



NOTICE TO LEGISLATIVE AUTHORITY

00092758-1 PERMIT NUMBER	LLC TYPE	TO ALADDINS EATERY OF HUDSON LLC 44 PARK LN HUDSON OH 44236
ISSUE DATE		Muni/Village/Twp: Hudson
9/13/2025 FILING DATE		
D-1 D-2 PERMIT CLASSES		
77077 TAX DISTRICT	OCT RECEIPT NO	

FROM 10/9/2025

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

MAILED 10/9/2025

RESPONSES MUST BE POSTMARKED NO LATER THAN 11/09/2025

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: OCT REN 00092758-1

(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

(Printed Name)

(Email Address)

(Telephone No.)

CLERK OF HUDSON CITY COUNCIL
1140 TEREX RD
HUDSON OH 44236

CK# 32388

Ohio Department of Commerce

Application to Change the Membership in an Issued Liquor Permit (LLC Only)
(Division Use Only: Name: _____)

SECTION A – Issued Permit Holder Information

*Issued Permit Holder's Business Name as listed on the issued permit: Aladdins Eatery of Hudson, LLC				*Issued Permit Holder #: 0092758	
*Permit Premises Address: 44 Park Ln.				*Is Permit Holder an Agency Store? ☐ YES ☒ NO If YES, what is the assigned agency # _____	
*Township (if premises is outside city limits): N/A		*City: Hudson		*Zip Code: 44236	*County: Summit
*Contact Name: Lisa Severo				*Who will be the Primary Contact for this Application: ☐ Contact Listed ☒ Attorney Listed Below	
Phone: (216) 262-2020			*Business Phone: (216) 262-2020		
*Primary Contact's Email Address: l i s a @ a l a d d i n s . c o m					
Attorney Information (if applicable) Name: John N. Neal, Esq.					
Address: 1500 W. 3rd St., Ste. 300		City: Cleveland		State: Ohio	Zip Code: 44113
Attorney Email Address: j n e a l @ w a l t e r h a v . c o m		Phone #: (216) 619-7866			

SECTION B – LLC 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 (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	Membership Units	
		# Held	% Held
1	Fady Chamoun	100	100
2			
3			
4			

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 it's 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 **LLC Membership Disclosure Form** (OR com.ohio.gov/requiredforms - select form "Limited Liability Disclosure" form) that matches the "**NEW/REVISED**" information below.

	Person or Company Name	Membership Units	
		# Held	% Held
1	Chamoun Ventures, Ltd.	100	100
2			
3			
4			