



( LICENSE YEAR: )  
( \_\_\_\_/\_\_\_\_/\_\_\_\_ TO )  
( \_\_\_\_/\_\_\_\_/\_\_\_\_ )

### CITY OF AURORA, ILLINOIS LIQUOR LICENSE APPLICATION

APPLICANT/CORPORATE NAME: \_\_\_\_\_  
d/b/a NAME: \_\_\_\_\_  
LOCATION ADDRESS: \_\_\_\_\_  
BUSINESS PHONE ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_  
APPLICANT'S REPRESENTATIVE \_\_\_\_\_  
REPRESENTATIVE'S PHONE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_  
E-MAIL ADDRESS FOR CONTACTING BUSINESS: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

**NEW APPLICATIONS ONLY:**

**NEW / RENEWAL APPLICATIONS:**

APPLICATION FEE \_\_\_\_\_  
CERTIFICATE OF REGISTRATION \_\_\_\_\_  
(FOOD & BEVERAGE TAX)  
CERTIFICATE OF OCCUPANCY \_\_\_\_\_  
CERTIFICATE OF INCORPORATION \_\_\_\_\_  
PERSONAL INFORMATION FORMS \_\_\_\_\_  
(BACKGROUND CHECKS)  
SEATING CHART (DRAWN TO SCALE) \_\_\_\_\_  
(INCLUDES OUTDOOR SEATING,  
IF PLANNED)  
PROBATIONARY AGREEMENT /  
MANAGEMENT PLAN \_\_\_\_\_

COPY OF LEASE / PROOF OF  
OWNERSHIP \_\_\_\_\_  
COPY OF DRAM SHOP INSURANCE \_\_\_\_\_  
(LIQUOR LIABILITY INSURANCE)  
COUNTY HEALTH DEPT. CERTIFICATE \_\_\_\_\_  
COPY OF MENU \_\_\_\_\_  
COPY OF STATE LIQUOR LICENSE \_\_\_\_\_  
COPY OF STATE-CERTIFIED BEVERAGE  
ALCOHOL SELLERS/SERVERS  
TRAINING CERTIFICATES \_\_\_\_\_

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APPROVED \_\_\_\_\_  
DENIED \_\_\_\_\_  
DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
MAYOR  
LIQUOR CONTROL COMMISSIONER

APPLICATION FOR LICENSE TO SELL  
ALCOHOLIC LIQUOR AT RETAIL IN THE CITY OF AURORA, ILLINOIS

- |                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Individual                    | <input type="checkbox"/> New Application     |
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Renewal Application |
| <input type="checkbox"/> Limited Liability Corporation |                                              |

Applicant's Name: \_\_\_\_\_

If Partnership, list names of all partners: \_\_\_\_\_

Name of establishment to be licensed: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

For the term ending: \_\_\_\_\_

TO THE LOCAL LIQUOR CONTROL COMMISSIONER OF THE CITY OF AURORA, ILLINOIS:

This applicant makes the following statement of facts and applies for a license of the class indicated below, under Ordinance No. 5553 and all amendments thereto.

This applicant has read and fully understands the contents and requirements of Ordinance No. 5553 of the City of Aurora and all amendments thereto, and if granted a license, will conduct his business in compliance with the terms thereof and will not violate or permit any of his employees to violate said ordinance or any of the laws of the State of Illinois or of the United States in conduct of the business sought to be licensed.

CLASS OF LICENSE DESIRED:

___ CLASS A – Tavern .....	\$2,070
___ CLASS B – Fraternal Society or Club .....	\$2,070
___ CLASS C – Package Liquor.....	\$1,815
___ CLASS D – Metropolitan Exposition and Auditorium.....	\$ 25/event
___ CLASS E - Restaurant.....	\$2,070
___ CLASS F – Beer and Wine Restaurant.....	\$1,815
___ CLASS G – Package Beer and Wine.....	\$1,650
___ CLASS H – Golf Course/Clubhouse .....	\$2,070
___ CLASS I – Specialty Basket.....	\$ 550
___ CLASS J - Hotel (Full Service).....	\$2,070
___ CLASS K – Catering.....	\$ 825
___ CLASS L – Riverboat Facility.....	\$2,070
___ - Members-only Lounge* .....	\$4,140
___ CLASS M – Hotel (Limited Service).....	\$ 825
___ CLASS N - Specialty Package .....	\$1,815

\*In conjunction with Class L-Riverboat Facility License only.





