Department of Commerce
Division of Liquor Control

Ward 8 Polansek

com.ohio.gov

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

NOTICE TO LEGISLATIVE AUTHORITY

TO

00025949-1 PERMIT NUMBER	**LLC** TYPE	**ABU JAMAL LLC** **870 E 185TH ST** **CLEVELAND OH 44119**
ISSUE DATE		
9/10/2025 FILING DATE		**Muni/Village/Twp: Cleveland**
C-1 C-2 PERMIT CLASSES		
18154 TAX DISTRICT	**OCT** RECEIPT NO	

FROM **10/14/2025**

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

MAILED 10/14/2025 **RESPONSES MUST BE POSTMARKED NO LATER THAN 11/14/2025**

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 00025949-1**
(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 ☐ Clerk of City Council ☐ Township Fiscal Officer (Date)

(Printed Name) (Email Address) (Telephone No.)

CLERK OF CLEVELAND CITY COUNCIL
601 LAKESIDE AV
RM 216
CLEVELAND OH 44114

SECTION A – Issued Permit Holder Information

*Issued Permit Holder's Business Name as listed on the issued permit:	*Issued Permit Holder #:
Abu Jamal LLC	0025949

*Permit Premises Address:	*Is Permit Holder an Agency Store? ☐ YES ■ NO If YES, what is the assigned agency # _____
870 East 185th Street	

*Township (if premises is outside city limits):	* City:	*Zip Code:	*County:
	Cleveland	44119	Cuyahoga

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

Phone:	*Business Phone:
(216) 791-9074	

*Primary Contact's Email Address:
z o 6 9 8 g @ g m a i l . c o m

Attorney Information (if applicable)	Name:			
Address: None	City:	State:	Zip Code:	Phone #:

Attorney Email Address:

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	Abdulnasser Zindani	1	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	Saeed Ali Shaibi	1	100
2			
3			
4			

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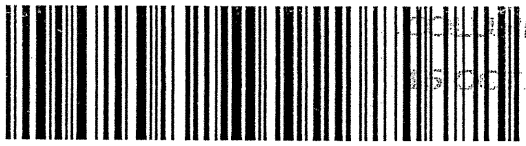
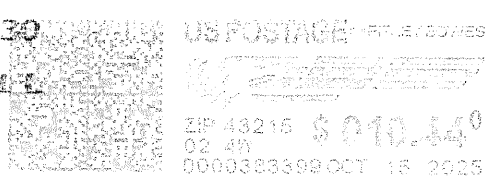
Division of Liquor Control
6606 Tussing Road, P.O. Box 4005
Reynoldsburg, Ohio 43068-9005



BUS OH 430
2025PM 1



9214 7969 0099 9790 1658 0617 64

00025949-1
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44114-107699