021 TO 2022

COUNTY: Ohio

PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING.

<p style="text-align: center;"><b>A.</b> BEER APPLICATION</p> <p><input type="checkbox"/> Fraternal.....\$150</p> <p><input checked="" type="checkbox"/> Tavern.....\$150</p> <p><input type="checkbox"/> Brew Pub.....\$500 (Resident Brewers Only)</p> <p><b>*Must hold Resident Brewer License prior to applying for Brew Pub License</b></p> <hr/> <p style="text-align: center;">Operational Fee</p> <p>Operational Fee.....\$100</p> <p><b>*This is a non-refundable and non-prorated fee to be paid with the filing of the application.</b></p>	<p style="text-align: center;"><b>B.</b> APPLYING AS: (CHECK ONE)</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Association</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p>
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Email (Required): stacy.kula@stephoe-johnson.com Fax Number: N/A WV TAX I.D./FEIN: 86-1494250

1) Applicant/Entity Name: SFR X Holdings, LLC

2) Doing Business As (DBA) Name: Pizza Hut

3) Business Address: 2345 National Road

(STREET) 26003 304-242-0880  
 \_\_\_\_\_  
 (CITY) Wheeling (STATE) WV (ZIP CODE) (TELEPHONE)

4) Mailing Address (required): 3309 Collins Lane

(STREET) 40245 502-272-2186  
 \_\_\_\_\_  
 (CITY) Louisville (STATE) Kentucky (ZIP CODE) (TELEPHONE)

5) SUPPLY THE FOLLOWING INFORMATION ABOUT OWNER(S) AND/OR OFFICER(S) AND MANAGER(S). ALL APPLICANTS MUST LIST A MANAGER U.S. Citizen\*\*

See Exhibit A, attached hereto and incorporated herein.						
Title	Name	Residence Address, City, State and Zip Code			% Ownership	Y/N
	/ /	-	-			
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV		
Title	Name	Residence Address, City, State and Zip Code			% Ownership	Y/N
	/ /	-	-			
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV		
Title	Name	Residence Address, City, State and Zip Code			% Ownership	Y/N
	/ /	-	-			
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV		
Title	Name	Residence Address, City, State and Zip Code			% Ownership	Y/N
	/ /	-	-			
	Date of Birth	Social Security Number	Telephone Number	YRS Resident of WV		

**\*\* IF NATURALIZED U.S. CITIZEN, MUST SUBMIT COPY OF NATURALIZATION DOCUMENTS. NON-CITIZENS MAY BE LISTED AS SHAREHOLDER, OWNER, OR DIRECTOR OF CORPORATION ONLY. TITLE REFERS TO CORPORATE OFFICERS, PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER, MEMBER.**

- 6) CRIMINAL HISTORY- THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND/OR MANAGERS. ATTACH ADDITIONAL PAGES IF NECESSARY. **IF THERE HAVE BEEN NO ARRESTS INSERT THE WORD "NONE".**

NAME DATE OF ARREST CHARGE DISPOSITION OF ARREST LOCATION OF COURT (COUNTY & STATE)

NONE

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- 7) STATE NAME AND ADDRESS OF ALL PERSONS HAVING TWENTY PERCENT (20%) OR MORE INTEREST IN THE APPLICANTS' CORPORATION, ASSOCIATION, PARTNERSHIP, LIMITED PARTNERSHIP, AND/OR LIMITED LIABILITY COMPANY. STATE THE EXACT PERCENTAGE OF OWNERSHIP INTEREST FOR EACH PERSON LISTED. A TRUST CAN HOLD NO PERCENTAGE OF OWNERSHIP.

NAME ADDRESS SOC. SEC. # %OWNERSHIP

See Exhibit A, attached hereto and incorporated herein.

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- 8) HAS ANY OFFICER, MANAGER, OR 20% STOCK HOLDER EVER HELD OR CURRENTLY HOLD A WVABCA LICENSE?

YES  NO  IF YES, WHO? \_\_\_\_\_

DBA NAME? \_\_\_\_\_

WAS THE LICENSE: REVOKED \_\_\_\_\_ DATE \_\_\_\_\_

SUSPENDED \_\_\_\_\_ DATE \_\_\_\_\_

SANCTIONED \_\_\_\_\_ DATE \_\_\_\_\_

- 9) OWNER OF PREMISES TO BE LICENSED (PROPERTY OWNER'S NAME) COT Pizza RE LLC IF NOT PROPERTY OWNER, APPLICANT MUST HOLD A VALID LEASE (ATTACH COPY OF THE LEASE)

