

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 6/24/16 License Year: 16-17

New License: Change in Ownership/Corporation: Change in License Class:

APPLICANT INFORMATION

A. Corporation name: EL AUTENTICO JALISCO, INC.		Class Applying For: F	
B. Business name: EL AUTENTICO JALISCO			
C. Type of Business: Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/>			
C. Previous business name (if dba changed):			
D. Business address (city, state, zip code): 110 N. LAKE ST. AURORA IL 60506			
E. Business telephone: (630) 892-0102	F. Business website: jaliscotacosrestaurant.com	G. Business Email:	H. IL Tax ID Number [REDACTED]
I. Owner or Manager contact name for license: Eduardo Gonzalez - Gonzalez			
J. Business telephone: (630) 892-0102		K. Email address: [REDACTED]	

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address): 110 N. LAKE ST.		B. Zip code 60506	C. # Parking Spaces 328	
D. Total Building s.f. 3,600	E. Entertainment Area 0	F. Kitchen (Square Footage) 650	G. Total Number of Seats 128	H. Seating Area s.f. 2,400
I. Number of bar seats 0	J. Retail/public Area s.f. 0	K. Cooler s.f. 50	L. Dry Storage s.f. 400	M. Sale Counter s.f. 10

OFFICIAL USE ONLY

Approved Denied Date Approved/Denied: _____

Mayor, Liquor Control Commissioner Date Issued: _____

31003
16-00619

Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificate of Registration (Food & Beverage Tax— register with City of Aurora Revenue and Collections for liquor sales and payment of required bond) <i>(on file)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of the Articles of Incorporation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State	<input type="checkbox"/>	<i>None</i> <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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of State Liquor License (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Current list of names, dates of birth and home addresses of all members (Class B)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Corporation / Premises Questions

1.	Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If, Yes state the parent corporation's name.
2.	Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain. _____
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? <i>New</i>
4.	Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.
5.	If this is a new license application, what kind of business was previously conducted in the space in which you intend to operate your business? <i>Restaurant</i>
6.	State the estimated value of goods, wares and merchandise to be used in the course of business. <i>\$ 50,000</i>
7.	Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the investigation or hearing.
8.	Does the corporation own the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please list the start and end date of the current lease. Start: <i>8-1-16</i> to End: <i>7-3-19</i> Name and full address of property owner: Name: <i>MPG Properties LLC</i> Address: <i>110 N. LAKE ST.</i> Contact Information: <i>Martin Padilla</i>
9.	Is the premises within 100 Feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10.	<p>If applicant is applying for a Class B - Fraternal Society or Club Liquor License: <i>N/A</i></p> <p>A. How many dues-paying members do you have? _____ (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance?: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
11.	<p>Does your establishment have entertainment? <input type="checkbox"/> Yes <input checked="" 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>
12.	<p>Do you employ security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is available.</p> <p>If Yes, do you: <input type="checkbox"/> Hire Private Security <input type="checkbox"/> Use On - Staff Employees</p> <p><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>
13.	<p>Do you have security cameras on premise? <input type="checkbox"/> Yes <input checked="" 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>
14.	<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> <p style="text-align: center;"><i>Eduardo Gonzalez - Gonzalez</i></p>
15.	<p>For Class G-1, check the retail item categories available for purchase at the location:</p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Baked Goods <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Groceries</p> <p><input type="checkbox"/> Snack Foods <input type="checkbox"/> Health Aids <input type="checkbox"/> Beauty Aids</p>
16.	<p>Has a <i>Personal Information Form (PIF)</i> been completed for each person holding (5%) or more stock in this corporation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

Corporate Information

Name of Corporation/Partnership:

EL ANTENICO JALISCO, INC.

Corporate Address:

110 N. LAKE ST.

Corporate Ph #:

(630) 892-0102

Corporate Email:

[REDACTED]

FEIN:

81-0945893

Corporate Registered Agent/Contact:

Contact Ph #:

[REDACTED]

Contact Email:

Date Corporation/Partnership was Organized:

12-1-15

State Articles of Incorporation/Organization filed:

Illinois

Date Articles of Incorporation/Organization **filed** with Secretary of State:

12-1-15

Date Certification of Incorporation/Organization was **issued** by Secretary of State:

12-1-15

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?

