

LLA**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.

Date Application Received _____ License Year: _____

New License:

Change in Ownership/Corporation:

Change in License Class:

APPLICANT INFORMATION

A. Corporation name:			Class Applying For:	
B. Business name:				
C. Type of Business: Sole Proprietor Partnership Corporation LLC Non-Profit				
C. Previous business name (if <i>dba</i> changed):				
D. Business address (city, state, zip code):				
E. Business telephone:		F. Business website:		G. Business Email:
				H. IL Tax ID Number
I. Owner or Manager contact name for license:				
J. Business telephone:			K. Email address:	

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address):			B. Zip code	C. # Parking Spaces
D. Total Building s.f.	E. Entertainment Area	F. Kitchen (Square Footage)	G. Total Number of Seats	H. Seating Area s.f.
I. Number of bar seats	J. Retail/public Area s.f.	K. Cooler s.f.	L. Dry Storage s.f.	M. Sale Counter s.f.

OFFICIAL USE ONLY

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

Application Checklist

Application Checklist		
(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)		<input type="checkbox"/>
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).		<input type="checkbox"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)		<input type="checkbox"/>
Certificate of Registration (Food & Beverage Tax-- register with City of Aurora Revenue and Collections for liquor sales and payment of required bond)		<input type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits)		<input type="checkbox"/>
Copy of the Articles of Incorporation		<input type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State		<input type="checkbox"/>
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Class O include all configurations.)		<input type="checkbox"/>
Copy of Lease/Proof of Ownership		<input type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)		<input type="checkbox"/>
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)		<input type="checkbox"/>
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors		<input type="checkbox"/>
Copy of State Liquor License (if applicable)		<input type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)		<input type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)		<input type="checkbox"/>
Current list of names, dates of birth and home addresses of all members (Class B)		<input type="checkbox"/>
Other:		<input type="checkbox"/>

Corporate Information

Name of Corporation/Partnership:		
Corporate Address:		
Corporate Ph #:	Corporate Email:	FEIN:
Corporate Registered Agent/Contact:	Contact Ph #:	Contact Email:
Date Corporation/Partnership was Organized:		
State Articles of Incorporation/Organization filed:		
Date Articles of Incorporation/Organization filed with Secretary of State:		
Date Certification of Incorporation/Organization was issued by Secretary of State:		
Has the corporation ever been dissolved either voluntary or involuntary? Yes No (If Yes, provide date of reinstatement)		Date of Reinstatement
Are there any amendments to Articles of Incorporation? (if yes, provide date filed) Yes No		Date Amendment Filed
What are the total shares of stock created by this Corporation?		
List stockholders/partners with 5% or more in holdings (<i>corporations with a long list, attach copy of list</i>):		
Name, Title		Percentage of Stock
Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date:		
What is the objective of Corporation?		



City of Aurora, Illinois Business Information Sheet

Type of PRE-Application Liquor License Hotel / Motel License

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.

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/

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:	
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Primary Contact Person

First Name	Middle Name	Last Name
Contact Phone #	Fax #	E-Mail Address

PART 3 FINANCING

IDENTIFY THE SOURCE(S) OF THE FUND USED TO PAY FOR THE EXPENSES LISTED IN PART 2

a BUSINESS SAVINGS & CHECKING Identify any funds from business accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **a** → \$

Description of Source (identify the sources) of money in the accounts listed above Contribution Frequency Contribution Amount

Description of Source (identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
		\$
		\$
		\$
		\$

b PERSONAL SAVINGS & CHECKING Identify any funds from personal accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **b** → \$

Description of Source (identify the sources) of money in the accounts listed above Contribution Frequency Contribution Amount

Description of Source (identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
		\$
		\$
		\$
		\$

C	LOANS FROM FINANCIAL INSTITUTIONS	Identify any loans from financial institutions used to fund Expenses, Part 2				
Account Number	Financial Institution	Loan Date	Loan Term	Co-signers of Loan	Loan Amount	
					\$	
					\$	
					\$	
					\$	
					\$	
Total dollar amount loaned by financial institutions:					C →	\$
d	LOANS FROM FINANCIAL INSTITUTIONS	Identify any loans from individuals used to fund Expenses, Part 2				
Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount		
				\$		
				\$		
				\$		
				\$		
				\$		
Total dollar amount loaned by individuals:				d →	\$	
e	SECURITIES	Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2				
Name of Security	Buy Date	Sell Date	# of Shares	Price	Ticker	Amount Invested
						\$
						\$
						\$
						\$
						\$
Total dollar amount drawn from the sale of securities:					e →	\$
f	GIFTS FROM INDIVIDUALS	Identify any gifts from individuals used to fund Expenses, Part 2				
Name of Giver	Date of Gift	Source of Funds or Gift	# Investment	Amount		
				\$		
				\$		
				\$		
				\$		
Total financing from gifts:				f →	\$	

g	GIFTS/GRANTS FROM INSTITUTIONS	Identify any gifts and/or grants from institutions used to fund Expenses, Part 2		
	Institution	Address (Street, City State)	Contact Name and Phone	Grant Date
				\$
				\$
				\$
				\$
Total money received from institutional gifts and/or grants:				g → \$
h	OTHER FINANCING	Identify any financing (credit cards, etc.) used to fund Expenses, Part 2		
	Description of Financing			Amount Financed
				\$
				\$
				\$
				\$
Total money drawn from other financing:				h → \$
=	FINANCING TOTALS	Sub-total all funds (sections a-h) used to fund Part 2		
	Business Accounts	a → \$	Gifts from Individuals	f → \$
	Personal Accounts	b → \$	Gifts/Grants from Institutions	g → \$
	Loans from Financial Institutions	c → \$	Other Financing	h → \$
	Loans from Individuals	d → \$	TOTAL BUSINESS FINANCING (a-h)*	= → \$
	Securities	e → \$	*Should be equal or greater than total amount of expenses listed in part 2	

PART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on this form is complete, true, and correct. I certify that I understand that all information provided on this Financial Disclosure Form will be corroborated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this verification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a disapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this information is grounds for recalling the license(s) issued.

Signature of Applicant

Date

Subscribed to and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for said County and State

(PLACE SEAL HERE)

PA

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) Bands/Solo DJ Televised Sports

Other

Please specify the days and times that entertainment is planned.

SUNDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
MONDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
TUESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
WEDNESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
THURSDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
FRIDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
SATURDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.

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

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)