- 10) DOES THIS LOCATION CURRENTLY HAVE A WVABCA LICENSE?  YES  NO  
IF YES, NAME OF LICENSED ESTABLISHMENT: Pizza Hut

LICENSE #: 35-A-001-014998

11) THE LICENSE APPLIED FOR IS NOT FOR ANY COLLEGE FRATERNITY OR SORORITY AND THE PROPOSED LOCATION OF THE PREMISES HAS NOT BEEN DETERMINED BY LAW TO BE A PUBLIC NUISANCE, EXCEPT AS FOLLOWS: \_\_\_\_\_  
N/A

12) ARE THE APPLICANT'S PREMISES LOCATED:

A. WITHIN AN INCORPORATED MUNICIPALITY OR WITHIN ONE MILE OF THE CORPORATE LIMITS OF ANY MUNICIPALITY:  YES  NO

B. WITHIN ONE MILE OF THE CORPORATE LIMITS OF TWO OR MORE MUNICIPALITIES:

YES  NO

IF YES, NAME THE MUNICIPALITIES:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

13.) LIST THE DISTANCE TO THE NEAREST:

A.) CHURCH 0.6 miles

B.) SCHOOL 0.7 miles

C.) RESIDENCE 0.2 miles

D.) GOVERNMENT OFFICE 0.2 miles

14.) WILL TOBACCO PRODUCTS BE SOLD AT THIS ESTABLISHMENT? YES  NO

15.) WILL YOU BE APPLYING FOR A LIMITED VIDEO LOTTERY LICENSE? YES  NO

16.) IS THE APPLICANT'S LOCATION READY FOR AN INITIAL INSPECTION? YES  NO

IF NO, WHAT IS THE PROJECTED DATE FOR THE INITIAL INSPECTION? n/a

17.) ON WHAT DAY (DATE) WAS THE "SPECIAL TAX REGISTRATION AND RETURN APPLICATION" (TTB FORM) SUBMITTED TO THE ALCOHOL AND TRADE BUREAU?  
2/17/2022

The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability due to the request for such information.

The undersigned hereby verify that we are all officers and all member of the board of directors on the application and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership. **OFFICERS, INDIVIDUAL, OR MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.**

PRINT CLEARLY/ WRITTEN SIGNATURES REQUIRED

NAME: <u>SFR XI Holdings, LLC</u>	TITLE: <u>Sole Member of Applicant</u>
SIGNATURE: <u><i>KRM</i></u>	DATE OF SIGNATURE: <u>2/16/2022</u>
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____

State of West Virginia, \_\_\_\_\_ County, To-Wit:

Kevin R. Attkisson, as the Manager of SFR XI Holdings, LLC, being first duly sworn

according to law, deposes and says that he/she is Manager of the

President, Individual or Controlling Member(s)

SFR XI Holdings, LLC, authorized by law to do business in the State of West Virginia, and that the

Business Entity

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) *KRM*

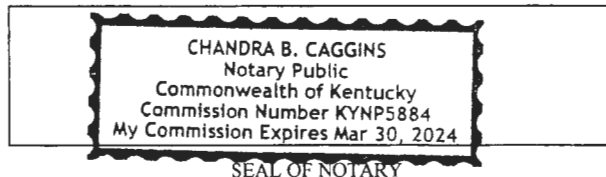
Kentucky  
STATE OF ~~WEST VIRGINIA~~

COUNTY OF Jefferson, to wit:

Sworn to before me and subscribed in my presence this 16<sup>th</sup> day of February, 2022

Chandra B. Caggins  
NOTARY PUBLIC

My Commission Expires: March 30, 2024



The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability due to the request for such information.

The undersigned hereby verify that we are all officers and all member of the board of directors on the application and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership. **OFFICERS, INDIVIDUAL, OR MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.**

PRINT CLEARLY/ WRITTEN SIGNATURES REQUIRED

NAME: <u>Kevin R. Attkisson</u>	TITLE: <u>LLC Manager</u>
SIGNATURE: <u>[Signature]</u>	DATE OF SIGNATURE: <u>2/16/2022</u>
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____

State of West Virginia, \_\_\_\_\_ County, To-Wit:

Kevin R. Attkisson, as the LLC Manager of SFR X Holdings, LLC, being first duly sworn

according to law, deposes and says that he/she is LLC Manager of the

President, Individual or Controlling Member(s)

SFR X Holdings, LLC, authorized by law to do business in the State of West Virginia, and that the

Business Entity

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

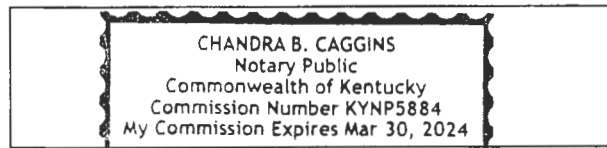
(Applicant Signature) [Signature]

STATE OF Kentucky  
WEST VIRGINIA  
COUNTY OF Jefferson, to wit:

Sworn to before me and subscribed in my presence this 16<sup>th</sup> day of February, 2022

Chandra B. Caggins  
NOTARY PUBLIC

My Commission Expires: March 30, 2024



SEAL OF NOTARY



The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability due to the request for such information.