100

List stockholders/partners with 5% or more in holdings (corporations with a long list, attach copy of list):

Name, Title	Percentage of Stock
Eduardo Gonzalez - Gonzalez	100%

Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date:

N/A

What is the objective of Corporation?

Transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

BIS

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.

EL AUTENTICO JALISCO, INC.

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.

"SAME"

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 #

[REDACTED]

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 # 81-0945893

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 #

[REDACTED]

Business Activity and Location

Business Activity

Full service restaurant

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:

3600

SQ. FT.

Number of employees at this site:

4

Primary Contact Person

First Name

Eduardo

Middle Name

Last Name

Gonzalez-Gonzalez

Contact Phone #

(630) 892-0102

Fax #

(866) 518-2526

E-Mail Address

[REDACTED]

FDF

City of Aurora Financial Disclosure Form

FORM REQUIRED: Used to document the source of all money invested or spent to fund a new establishment, expand an existing establishment, or buy an existing business, when the business holds one of the following licenses; Liquor, Amusement, Hotel, or Day Care.

INSTRUCTIONS: Complete the four (4) parts below, being sure to follow all printed instructions carefully. If a section does not apply, mark it "N/A". If more room is needed to complete any of the following sections, include an attachmet. This form must be signed and notarized in Part 4 by an owner or officer listed with the Department of Business Affairs & Consumer Protection.
PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION.

PART 1 INFORMATION		PROVIDE THE FOLLOWING INFORMATION ABOUT THE LEGAL ENTITY APPLYING FOR THE LICENSE(S).			
FEIN# (IRS) 81-0945893	IDOR # (IL Dept. of Revenue - formerly IBT#) [REDACTED]	IDOR # (IL Dept. of Revenue - formerly IBT#)			
Legal Name of Applicant Entity EL AUTENTICO JALISCO, INC.		"Doing Business as Name" of establishment "SAME"			
First Name of Primary Business Contact Eduardo -		Middle Name	Last Name Gonzalez - Gonzalez		
Home Street Address of Primary Business Contact [REDACTED]		Suite/Apt.	City	State	Zip
Home Phone [REDACTED]	Work Phone (630) 892-0102	Cell Phone [REDACTED]	E-mail Address		

PART 2 EXPENSES		ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION.	
Description of Expenses (start-up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory.)	Amount of Expense		
Inventory	5,650	-	
Permits & Licenses	3,100	-	
Advertising	575	-	

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
		Dec 2015	Eduardo G.	\$ 10,500 00	\$ 0 00
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **a** → \$ 10,500.00

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

n/a		\$
		\$
		\$
		\$

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

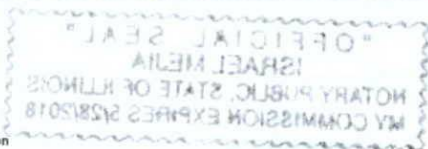
Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
		n/a		\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **b** → \$ 0.00

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	
	N/A				\$	
					\$	
					\$	
					\$	
					\$	
Total dollar amount loaned by financial institutions:					c →	\$ 0.00
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		
N/A				\$		
				\$		
				\$		
				\$		
				\$		
Total dollar amount loaned by individuals:					d →	\$ 0.00
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
N/A						\$
						\$
						\$
						\$
						\$
Total dollar amount drawn from the sale of securities:					e →	\$ 0.00
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		
N/A				\$		
				\$		
				\$		
				\$		
Total financing from gifts:					f →	\$ 0.00



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	Amount Gifted
N/A				\$
				\$
				\$
				\$
Total money received from institutional gifts and/or grants:				\$ 0.00

h OTHER FINANCING		Identify any financing (credit cards, etc.) used to fund Expenses, Part 2		
Description of Financing	Amount Financed			
N/A				\$
				\$
				\$
				\$
Total money drawn from other financing:				\$ 0.00

= FINANCING TOTALS		Sub-total all funds (sections a-h) used to fund Part 2			
Business Accounts		\$ 10,500.00	Gifts from Individuals		\$ 0.00
Personal Accounts		\$ 0.00	Gifts/Grants from Institutions		\$ 0.00
Loans from Financial Institutions		\$ 0.00	Other Financing		\$ 0.00
Loans from Individuals		\$ 0.00	TOTAL BUSINESS FINANCING (a-h)		\$ 10,500.00
Securities		\$ 0.00	*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: 6-23-16

Subscribed and sworn to before me this 23 day of June, 2016.

