LRA

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.

Official Use Only

Date Application Received ________________

Application Renewal Fee

Background Check for all Officers, Members, Owners, and Managers (if not done within the past (3) years)

Addendum - Owner/Manager Information

Certificate of Good Standing from the State of Illinois

Floorplan Certification (If any changes have been made, a new to scale floor plan must be provided.)

Location Certification or Lease/Proof of Ownership

Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)

Copy of State Liquor License

Copy of State-Certified Beverage Alcohol Sellers/Servers Training (BASSET) Certificates (for all employees serving alcohol and all Managers and Assistant Managers). Certificates are good for three (3) years.

Copy of Menu (If applicable)

Audit form for Video Gaming Terminal Establishments (Class N)

Appropriate Liquor Classification and Endorsement (endorsement if applicable)

Copy of County Health Department Certificate

Class B License Holders Only—Current List of Names, Dates of Birth, and Addresses of Officers.

Other: __________________________________________________________

______________________________________________________________

Notes: __________________________________________________________

______________________________________________________________

Approved _______  Denied _______

Date Approved/Denied: __________________________

Date Issued: __________________________

Mayor

Liquor Control Commissioner

Form: 2020
Applicant Information

Applicant/Corporate Name: __________________________________________________________
d/b/a Name: ___________________________________________________________________
Business Address: __________________________________________________________________
Business Telephone#: ___________________ Fax #: ________________________________
Owner or Manager Contact: ___________________________________________________________________
Telephone #: __________________________ Email Address: __________________________
Additional Business Contact: ___________________________________________________________________
Telephone #: __________________________ Email Address: __________________________

Business Location Information

Business Name (dba): ___________________________________________________________________
Business Address: ______________________________________________________________________
Telephone #: __________________________
Website: __________________________________________________________________________

Are the premises owned or leased?
☐ 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: __________________________________________________________________________
Telephone #: __________________________ Email Address: __________________________

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<thead>
<tr>
<th>Total Building Square Footage</th>
<th>Entertainment Area (Square Footage)</th>
<th>Kitchen Area (Square Footage)</th>
<th>Total Number of Seats (Booths &amp; Tables)</th>
<th>Number of Parking Spaces</th>
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<td>☐ LLC</td>
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<td>For LLC, Corporation or Non-Profit Organizations, proceed to Question C.</td>
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<td><strong>A. Name of Sole Proprietor:</strong></td>
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<td><strong>C. Corporation Name:</strong></td>
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<td><strong>Corporate Contact Name and Cell #:</strong></td>
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<td><strong>State of Incorporation:</strong></td>
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<td><strong>Date of Incorporation:</strong></td>
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**Business Organization Information**

- Do you have security cameras on the premises? ☐ Yes ☐ No
- If yes, are they: ☐ Indoor ☐ Outdoor ☐ Both
- If yes, please provide a brief description of the location(s): __________________________
- How long is your security camera footage retained? __________________________

- Is the current business floorplan the same as previously submitted?
  - ☐ I hereby certify that the business floorplan has not changed.
  - ☐ The business floorplan has changed. Attached is an updated floorplan.

- Business Organization Information

- **Type of Business:**
  - ☐ Sole Proprietor
  - ☐ Partnership
  - ☐ Corporation
  - ☐ LLC
  - ☐ Non-Profit
  
  For LLC, Corporation or Non-Profit Organizations, 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:** __________________________

- **D. Have there been any changes to your Business Structure, Ownership, or Management since your last Application? If yes, specify changes:**
  - __________________________
  - __________________________
  - __________________________

- **Do you have security cameras on the premises?**
  - ☐ Yes ☐ No

- **If yes, are they:**
  - ☐ Indoor ☐ Outdoor ☐ Both

- **If yes, please provide a brief description of the location(s):**
  - __________________________

- **How long is your security camera footage retained?**
  - __________________________
All Managers and Assistant Managers Listed on Most Recent Renewal Application

Name:  
Last  First  Middle
Position with Business:  % of Ownership
Email Address:
Date of Birth:  -  -  Date of Last Fingerprints  
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:  -  -  Date of Last Fingerprints  
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:  -  -  Date of Last Fingerprints  
MO  Day  YYYY
Home Address:  
Street  City  State  Zip
Home Telephone#:   Cell Phone #:  
Current 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: _______ - _______ - _______ Date of Last Fingerprints ________________
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: _______ - _______ - _______ Date of Last Fingerprints ________________
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: _______ - _______ - _______ Date of Last Fingerprints ________________
MO Day YYYY

Home Address: _________________________________________________________________
Street City State Zip

Home Telephone#: ____________________________ Cell Phone #: ____________________________
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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.

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<thead>
<tr>
<th>Corporate/LLC Signatures</th>
<th>Individual/Partnership Signatures</th>
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<tbody>
<tr>
<td>President</td>
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Signed and sworn to before me this ______ day of ____________________, 20____. (SEAL)

Notary Public