

NOTICE TO LEGISLATIVE  
AUTHORITY

OHIO DIVISION OF LIQUOR CONTROL  
6606 TUSSING ROAD, P.O. BOX 4005  
REYNOLDSBURG, OHIO 43068-9005  
(614)644-2360 FAX(614)644-3166

TO

4044920		STCK		HUD FARR LLC DBA FARINACCI PIZZA BLDG 2 UNIT 5 86 OWEN BROWN ST HUDSON OHIO 44236
PERMIT NUMBER		TYPE		
ISSUE DATE				
08 22 2024				
FILING DATE				
D1 D2		PERMIT CLASSES		
77	077	C	F33332	
TAX DISTRICT		RECEIPT NO.		

FROM 05/15/2025

PERMIT NUMBER		TYPE	
ISSUE DATE			
FILING DATE			
PERMIT CLASSES			
TAX DISTRICT		RECEIPT NO.	



MAILED

05/15/2025 *mg*

RESPONSES MUST BE POSTMARKED NO LATER THAN.

06/16/2025 *mg*

**IMPORTANT NOTICE**

PLEASE COMPLETE AND RETURN THIS FORM TO THE DIVISION OF LIQUOR CONTROL  
WHETHER OR NOT THERE IS A REQUEST FOR A HEARING.

REFER TO THIS NUMBER IN ALL INQUIRIES

**C STCK 4044920**

(TRANSACTION & NUMBER)

(MUST MARK ONE OF THE FOLLOWING)

WE REQUEST A HEARING ON THE ADVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT  
THE HEARING BE HELD ☐ IN OUR COUNTY SEAT. ☐ IN COLUMBUS.

WE DO NOT REQUEST A HEARING. ☐

DID YOU MARK A BOX? IF NOT, THIS WILL BE CONSIDERED A LATE RESPONSE.

PLEASE SIGN BELOW AND MARK THE APPROPRIATE BOX INDICATING YOUR TITLE:

(Signature)

(Title)- ☐ Clerk of County Commissioner

(Date)

☐ Clerk of City Council

☐ Township Fiscal Officer

CLERK OF HUDSON CITY COUNCIL  
ATTN CLERK FISCAL OFFICER  
1140 TEREX RD  
HUDSON OHIO 44236

OHIO DIV. LIQUOR CONTROL  
LICENSING SCAM RM. 1-A**SECTION A – Issued Permit Holder Information**

2025 APR 18 AM 9:32

\*Issued Permit Holder's Business Name as listed on the issued permit:

HUD FARR, LLC DBA FARINACCI PIZZA

\*Issued Permit Holder #:

4044920

\*Permit Premises Address:

86 OWEN BROWN

\*Is Permit Holder an Agency Store? ☐ YES ☒ NO

If YES, what is the assigned agency # \_\_\_\_\_

\*Township (if premises is outside city limits):

1000

\*City:

HUDSON

\*Zip Code:

44236

\*County:

Summit

\*Contact Name:

Joseph Farinacci

\*Who will be the Primary Contact for this Application:

☒ Contact Listed ☐ Attorney Listed Below

Phone: -

330-908-3106

\*Business Phone:

440-409-3030

\*Primary Contact's Email Address:

DAFJCF@MSN.COM

Attorney Information (if applicable)

Name:

Address:

City:

State:

Zip Code:

Phone #:

Attorney Email Address:

**SECTION B – Corporate Ownership Description**

1. \* List the **CURRENT 5% or more owners** in the issued permit as currently disclosed to us – Not sure who/what we have on record? Go to [com.ohio.gov/liquorinfo](http://com.ohio.gov/liquorinfo) (select "who has a disclosed ownership interest in a particular liquor permit" tab and enter the permit number listed on your issued permit).

	Person or Company Name	Current # of Shares Held
1	HUDFARR LLC (DAVE JANOTKA)	100
2		
3		
4		
5		

2. \* List the **NEW/REVISED 5% or more owners** as they should be listed in the issued permit **AFTER** the change. (Note, depending on your proposed change its possible that some individuals might be listed above and below.) Any real persons **MUST** be at least 21 years of age. In addition to filling out the below information, please submit an updated Officer/Shareholder Disclosure Form (OR [com.ohio.gov/requiredforms](http://com.ohio.gov/requiredforms) - select form #4030) that matches the **"NEW/REVISED"** information below.

	Person or Company Name	Revised # of Shares Held
1	HUDFARR LLC (Joseph Farinacci)	100
2		
3		
4		
5		