

# LLR

## City of Aurora, Illinois Liquor License Renewal Application



Incomplete applications will not be accepted.

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

Date Application Received \_\_\_\_\_

License Year: \_\_\_\_\_

### APPLICANT INFORMATION

A. Corporation name:		Class Applying For:
B. Business name:		BYOB: Y/N (if applicable):
C. Business address (city, state, zip code):		
D. Business telephone:	E. Business website:	F. Business Email:
H. Owner or Manager contact name for license:		
I. Contact telephone:	J. Email address:	

### BUSINESS ESTABLISHMENT INFORMATION

A. Type of Business:    Sole Proprietor    Partnership    Corporation    LLC    Non-Profit				
B. If Partnership, list all names of partners: _____ _____ _____				
C. If Corporation list names of the officers:				
C1. President	C2. Treasurer		C3. Secretary	

### OFFICIAL USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Approved/Denied:
_____	Date Issued:
Mayor, Liquor Control Commissioner	

**APPLICATION CHECKLIST** Check items to confirm attached to application

	Applicant	Office Use Only
Annual Renewal Fee		
Completed Liquor License Renewal Application (LRA).		
Certificate of Good Standing from Illinois Secretary of State		
Copy of Lease/Proof of Ownership		
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)		
Copy of State Liquor License		
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)		
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors		
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)		
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L, Class P, Class S)		
A hard copy drawn to scale (on at minimum 11 x 17 paper) of any changes or adjustments to outdoor seating plan (if applicable).		
Personal Information Form(s) (PIF) (as needed, one for each person)		
Audit Form for Class N and Video Game Terminal establishments.		

**ANNUAL RENEWAL FEES**

\$550.00	<b>Class I-</b> Specialty basket license
\$825.00	<b>Class K-</b> Catering
\$1,650.00	<b>Class G-</b> Package beer & wine – non-gasoline sales; <b>Class G-1-</b> Package beer & wine, gasoline sales
\$1,815.00	<b>Class C-</b> Package Liquor; <b>Class D:</b> Metropolitan Expo, Auditorium/Theatrical-Arts Facility/Arts and Entertainment studio; <b>Class F-</b> Beer & wine restaurant; <b>Class P-</b> Coffee shop license; <b>Class Q-</b> Craft Winery
\$2,000.00	<b>Class F-1-</b> Beer & wine restaurant and package sales
\$2,070.00	<b>Class A-</b> Tavern; <b>Class B-</b> Fraternal Society of Club; <b>Class E-</b> Restaurant; <b>Class H-</b> Golf course/clubhouse license; <b>Class J-</b> Hotel (full service); <b>Class L-</b> Riverboat Facility; <b>Class M-</b> Hotel (limited); <b>Class N-</b> Specialty Package; <b>Class O-</b> Banquet Hall; <b>Class R-</b> Distillery license; <b>Class S-</b> Recreational Facility
\$4,140.00	<b>Class L-</b> Riverboat Members Only \$4,140

# CORPORATE / PREMISES QUESTIONS

1.	<p>Does the corporation own the property? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please list the start and end date of the current lease. Start: _____ to End: _____</p> <p>Name and full address of property owner:</p> <p>Name: _____</p> <p>Address: _____</p> <p>Contact Information: _____</p>							
2.	<p>Does your establishment have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input type="checkbox"/> Televised Sports</p> <p><input type="checkbox"/> Other: _____</p>							
3.	<p>Do you employ security?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held</p> <p>If Yes, do you: <input type="checkbox"/> Hire Private Security Company <input type="checkbox"/> Use On - Staff Employees</p> <p style="padding-left: 40px;"><input type="checkbox"/> Hire Off- Duty Police Officers <input type="checkbox"/> Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person.</p> <p>_____</p> <p>_____</p>							
4.	<p>Do you have security cameras on premise? <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> <p>_____</p> <p>_____</p>							
5.	<p>For Classes required to serve food for consumption on the licensed premises, please list the name of the chef(s) for the location applying for a liquor license:</p>							
6.	<table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">Does the location have an outdoor seating area?</td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> <td rowspan="2" style="width: 25%; vertical-align: top; font-size: small;">If seating layout has changed submit new seating layout with application.</td> </tr> <tr> <td>Has the outdoor seating layout changed since the initial approval?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Does the location have an outdoor seating area?	Yes	No	If seating layout has changed submit new seating layout with application.	Has the outdoor seating layout changed since the initial approval?	Yes	No
Does the location have an outdoor seating area?	Yes	No	If seating layout has changed submit new seating layout with application.					
Has the outdoor seating layout changed since the initial approval?	Yes	No						
7.	<p>Has applicant or any person listed on this application ever been convicted of a felony?</p> <p style="padding-left: 40px;">Yes                      No</p>							

8.	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
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**CORPORATE INFORMATION (complete for every Manager; Corporation President, Treasurer, and Secretary; Individual/Partnership or LLC- ALL Owners and % of ownership)**

Relationship:					
Sole Owner	Partner	Corp Officer	Site Manager	Director	Other: (____)
Title				% of Stock Ownership	
First Name:			Last Name:		Middle Initial.
Current Residential Address:		Suite/Apt.:	City:		State:      Zip:
Home Phone:	Work Phone:		Cell Phone:	E-mail:	

Relationship:					
Sole Owner	Partner	Corp Officer	Site Manager	Director	Other: (____)
Title				% of Stock Ownership	
First Name:			Last Name:		Middle Initial.
Current Residential Address:		Suite/Apt.:	City:		State:      Zip:
Home Phone:	Work Phone:		Cell Phone:	E-mail:	

Relationship:					
Sole Owner	Partner	Corp Officer	Site Manager	Director	Other: (____)
Title				% of Stock Ownership	
First Name:			Last Name:		Middle Initial.
Current Residential Address:		Suite/Apt.:	City:		State:      Zip:
Home Phone:	Work Phone:		Cell Phone:	E-mail:	

Relationship:					
Sole Owner		Partner		Corp Officer	
Site Manager			Director		Other: (____)
Title					% of Stock Ownership
First Name:			Last Name:		Middle Initial.
Current Residential Address:			Suite/Apt.:	City:	
State:	Zip:				
Home Phone:		Work Phone:		Cell Phone:	E-mail:

Relationship:					
Sole Owner		Partner		Corp Officer	
Site Manager			Director		Other: (____)
Title					% of Stock Ownership
First Name:			Last Name:		Middle Initial.
Current Residential Address:			Suite/Apt.:	City:	
State:	Zip:				
Home Phone:		Work Phone:		Cell Phone:	E-mail:

Relationship:					
Sole Owner		Partner		Corp Officer	
Site Manager			Director		Other: (____)
Title					% of Stock Ownership
First Name:			Last Name:		Middle Initial.
Current Residential Address:			Suite/Apt.:	City:	
State:	Zip:				
Home Phone:		Work Phone:		Cell Phone:	E-mail:

# 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 ILCS 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

(SEAL)

\_\_\_\_\_