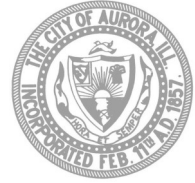




# City of Aurora, Illinois Liquor License Application



Incomplete applications will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60505

APPLICANT: \_\_\_\_\_ License Year: \_\_\_\_\_ to \_\_\_\_\_

License Class \_\_\_\_\_

## Official Use Only

- Date Application Received \_\_\_\_\_
- Application Fee \$250.00
- Business Information Sheet (BIS)
- Proof of Background Check for all Managers/Assistant Managers/Owners (receipts)
- Probationary Agreement/Management Plan
- Certificate of Good Standing from the State of Illinois
- Certificate of Registration (Food & Beverage Tax)
- Certificate of Occupancy
- Copy of Articles of Incorporation
- Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (If applicable)
- Copy of Lease/Proof of Ownership—Lease Expiration \_\_\_\_\_
- Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration \_\_\_\_\_
- Copy of County Health Department Certificate
- Copy of State Liquor License (after local license is granted)
- Copy of State-Certified Beverage Alcohol Sellers/Servers Training Certificates for all employees (BASSET)
- Copy of Menu (if applicable)
- Appropriate Liquor Classification and Endorsement (endorsement if applicable)
- Yearly Fee (per license classification) \$ \_\_\_\_\_
- Notes: \_\_\_\_\_

Approved                       Denied                      Date Approved/Denied: \_\_\_\_\_

\_\_\_\_\_  
Date Issued: \_\_\_\_\_

Mayor  
Liquor Control Commissioner

## Applicant Information

Applicant/Corporate Name: \_\_\_\_\_

d/b/a Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City/State Zip

Business Telephone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Owner or Manager Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Business Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Business Location Information

Business Name (dba): \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City/State Zip County

Telephone #: \_\_\_\_\_

Website: \_\_\_\_\_

**Are the premises owned or leased? Proof of ownership or lease must be provided.**

- I hereby certify that the property is owned by the applicant.
- I hereby certify that the property is leased from the landlord.
- I hereby certify that the property is managed via an operating or management agreement.

Landlord name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces

## Previous Liquor Licenses

Starting with the most recent, list any businesses owned or operated by the applicant within the past ten (10) years that held a liquor license. If more space is needed, please attach an additional sheet of paper.

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street City/State Zip

**Business Telephone#:** \_\_\_\_\_ **Date Held: (mm/yy)** \_\_\_\_\_

**Liquor License Number and State:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street City/State Zip

**Business Telephone#:** \_\_\_\_\_ **Date Held: (mm/yy)** \_\_\_\_\_

**Liquor License Number and State:** \_\_\_\_\_

Have any liquor licenses issued to the applicant been revoked or suspended?  Yes  No  
If yes, please fill out the area below.

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street City/State Zip

**Date Held (mm/yy):** \_\_\_\_\_ **Date of Revocation (mm/yy):** \_\_\_\_\_

**Reason for Revocation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has any director, officer, shareholder, or any of your managers ever held a liquor license that was revoked by the local, state or federal government?  Yes  No If yes, please answer the questions below.

**Name:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Street City/State Zip

**Date Held (mm/yy):** \_\_\_\_\_ **Date of Revocation (mm/yy):** \_\_\_\_\_

**Position with Business:** \_\_\_\_\_

**Reason for Revocation:** \_\_\_\_\_

\_\_\_\_\_

Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction?  Yes  No If yes, please answer the questions below.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City/State Zip

Position Held: \_\_\_\_\_ Date of Denial (mm/yy): \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Business Organization Information

Type of Business:

Sole Proprietor  Partnership  Corporation  LLC  Non-Profit  Government

*For LLC, Corporation, Non-Profit Organizations, or Government proceed to Question C.*

A. Name of Sole Proprietor: \_\_\_\_\_

d/b/a: \_\_\_\_\_

B. Name (first and last) of all Partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Corporation Name: \_\_\_\_\_

Corporate Registered Agent / Contact: \_\_\_\_\_

Corporate Headquarters Address: \_\_\_\_\_

Corporate Telephone #: \_\_\_\_\_

Corporate Contact Name and Cell #: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

## Owner / Manager Information

Sole Proprietors or Partnerships - All Owner(s) and All Partner(s)  
Corporations - All Director(s) and Officer(s)  
All Managers and Assistant Managers

Name: \_\_\_\_\_  
Last First Middle

Position with Business: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MO Day YYYY

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Position with Business: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MO Day YYYY

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Position with Business: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MO Day YYYY

