



Submit completed applications to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60507

Date: _____ 2022-2023 Renewal Fees: _____ Class: _____

Class B,C,D (On-Site Consumption) = \$2,070 | Class A (Beer/Wine Only) = \$1,650
 Class A (Full Package Liquor) = \$1,815 | Class A (Specialty Basket) = \$550

Applicant/Corporate Name: _____

d/b/a Name: _____

Business Address: _____

Business Class (Corporation, LLC, Partnership, Sole) _____ Business Telephone#: _____

Primary Business Contact/Title: _____

Primary Contact Telephone #: _____ Email Address: _____

1. Have there been any changes to your Business Structure, Ownership, or Management since your last Application? _____ If yes, complete an **owner/manager update and indicate changes on p. 2**.
 - Have any managers or owners been arrested since the last application? _____ If yes, explain.
2. Is the business currently in good standing with the State of Illinois? _____ If no, explain.
3. Have any changes been made to the floorplan in the last 12 months? _____
 - If yes, please provide a new to-scale floor plan.
4. Has the business premises ownership or lease changed in the last 12 months? _____
 - If yes, please provide a copy of a new lease or other updated proof of ownership.
5. **Attach a copy of valid Dram Shop Insurance Policy (Liquor Liability Insurance) for the licensed business.**
6. **Attach a copy of a valid State of Illinois Liquor License for the licensed business.**
7. Do all employees serving alcohol and all managers/assistant managers have valid State-Certified Beverage Alcohol Sellers/Servers Training (BASSET) Certificates? _____ Provide copies of certificates that are not already on file with the City of Aurora, i.e., new employees and renewed certificates.
8. Has your menu changed in the last 12 months (where food is served)? _____
 - If yes, please provide a copy of the new menu.
9. Does the business have a current County Health Department Certificate?
 - If no, please provide your anticipated date for obtaining Certificate. _____
10. Does the business maintain security cameras on the premises? _____
11. Does the business operate Video Gaming Terminals on the premises? _____
 - If yes, please complete a Video Gaming Terminal Audit Form.
12. Is the business a "Social Club"? _____
 - If yes, please attach a current list of names, dates of birth, and addresses of **Officers**.
13. Does the business have a permanent outdoor dining area/patio? _____

Owner and Management Information

Attach Additional Sheets if Needed - Identify Changes Since Last Renewal

Sole Proprietors or Partnerships - All Owner(s) and All Partner(s)
Corporations - All Director(s) and Officer(s)
All Licensees—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

Email Address: _____ 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

Email Address: _____ 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

Email Address: _____ Cell Phone #: _____

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/Principal or Managing Member

Signature

Vice President/Secretary

Signature

Treasurer

Signature

Signed and sworn to before me this _____ day of _____, 2022.

Government Entity Applicant Signatures

Signature - Manager on Behalf of Government Entity

Notary Public

Signature - Governmental Officer

(NOTARY SEAL)

This application shall be subscribed and sworn to by: if a **partnership**, by at least two (2) members; if a **corporation**, by the president and attested to by the secretary; if a **limited liability company**, by the principal member or managing member and attested to by a valid notary public; and if a **sole proprietor**, by the applicant.