

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:		
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 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 State Liquor License		
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)		
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)		
Current list of names, dates of birth and home addresses of all members (Class B)		
For any new Managers, Corporation Personal Information Form(s) (PIF) (one for each person)		

ANNUAL RENEWAL FEES

Class A- Tavern \$2,070	Class F- Beer and wine restaurant \$1,815	Class K- Catering \$825
Class B- Fraternal Society of Club \$2,070	Class F-1- Beer & wine restaurant and package sales \$2,000	Class L- Riverboat Facility \$2,070 Members Only \$4,140
Class C- Package Liquor \$1,815	Class G- Package beer & wine – non-gasoline sales \$1,650	Class M- Hotel (limited service) \$2,070
Class D-1- Metropolitan Expo and Auditorium \$1,815	Class G-1- Package beer & wine, gasoline sales \$1,650	Class N- Specialty Package \$1,815
Class D-2- Theatrical-Arts Facility \$1,815	Class H- Golf course/clubhouse license \$2,070	Class O- Banquet Hall \$2,070
Class E- Restaurant \$2,070	Class I- Specialty basket license \$550	
Class E-1- Limited Menu Restaurant \$2,070	Class J- Hotel (full service) \$2,070	

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

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)