 County and State



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

EL AUTENTICO SALTICO INC.

d/b/a Name

"SANE"

Location Address

110 N - LAKE ST.

Planned Days / Hours of Operation

Day	FROM	A.M. / P.M.	TO	A.M. / P.M.
<input checked="" type="checkbox"/> SUNDAY	10:00	A.M. / P.M.	10:00	A.M. / P.M.
<input checked="" type="checkbox"/> MONDAY	10:00	A.M. / P.M.	10:00	A.M. / P.M.
<input checked="" type="checkbox"/> TUESDAY	10:00	A.M. / P.M.	10:00	A.M. / P.M.
<input checked="" type="checkbox"/> WEDNESDAY	10:00	A.M. / P.M.	10:00	A.M. / P.M.
<input checked="" type="checkbox"/> THURSDAY	10:00	A.M. / P.M.	10:00	A.M. / P.M.
<input checked="" type="checkbox"/> FRIDAY	10:00	A.M. / P.M.	11:00	A.M. / P.M.
<input checked="" type="checkbox"/> SATURDAY	10:00	A.M. / P.M.	11:00	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
N/A

Please specify the days and times that entertainment is planned.

Day	FROM	A.M. / P.M.	TO	A.M. / P.M.
<input type="checkbox"/> SUNDAY				
<input type="checkbox"/> MONDAY				
<input type="checkbox"/> TUESDAY				
<input type="checkbox"/> WEDNESDAY				
<input type="checkbox"/> THURSDAY				
<input type="checkbox"/> FRIDAY				
<input type="checkbox"/> SATURDAY				

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.

[Redacted]
President / Owner

6/23/16
Date

[Redacted]
Secretary / Owner

6/23/16.
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.

[Redacted]
President / Owner

6/23/16
Date

[Redacted]
Secretary / Owner

6/23/16.
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 ILCX 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 16 day of June

_____, 20 16.

Notary Public / _____



COMMERCIAL LEASE

LESSEE INFORMATION

Lessee: EL AUTENTICO JALISCO, INC.

Address: 110 N. Lake St. Aurora, IL 60506

Phone: 630-892-0102

LESSOR INFORMATION

Lessor: MPG PROPERTIES, LLC.

Address: 110 N. Lake St. Aurora, IL 60506

Phone: 630-892-0102

LEASE TERM

Begins: 8/1/2016

Ends: 7/3/2019

Monthly Rent: \$4,500

Security Deposit: \$0.00

Rent will increase annually by \$25.00 on January 1, 2017 and every year thereafter by the same amount.

In consideration of the mutual agreements and covenants set forth below (the same being fully included as part of this lease), Lessor hereby leases to Lessee and Lessee hereby leases from Lessor for a private dwelling the residence designated above, together with the fixtures and accessories belonging thereto, for the above term. All parties listed above as Lessor and Lessee are herein referred to individually and collectively as Lessor and Lessee respectively.

LEASE AGREEMENTS AND COVENANTS

1. **RENT:** Lessee shall on the 1st day of each month pay to the Lessor in advance, the rent set forth above at the address set above. The time of each and every payment of rent is of the essence of the lease.

2. **LATE PAYMENT FEE:** If the monthly rental payment is not received on the day on which it is due (5 day grace period), Lessee shall pay the Lessor \$25 per day for every day rent is not received. Received is hereby defined as actual receipt, not the date deposited in the U.S. Mail.
3. **SECURITY DEPOSIT:** Lessee has not provided Lessor with security deposit.
4. **USE:** Lessee shall use and occupy the premises as a Legal Office only. The premises shall be used for no other purpose. Lessor represents that the premises may lawfully be used for such purposes.
5. **LESSEE RESPONSIBILITIES:** Lessee agrees to abide by all "Lessee Responsibilities" which are attached hereto and made part of hereof. Lessor reserves right to modify these responsibilities after the execution of this lease, with notice to Lessee of said modification (s).
6. **COMPLIANCE WITH RULES:** Lessee shall comply with all rules and regulations, covenants, and conditions and Lessee shall be responsible for any penalties or expenses related to any violation thereof, all of which Lessee shall pay on demand, as additional rent.
7. **REPAIRS AND MAINTENANCE:** Lessee is satisfied with the present and physical condition of the residence and that neither Lessor nor Lessor's agent have made any representations or promises concerning the physical conditions except those set forth in this lease. Upon reasonable notice from Lessee, Lessor shall keep in repair the following property (except if repair is necessitated by Lessee's negligent or willful acts):
 - a. Air conditioning
 - b. Heating the office and the water heating
 - c. Plumbing and electrical facilities
 - d. Interior and exterior of walls, supports, ceiling and roof
8. **SUBLETTING or ASSIGNMENT:** Lessee shall neither sublet the residence or any part thereof, nor assign this lease without, in each case, the written consent of the Lessor. If Lessor agrees to an assignment of lease or sublease, Lessee shall not be released of liability until the lease terminates.
9. **ALTERATIONS:** Lessee shall make no alterations, additions, paintings, or wallpapers without prior written consent from Lessor. All alterations and fixtures shall remain part of the residence.
10. **RIGHT TO SHOW:** Lessor shall have the right to show the premises to prospective Lessees or buyers and may display "For Rent" or "For Sale" signs at premises.
11. **SNOW REMOVAL:** Lessee shall remove all snow and ice from sidewalks and driveway to ensure there does not exist a hazardous condition.
12. **UTILITIES:** Lessee is responsible for the timely payment of all utilities, including gas, electric, telephone, garbage removal and internet.