3. If applicant is a Corporation, the date of incorporation: \_\_\_\_\_
  - A. If applicant is a foreign Corporation, date the corporation was qualified under Illinois Business Corporation Act to transact business in Illinois: \_\_\_\_\_
  - B. Objects of corporation, as set forth in the corporate charter: \_\_\_\_\_
  - C. Copy of Certificate of Incorporation is attached. Yes \_\_\_\_ No \_\_\_\_
4. State principal kind of business: \_\_\_\_\_
5. Length of time in said business: \_\_\_\_\_
6. Location and description of place of business to be operated under the applied-for license: \_\_\_\_\_
7. Is the premises within 100 feet of a church, grade or high school, hospital, home for the aged or indigent persons? Yes \_\_\_\_ No \_\_\_\_
8. Is the premises owned or leased? Owned \_\_\_\_ Leased \_\_\_\_
  - A. If leased, it is mandatory that such lease shall be for a term of sufficient length to encompass the period of the license sought. Period covered by current lease is from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.
  - B. Copy of lease or proof of ownership MUST BE submitted with this application.
  - C. If premises are leased, provide names and addresses of all owners of the property: \_\_\_\_\_
9. Are premises held in trust? Yes \_\_\_\_ No \_\_\_\_
10. Has applicant made application for a similar or other license on premises other than the one for which this license was sought? Yes \_\_\_\_ No \_\_\_\_
11. What was the disposition of the above application? Issued \_\_\_\_ Denied \_\_\_\_
12. Indicate liquor license issued by State of Illinois Liquor Control Commission:  
 Illinois State Liquor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
*If this is a renewal application, please provide copy of State Liquor License with this application.*
13. Have any liquor licenses issued to the applicant been revoked? Yes \_\_\_\_ No \_\_\_\_  
*IF SO, STATE REASONS IN A SEPARATE, SIGNED LETTER ACCOMPANYING THIS APPLICATION.*
14. Has applicant or any person listed on this application ever been convicted of a felony?  
 Yes \_\_\_\_ No \_\_\_\_
15. Is the applicant or any person listed in this application disqualified from receiving a liquor license by reason of any manner contained in Illinois State Law, the City of Aurora Liquor Ordinance or other ordinances of this city? Yes \_\_\_\_ No \_\_\_\_
16. If applicant is applying for a **Class B – Fraternal Society or Club Liquor License**:
  - A. How many dues-paying members? \_\_\_\_\_ *Attach listing of members' names and addresses.*
  - B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance? Yes \_\_\_\_ No \_\_\_\_

17. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please attach a copy of your current County Health Department Food Certificate.*
18. Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the liquor license application. *Please attach a copy of the insurance policy to this application.*
19. Proof of completion of a state-certified beverage alcohol sellers and service education and training program for all persons who serve or sell alcoholic beverages pursuant to your license is mandatory and required to be on file with the liquor license application. *Please attach a copy of all employees' certificates.*
20. Has the applicant completed and filed a Certificate of Registration application and produced appropriate bonds pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food & Beverage Tax)? Yes \_\_\_\_\_ No \_\_\_\_\_
21. Has the applicant received a Certificate of Occupancy for the premises? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(This requirement does not apply to renewal applications.)*
22. Provide the name and address of person who will be managing the ongoing affairs of this business at these premises. Please also provide manager's personal information on Page 2 of this application.  
 MANAGER'S NAME: \_\_\_\_\_  
 MANAGER'S ADDRESS: \_\_\_\_\_
23. For **Class E-Restaurant and Class F-Beer and Wine Restaurant** applications, provide the name and address of the cook or chef responsible for duties as outlined in the City Liquor Ordinance:  
 COOK/CHEF'S NAME: \_\_\_\_\_  
 COOK/CHEF'S ADDRESS: \_\_\_\_\_
24. All NEW applications received after June 8, 2010 are subject to the Liquor License Probationary Agreement/ Management Plan. If this is a NEW application, has the applicant read, signed, and kept a copy of said Probationary Agreement/Management Plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(This requirement does not apply to renewal applications.)*

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The undersigned swears (or affirms) that he (we) (or the corporation in whose name this application is made, if a corporation) reaffirms all of the foregoing statements, and that all statements are true and correct to the best of his (their) knowledge and belief, and the undersigned agrees not to violate any of the laws of the United States, the State of Illinois, or any of the ordinances of the City of Aurora in the conduct of business described herein.

CORPORATE SIGNATURES

INDIVIDUAL/PARTNERSHIP OR LIMITED LIABILITY CORPORATION SIGNATURES

\_\_\_\_\_  
 President

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Secretary

\_\_\_\_\_  
 Signature