NOTICE TO LEGISLATIVE AUTHORITY

TO

00092758-1 PERMIT NUMBER	**LLC** TYPE	**ALADDINS EATERY OF HUDSON LLC** **44 PARK LN** **HUDSON OH 44236**
ISSUE DATE		
9/13/2025 FILING DATE		**Muni/Village/Twp: Hudson**
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:	*Issued Permit Holder #:
Aladdins Eatery of Hudson, LLC	0092758

*Permit Premises Address:	*Is Permit Holder an Agency Store? ☐ YES ■ NO If YES, what is the assigned agency # _____
44 Park Ln.	

*Township (if premises is outside city limits):	* City:	*Zip Code:	*County:
N/A	Hudson	44236	Summit

*Contact Name:	*Who will be the Primary Contact for this Application: ☐ Contact Listed ■ Attorney Listed Below
Lisa Severo	

Phone:	*Business Phone:
(216) 262-2020	(216) 262-2020

*Primary Contact's Email Address:
lisa@aladdins.com

Attorney Information (if applicable)	Name: John N. Neal, Esq.			
Address: 1500 W. 3rd St., Ste. 300	City: Cleveland	State: Ohio	Zip Code: 44113	Phone #: (216) 619-7866

Attorney Email Address:
jneal@walterhav.com

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			