13. **LESSEE HOLD OVER:** If the Lessee remains in possession of the premises or any part thereof after the termination of the lease by lapse of time or otherwise, then the Lessor's option within thirty (30) days of the termination of the lease serve written notice upon Lessee that such holding over constitutes either (a) renewal of the lease for one year, and from year to year thereafter, at the double the monthly rent specified herein for such a period, or (b) creation of a month to month tenancy, upon the terms of this lease except at double the monthly rental, or (c) creation of a tenancy at sufferance, at the rental of \$ 35.00 per day for the time Lessee remains in possession of the premises. If no such written notice is served, than a tenancy at sufferance with rental as stated in (c) shall have been created. Lessee shall also pay to Lessor all damages sustained by Lessor resulting from Lessee remaining in possession of the premises.

14. **DEFAULT:** If Lessee is in default in the payment of the above rent, or any part thereof, or in any of the covenants herein contained, Lessor may at any time at Lessor's election declare the term of the lease ended and reenter the premises with or (to the extent permitted by law) without notice or process of law, and remove Lessee and any other persons occupying the premises, without prejudice to any remedies which might otherwise be used for arrears of rent, and Lessor shall have at all times the remedy of distraint for rent due, and shall have a valid and first lien upon all personal property which Lessee now owns, or may hereafter acquire or have an interest in, which is by law subject to such distraint, as security for payment of the rent herein reserved. Immediate termination and forfeiture of the Lease shall result if Lessee fails to make payment in full amounts due within (5) days of the date of service if written notice of eviction for failure to pay rent.

15. **LIMITATION OF LIABILITY:** Except as provided by Illinois statute, the Lessor shall not be liable for any damage occasioned by failure to keep the Premises in repair, and shall not be liable for any damage done by or from plumbing, gas, water, steam or other pipes, sewerage, or the bursting, leaking or running from any cistern, tank, washstand, water closet or waste pipe, in, above, upon or about the Premises, nor for the damage occasioned by water, snow or ice, being upon or coming through the roof, skylight, trap door or otherwise, nor for any damage arising from acts or neglect of any owners or occupants of adjacent or contiguous property.

16. **INSURANCE PROTECTION:** Lessee is responsible for insurance protections on his own furniture and personal property, and liability coverage.

17. **ABANDONMENT:** If at any time during the term of this lease Lessee abandons the Premises, Lessor may, at Lessor's option, obtain possession of the Premises in the manner provided by law, without becoming liable to Lessee for damages or for any payment of any kind whatsoever. If the Lessor's right of reentry is exercised following abandonment of the Premises by the Lessee, then Lessor shall consider any personal property belonging to the Lessee and left on the premises to also have been abandoned, in which case the Lessor may dispose of all such personal property in any manner Lessor shall deem proper, and Lessor is hereby relieved of all liability for doing so.

18. **ATTORNEY'S FEES:** Should it become necessary for Lessor to employ an attorney to enforce any of the conditions or covenants hereof, including the collection of rents or gaining possession of the Premises, Lessee agrees to pay all expenses so incurred, including reasonable attorney's fees and costs.