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

# Corporation Information

1.	<p>Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilt, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.</p>
2.	<p>How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p> <p>_____</p>
3.	<p>Does the director, officer, shareholder, or any of your managers hold any law enforcement office?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state the person's name, title and agency. _____</p>
4.	<p>Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the investigation or hearing.</p>
5.	<p>Is the premises within 100 Feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a document that answers the following:</p> <ul style="list-style-type: none"> <li>• The type of activity to be conducted at the premises proposed to be licensed and the days and times during which such activity will take place;</li> <li>• The size of the applicant's business and the affected establishment;</li> <li>• The availability of adequate parking for patrons of both the applicant's business and the affected establishment;</li> <li>• Whether the applicant is seeking a license to permit consumption of liquor on premises or the sale of packaged goods;</li> <li>• Any police activity;</li> <li>• Relevant geography and location of applicant's business;</li> <li>• The legal nature and history of applicant;</li> <li>• Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.</li> </ul>
6.	<p>Do you have security cameras on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both</p> <p>If yes, please provide a brief description of the location(s): _____</p>



# City of Aurora Probationary Agreement / Management Plan

**FORM REQUIRED:** City of Aurora Liquor Ordinance SEC. 6-5. Application for License.

Upon approval of the application and issuance of any new liquor license, the licensee will be placed on a one-year probation period. During said probationary period, if the licensee violates any section of the liquor ordinance, as specified in a probationary agreement that includes a management plan put forth to the licensee prior to the issuance of a license. A liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.

## Probationary Agreement / Management Plan

Applicant /Corporate Name

d/b/a Name

Location Address

## Planned Days / Hours of Operation

<input type="checkbox"/>	SUNDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	MONDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	TUESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	WEDNESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	THURSDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	FRIDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	SATURDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.

## Entertainment

Entertainment will be held on the premises. Yes  No

If yes, what type(s) of entertainment? (Please list)

Please specify the dates and times that entertainment is planned.

<input type="checkbox"/>	SUNDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	MONDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	TUESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	WEDNESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	THURSDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	FRIDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	SATURDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.

## Security

Will private security be hired for your business? Yes  No

If yes, will private security only be hired when entertainment is offered? Yes  No

Name of Private Security Company to be Hired:

Address of Private Security Company:

Contact Person: for Security Company:

Security Contact Person's Phone Number: (Please provide two options)

## Affidavit

By signing this Probationary Agreement, the undersigned affirms that he/she understands if the business is found to be in violation of any section of the liquor ordinance within the first year of operation, a Liquor Hearing may be held and the Liquor License issued may be revoked without progressive discipline being instituted.

\_\_\_\_\_  
President / Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary / Owner

\_\_\_\_\_  
Date

## Receipt

I have received a copy of the Probationary Agreement / Management Plan that has been signed by the President and Secretary / Owner(s) of the business. One copy of the agreement will be placed in the Licensee's file in the City Clerk's Office.

\_\_\_\_\_  
President / Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary / Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk's Office

\_\_\_\_\_  
Date





# City of Aurora, Illinois Business Information Sheet

## Business Entity Information

**Type of Business**    Sole Proprietor    Partnership    LLC    Corporation    Non-Profit

### Legal Name of Business

The exact "legal name" as it appears in the official business formation documentation. \_\_\_\_\_  
For Sole Proprietors, this is the full name of the business owner as it appears on the Sole proprietor's government-issued photo ID.

### "Doing Business As" Name

The exact "Doing Business As" (DBA) Name as it appears in the official business formation documentation. \_\_\_\_\_  
Sole Proprietors of Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Kane County Clerk's Office at 217 S. Batavia Avenue, Geneva, IL

A State of Illinois File Number is **REQUIRED** for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corporations.

### State of Illinois File #

Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, 312.793-3380 or [www.cyberdriveillinois.com/departments/business\\_services/](http://www.cyberdriveillinois.com/departments/business_services/)

A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

### Employer Identification #

An Account ID is **REQUIRED** for ALL business entity types that conduct business in the State of Illinois or with Illinois Customers.

### (formerly IBT #) IDOR Account #

## Business Activity and Location

### Business Activity

List your business activities, including all products and/or services to be offered.

### Business Activity

List your business activities, including all products and/or services to be offered.

Square footage used by the business: \_\_\_\_\_

SQ. FT.

Number of employees at this site: \_\_\_\_\_

## Primary Contact Person

First Name	Middle Name	Last Name	Jr./Sr.
Contact Phone #	Fax #	E-Mail Address	

# Affidavit

I, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal, or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCX 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said applicable local laws.

I swear and affirm not to violate any of the relevant laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora in the conduct of the place of business described herein. I understand and agree that if I violate any local, state or federal laws regarding alcohol sales, consumption or possession, while I have a City of Aurora Liquor License, said license may be suspended or revoked.

I further authorize the City of Aurora or any of its designated agents to contact any agency or individual named or referred to in this Application for the purpose of verifying and/or clarifying any information I have provided herein.

I further certify that if any of the foregoing information changes during the course of the current license year, including, without limitation, changes to the status of the State liquor license, changes in the corporate stockholder shares or corporate officers, I will notify the City of Aurora, in writing, within seven (7) days of such change.

## Corporate/LLC Signatures

## Individual/Partnership Signatures

\_\_\_\_\_  
President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Signature

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

## Government Entity Signatures

\_\_\_\_\_  
Signature - Manager on Behalf of Government Entity

\_\_\_\_\_  
Signature - Governmental Officer