

Mike DeWine, Governor Jim Tressel, Lt. Governor Sherry Maxfield, Director

| NOTICE TO LEGIS | SLATIVE A | UTHORITY | ТО | |
|-------------------------|------------|----------------|---|----------------|
| 00092758-1 | | LLC | ALADDINS EATERY OF HUDSON LLC | |
| PERMIT NUMBER | | TYPE | 44 PARK LN | |
| 100UE DATE | | | HUDSON OH 44236 | |
| ISSUE DATE 9/13/2025 | | | Munit Cillana (Turas Hudo en | |
| FILING DATE | | | Muni/Village/Twp: Hudson | |
| D-1 D-2 | | | | |
| | RMIT CLASS | ES | 4 | |
| 77077 TAX DISTRICT | ОСТ | RECEIPT NO | | |
| 17 (C D D 11 (10 1 | | TKEGEN TITO | FROM 10/9/2025 | |
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| PERMIT NUME | BER | TYPE | 4 | |
| ISSUE DATE | | | | |
| 1000E DATE | | | † | |
| FILING DATE | | | | |
| | | | 1 | |
| PERMIT CLASSES | | | - | |
| TAX DISTRICT | | RECEIPT NO | | |
| | | | | |
| MAILED 10/9/20: | 25 | RESPO | ONSES MUST BE POSTMARKED NO LATER THAN 11/ | /09/2025 |
| | | | IMPORTANT NOTICE | |
| PLEASE COMPLE | TE AND R | ETURN THIS FOR | RM TO THE DIVISION OF LIQUOR CONTROL <u>WHE</u> | THER OR NOT |
| THERE IS A REQU | EST FOR | A HEARING. | | |
| REFER TO THIS N | UMBER II | NALL INQUIRIES | | |
| | | | (TRANSACTION & NUMBER) | |
| | | /MUST ! | MARK ONE OF THE FOLLOWING) | |
| NE REQUEST A H | FARING (| | BILITY OF ISSUING THE PERMIT AND REQUEST TH | AT THE HEARING |
| | | COUNTY SEAT | ☐ IN COLUMBUS | "" THE HEATING |
| | | | 0010200 | |
| NE DO NOT REQU | | | | _ |
| DID YOU MARKA | BOX? | IF NO | T, THIS WILL BE CONSIDERED A LATE RESPONSE | •• |
| | | | CORRIGHT DOWNDIA ATIMO VOLUD TITLE | |
| PLEASE SIGN BEI | LOW AND | MARK THE APPR | ROPRIATE BOX INDICATING YOUR TITLE: | |
| | | | | |
| (Signature) | | | (Title) - ☐ Clerk of County Commissioner | (Date) |
| (Signature) | | | ☐ Clerk of City Council | (2410) |
| | | | _ Jich of Orly Oddfoil | |

CLERK OF HUDSON CITY COUNCIL 1140 TEREX RD HUDSON OH 44236

(Printed Name)

(Telephone No.)

(Email Address)

☐ Township Fiscal Officer

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 | | W. W. | | | | |
|--|----------------------------------|--|--|--|--|--|
| *Issued Permit Holder's Business Name as listed on the issued | *Issued Permit Holder #: | | | | | |
| Aladoins Eatery of Hudson, LLC | 0092758 | | | | | |
| *Permit Premises Address: | Holder an Agency Store? YES NO | | | | | |
| 44 Park Lt. | at is the assigned agency # | | | | | |
| | so/7 | *Zip Code: | | | | |
| *Contact Name: Lisa Severo | | be the Primary Contact for this Application: ntact Listed ■ Attorney Listed Below | | | | |
| Phone: *Bus | siness Phone: | | | | | |
| (216) 262-2020 | (216) 262-2020 | | | | | |
| *Primary Contact's Email Address: | T-7-1-T- | | | | | |
| lisa@aladdins.com | 4-1-1-1 | | | | | |
| Attorney Information (if applicable) Name: John N. Neal, Esq. Address: City: State: Zip Code: Phone #: | | | | | | |
| Address: City: 1500 W. 3rd St., Ste. 300 Cleveland | Zip Code: | | | | | |
| Attorney Email Address: | Ohio | (2.0) | | | | |
| jneal@walterhav. | c o m | | | | | |
| 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). | | | | | | |
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