19. **LATER SALE/REALTOR:** Should Lessor or Lessee enter into any agreement pertaining to the sale of the premises to the Lessee during or after the term of this lease agreement or any extension thereof, both parties do hereby agree that their respective REALTOR(S) were the procuring cause of this transaction and will pay brokerage compensation as agreed in the leasing listing agreement.

20. **SEVERABILITY:** If any provision of the Agreement or the application thereof shall, for any reason and to any extent, be invalid or unenforceable, then the balance of this Agreement will not be affected thereby, but instead shall be enforced to the maximum extent permitted by law.

21. **BINDING EFFECT:** The covenants, obligations and conditions herein contained shall be binding on and insure to the benefit of the heirs, legal representatives and assigns of the parties hereto.

22. **DESCRIPTIVE HEADINGS:** The descriptive heading used herein are for convenience of reference only and they are not intended to have any effect whatsoever in determining rights or obligations of the Lessor or Lessee.

23. **NOTICE:** Any notice required or permitted under this Lease or under state law shall be deemed sufficiently given or served if delivered in person to Lessee in accordance with Illinois Law, or if sent by United States certified mail, return receipt requested, at the address set forth on page (1) for Lessor and Lessee.

24. **ADDITIONAL PROVISIONS; DISCLOSURES:**



MPG PROPERTIES, LLC

6/23/16

Date



EL AUTENTICO JALISCO, INC.

6/23/16

Date

ORGANIZATIONAL CHART

EDUARDO GONZALEZ-GONZALEZ
100% Ownership
President, Secretary, Treasurer, Manager
110 N. Lake St.
Aurora, IL 60506

STAFF – WAIT AND COOK STAFF

City of Aurora

Division of Building and Permits - 65 Water Street - Aurora, Illinois 60505-3305 - Phone: (630) 256-3130 - Fax: (630) 256-3139

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF BUILDING AND PERMITS

CERTIFICATE OF OCCUPANCY AND COMPLIANCE PERMANENT

Issue Date 5/25/16

Parcel Number 15-22-161-012

Property Address 110 N LAKE ST
AURORA IL 60506

Subdivision Name

Legal Description PARCEL WAS SPLIT INTO PINS
15-22-161-011 & -012 IN 1994
ORIG PIN WAS 15-22-161-004

Property Zoning GENL RETAIL BUS DIST (S)

Owner MPG PROPERTIES LLC

Contractor

Application number 16-00001094 000 000

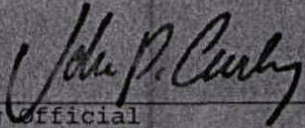
Description of Work **CERTIFICATE OF OCCUPANCY (NO-WORK)

Construction type 2B NONCOMBUSTIBLE

Occupancy type A2-ASSEMBLY W/ FOOD/DRINK

Flood Zone

Special conditions
El Autentico Jalisco

Approved 
Building Official

VOID UNLESS SIGNED BY BUILDING OFFICIAL



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 01-04-2016

Employer Identification Number:
81-0945893

Form: SS-4

Number of this notice: CP 575 A

EL AUTENTICO JALISCO INC
110 N LAKE ST
AURORA, IL 60506

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-0945893. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2016
Form 940	01/31/2017
Form 1120	03/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ELAU. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 01-04-2016
EMPLOYER IDENTIFICATION NUMBER: 81-0945893
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023



EL AUTENTICO JALISCO INC
110 N LAKE ST
AURORA, IL 60506

Israel Mejia

From: MyTax Illinois <REV.DoNotReply@illinois.gov>
Sent: Tuesday, January 05, 2016 12:28 AM
To: ismejia@yahoo.com
Subject: REG-1, Illinois Business Registration Application

Your REG-1, Illinois Business Registration Application, for EL AUTENTICO JALISCO INC has been processed by the Illinois Department of Revenue. The following tax types have been added to your account:

Account Type	Account ID/License no.
IL Business Income Tax	03018-55328
IL Withholding Income Tax	81-0945893-000
Sales/Use Tax & E911 Surcharge	4204-0477

If you have registered for sales and use and related taxes or automobile renting tax, you will receive an Illinois Business Authorization certificate delivered by the U.S. Postal Service in 7 to 10 business days. You can also view and print a copy of the Illinois Business Authorization certificate by clicking the "Letters" tab in your MyTax Illinois account.

Now that your business registration application is processed, you can activate your MyTax Illinois account.

