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

TO

2485805 PERMIT NUMBER O9 07 2022 FILING DATE D5I D6 PERMIT CLASSES	STCK	EL VERDE LLC CLAUDIA REYNA VEGA ADMIN DBA EL FOGON MEXICAN GRILL 1080 INTERSTATE PKY & PATIO GREEN AKRON OH 44312						
	3210 IPT NO.							
		FROM 04/21/2025						
PERMIT NUMBER ISSUE DATE FILING DATE PERMIT CLASSES TAX DISTRICT RECE	TYPE							
MAILED 04/21/2025	RESPON	SES MUST BE POSTMARKED NO LATER THAN. 05/22/2025						
PLEASE COMPLETE AND RETURN WHETHER OR NOT THERE IS A REFER TO THIS NUMBER IN AL	RN THIS	C STCV 2/185805						
(<u>N</u>	IUST N	IARK ONE OF THE FOLLOWING)						
WE REQUEST A HEARING ON THE HEARING BE HELD		OVISABILITY OF ISSUING THE PERMIT AND REQUEST THAT OUR COUNTY SEAT. IN COLUMBUS.						
WE DO NOT REQUEST A HEAR DID YOU MARK A BOX? IF	_	THIS WILL BE CONSIDERED A LATE RESPONSE.						
PLEASE SIGN BELOW AND MA	RK THE	APPROPRIATE BOX INDICATING YOUR TITLE:						
(Signature)	· · · · · ·	(Title) - Clerk of County Commissioner (Date)						
(3.3		Clerk of City Council						
		Township Fiscal Officer						
CLERK OF GREEN CITY BUILDING PO BOX 278 GREEN OHIO 442	CITY 232	COUNCIL						

DLC 4052 REV. 03/09

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	SECTION A - Issued Permit Holder Information 2025 A	PF	R 10	am II	: 1	4										
	*Issued Permit Holder's Business Name as listed on ti	10	issue	j perr	nit:		*ls	sue	d Per	mit	Hole	der f	t:			T
	El Verde LLC						24	185	805							
								NO	٦							
1080 Interstate Pkwy If YES, what is the assigned agency #																
	*Township (if premises is outside city limits):					*Z	ip Cod	de:		*C	ounty	/ :				1
	Green/A	kr	ron			4	4312	4312 Summit						١		
	*Contact Name:						the P									٦
١	Joel Aguirre	١.		in the second			act Lis	sted		Atto	ney	Liste	d B	vole	V	╛
١	Phone:	*	*Busine	ess Pr	one);										
	330/644-7700									╛						
١	*Primary Contact's Email Address:									4						
l	e 1 f o g o n 2 0 1 2 @ y a h	0		. c	0	m										
	Attorney Information (if applicable) Name: Gina M.	Do	oughei	ty												٦
	ddress: City: State: Zip Code: Phone #:								7							
336 S. High St. Columbus OH 43215 (614) 461-6300 Attorney Email Address:							4									
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L	g m d 1 g 1 @ a o 1 . c o m															1
r	SECTION B - LLC Ownership Description								-							
r	1. * List the CURRENT 5% or more owners in the issued	ре	rmit as	curre	กปัง	disc	closed	to	us – N	lot	sure	who	/wha	t w	e have	_
l	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).															_
	Donor or ON									Me	embe	ersh	lp U	nlts	1	
ı	Person or Company Nar	ne	3													1

	Person or Company Name	Membership Units					
	rerson of Company Name	# Heid	% Held				
1	Cludia Reyna Vega , ADM of the estate of Mector Cuellar	1000	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 <u>LLC</u> Membership Disclosure Form (OR com.ohio.gov/requiredforms - select form "Limited Liability Disclosure" form) that matches the "NEW/REVISED" information below.

	Florence of Company Name	Membership Units			
	Person or Company Name	# Hefd	% Held		
1	Claudia Reyna Vega	250	25		
2	Joel Aguirre	250	25		
3	Horacio Cuellar	250	25		
4	Vicente de la Paz	250	25		