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PRINT CLEARLY/WRITTEN SIGNATURES REQUIRED

NAME: <u>Chris Southern</u>	TITLE: <u>Restaurant Manager</u>
SIGNATURE: <u><i>Chris Southern</i></u>	DATE OF SIGNATURE: <u>2-16-22</u>
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____

State of West Virginia, MONONGALIA County, To-Wit: Chris Southern, being first duly sworn

according to law, deposes and says that he/she is Restaurant Manager of the

President, Individual or Controlling Member(s)

SFR X Holdings, LLC, authorized by law to do business in the State of West Virginia, and that the

Business Entity

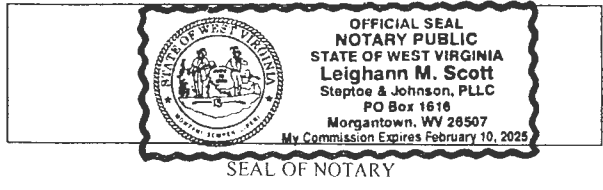
statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) \_\_\_\_\_

STATE OF WEST VIRGINIA,  
COUNTY OF MONONGALIA, to wit:

Sworn to before me and subscribed in my presence this 16th day of FEBRUARY, 2022.

*Leighann M. Scott*  
NOTARY PUBLIC  
My Commission Expires: 2.10.2025



The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability due to the request for such information.

The undersigned hereby verify that we are all officers and all member of the board of directors on the application and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership OFFICERS, INDIVIDUAL, OR MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.

PRINT CLEARLY/ WRITTEN SIGNATURES REQUIRED

NAME: <u>Chris Southern</u>	TITLE: <u>Restaurant Manager</u>
SIGNATURE: <u>[Signature]</u>	DATE OF SIGNATURE: <u>2-10-22</u>
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____
NAME: _____	TITLE: _____
SIGNATURE: _____	DATE OF SIGNATURE: _____

State of West Virginia, MONONGALIA County, To-Wit: Chris Southern, being first duly sworn

according to law, deposes and says that he/she is Restaurant Manager of the \_\_\_\_\_

SFR X Holdings, LLC authorized by law to do business in the State of West Virginia, and that the \_\_\_\_\_

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation

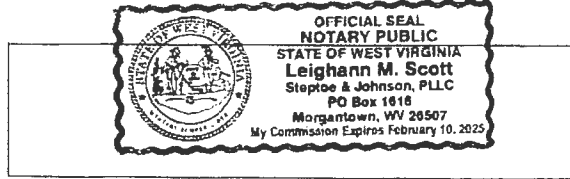
(Applicant Signature) [Signature]

STATE OF WEST VIRGINIA,  
COUNTY OF MONONGALIA to wit:

Sworn to before me and subscribed in my presence this 16th day of FEBRUARY, 2022

[Signature]  
NOTARY PUBLIC

My Commission Expires 2.10.2025



SEAL OF NOTARY

Exhibit A to West Virginia ABC Application  
for  
SFR X Holdings, LLC

TITLE	NAME AND RESIDENCE ADDRESS	% OF OWNERSHIP (if applicable)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER	USA CITIZEN	YEARS RESIDENT IN WEST VIRGINIA
LLC Manager	Kevin R. Attkisson 5101 Dunvegan Road Louisville, KY 40222	0.00%	12/28/1972	403-35-5967	(502) 254-7130	Yes	0
Restaurant Manager	Chris Southern 211 Paula Road Clarksburg, WV 26106	0.00%	7/13/1969	234-25-6674	(304) 626-0213	Yes	50
Sole Member of Applicant, SFR X Holdings, LLC	SFR XI Holdings, LLC 3309 Collins Lane Louisville, KY 40245	100%	n/a	86-2186720	(502) 254-7130	n/a	n/a
50% Member of SFR XI Holdings, LLC	Annam Capital, LLC 3309 Collins Lane Louisville, KY 40245	0%	n/a	84-2915410	(502) 254-7130	n/a	n/a
Sole Member of Annam Capital, LLC	Ulysses L. Bridgeman, Jr. 1604 Cherokee Road, #5 Louisville, KY 40205	0%	9/17/1953	316-58-6587	(502) 254-7130	Yes	0
50% Member of SFR XI Holdings, LLC	SFR VIII Holdings, LLC 3309 Collins Lane Louisville, KY 40245	0%	n/a	84-4547508	(502) 254-7130	n/a	n/a
Sole Member of SFR VIII Holdings, LLC	Kevin R. Attkisson 5101 Dunvegan Road Louisville, KY 40222	0%	12/28/1972	403-35-5967	(502) 254-7130	Yes	0