Note: You must allow one full **business** day after receiving this email before clicking on the link below and providing the necessary activation information.

[Click here to activate your MyTax Illinois account](#)

Do not reply to this email. You will not receive a response. If you have questions, please visit our website at **tax.illinois.gov** or call us at **217 785-3707**.



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

DECEMBER 1, 2015

7008-893-2

ISRAEL MEJIA, CPA, LTD.
1214 BRIGHHAM WAY
GENEVA, IL 60134

RE EL AUTENTICO JALISCO, INC.

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF INCORPORATION THAT CREATED YOUR CORPORATION. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF INCORPORATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ, FOR FURTHER INFORMATION CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

MANY SERVICES ARE NOW AVAILABLE ON-LINE AT WWW.CYBERDRIVEILLINOIS.COM. YOU MAY CHECK THE STATUS OF THIS CORPORATION, PURCHASE A CERTIFICATE OF GOOD STANDING OR FILE AN ANNUAL REPORT WHEN IT IS DUE.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

FORM **BCA 2.10** (rev. Dec. 2003)
ARTICLES OF INCORPORATION
 Business Corporation Act

Secretary of State
 Department of Business Services
 501 S. Second St., Rm. 350
 Springfield, IL 62756
 217-782-9522
 217-782-6961
 www.cyberdriveillinois.com

SECRETARY OF STATE JESSE WHITE FILED 12/01/2015

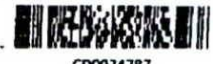
Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

See Note 1 on back to determine fees.

Filing Fee: \$150 Franchise Tax \$ 25.00 Total \$ 175.00 File # 7008-8932 Approved: JLA

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: EL AUTENTICO JALISCO, INC.



The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

2. Initial Registered Agent: EDUARDO GONZALEZ-GONZALEZ
First Name Middle Initial Last Name

Initial Registered Office: 110 N. LAKE ST.
Number Street Suite No. (P.O. Box alone is unacceptable)
AURORA IL 60506 KANE 45
City ZIP Code County

3. Purposes(s) for which the Corporation is Organized: 44
 If more space is needed, attach additional sheets of this size.

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Paragraph 1 – Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Thereof
COMMON	1,000	100	\$ 100
			TOTAL = \$ 100

Paragraph 2 – The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

If more space is needed, attach additional sheets of this size.

(cont. on back)

ITEMS 5, 6 AND 7 ARE OPTIONAL

5. a. Number of Directors constituting the initial board of directors of the corporation: _____
 b. Names and Addresses of persons serving as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP


6. a. It is estimated that the value of the property to be owned by the corporation for the following year wherever located will be: \$ _____
 b. It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 c. It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
 d. It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. Other Provisions: Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).

NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)

8. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated NOVEMBER 18, 2015
Month & Day Year

Signature and Name		Address		
1. <input checked="" type="checkbox"/>	 Signature <u>EDUARDO GONZALEZ-GONZALEZ</u> Name (type or print)	1.	<u>495 GRAPE VINE TRAIL</u> Street <u>OSWEGO</u> <u>IL</u> <u>60543</u> City/Town State ZIP Code	
2.	_____ Signature _____ Name (type or print)	2.	_____ Street _____ City/Town State ZIP Code	
3.	_____ Signature _____ Name (type or print)	3.	_____ Street _____ City/Town State ZIP Code	

Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature.

Note 1 — Fee Schedule:

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state. (The minimum initial franchise tax is \$25.)
- The filing fee is \$150.
- The minimum total due (franchise tax + filing fee) is \$175.

Note 2 — Return to:

Israel Mejia, CPA, Ltd.
Firm name

Attention
1214 BRIGHAM WAY
Mailing Address
GENEVA, IL 60134
City, State, ZIP Code

Kane County Health Department

Food Establishment Permit - 1766

2016

This permit is to be conspicuously displayed at the place of business.
The responsibility for maintaining the certificate rests with the operator.

**EL AUTENTICO JALISCO INC
EDUARDO GONZALEZ-GONZALEZ
110 N LAKE ST
AURORA IL 60506**

The Kane County Health Department inspects the Establishment at the address above and finds it to be in substantial compliance with the provision of Chapter 11.5, Article III, Food Sanitation, Sections 11.5.26 - 11.5.50 of the Kane County Code. This permit is valid from January 1 through December 31 for the year noted above. This permit must be posted.



Barbara J. Jeffers, MPH
Executive Director
Kane County Health Department

Establishment # 04-1699
Category I-2

This Permit Is Not Transferable

**This Schedule of Warranties is attached to and forms part of LII 12 (01/07) – Location One
UNDERWRITERS AT LLOYD'S, LONDON (not incorporated)**

Previous No. Authority Ref. No. **B064616ATR02208** Certificate No **LIQ/223180**

Statement 1. (A) Name and Address of Assured (Licensee)

**El Authentico Jalisco, Inc
110 N. Lake St.
Aurora
Illinois
60506**



(B) Name and Address of Assured (Owner)

**Eduardo Gonzalez
110 N. Lake St.
Aurora
Illinois
60506**

Statement 2. This Insurance is limited to sales or gifts of alcoholic liquor made by the Licensee(s) named in Statement 1(A) at the following premises:

**110 N. Lake St.
Aurora
Illinois
60506**

which are **inside** the corporate limits of such city, town or village

Statement 3. The insured premises will close **before 2am** which time represents the latest closing time of the insured premises on any day of the week during the Insurance period.

Statement 4. The classification of risk, amount of gross annual receipts from sales of alcoholic liquor, and the premium for the Insurance period are as stated below:

Classification of Risk	Amount of Gross Annual Receipts	Premium	Fee	Total
RESTAURANT	\$20,000.00	\$380.00	\$0.00	\$380.00

Statement 5. No company nor Underwriters at Lloyd's, London has cancelled or refused to issue or renew Liquor Liability Insurance on the risk herein described during the past five years, except as follows:

No Reason: N/A

INSURANCE PERIOD

The Insurance period shall be from **15 April 2016** to **15 April 2017** both days at 12:01 a.m. Central Standard Time.

LIMIT OF LIABILITY
Combined Single Limit \$1,000,000

FORMS ATTACHED:
LII 12 (01/07)

By:

Donald Gaddis Company, Inc

THE ASSURED WARRANTS THAT THE FOREGOING WARRANTY STATEMENTS ARE FULL, TRUE AND COMPLETE AND THAT THE BREACH OF ANY OF SAID WARRANTIES SHALL RENDER THIS INSURANCE NULL AND VOID.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CC Services 1705 N Towanda Ave PO Box 2020 Bloomington IL 61702-2020	CONTACT NAME: CC Services, Inc. PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED El Authentico Jalisco Inc 110 N Lake St Aurora IL 60506	INSURER A: Underwriter's @ Lloyd's, London	
	INSURER B: Donald Gaddis Co., Inc.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #

COVERAGES

CERTIFICATE NUMBER: 2016-2017

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		LIQ223180	4/15/2016	4/15/2017	Combined Single Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Aurora 44 E Downer Place Aurora, IL 60505	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Angela Murphy/AR
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

ILLINOIS BASSET ALCOHOL TRAININGTHIS CARD CERTIFIES SUCCESSFUL
COMPLETION OF A BASSET TRAINING

Instructor Name: Carlos Morales

Illinois Trainer Certification: 5A-93674

Date Completed: 5/9/2016

Date of Expiration: 5/9/2019

Card Holder: MARIA PADILLA

Address: 110 N. Lake St. Aurora, IL 60506

This card is not transferrable

ILLINOIS BASSET ALCOHOL TRAININGTHIS CARD CERTIFIES SUCCESSFUL
COMPLETION OF A BASSET TRAINING

Instructor Name: Carlos Morales

Illinois Trainer Certification: 5A-93674

Date Completed: 3/9/2016

Date of Expiration: 3/9/2019

Card Holder: MIGUEL GONZALEZ

Address: 110 N. Lake St. Aurora, IL 60506

This card is not transferrable

ILLINOIS BASSET ALCOHOL TRAININGTHIS CARD CERTIFIES SUCCESSFUL
COMPLETION OF A BASSET TRAINING

Instructor Name: Carlos Morales

Illinois Trainer Certification: 5A-93674

Date Completed: 3/9/2016

Date of Expiration: 3/9/2019

Card Holder: SERGIO GONZALEZ

Address: 110 N. Lake St. Aurora, IL 60506

This card is not transferrable



On Premise

SSN:

XXX-XX-XXXX

Issued:

10/29/2015

Expires:

10/22/2018

ID#:

4116520

D.O.B.:

4/24/1987

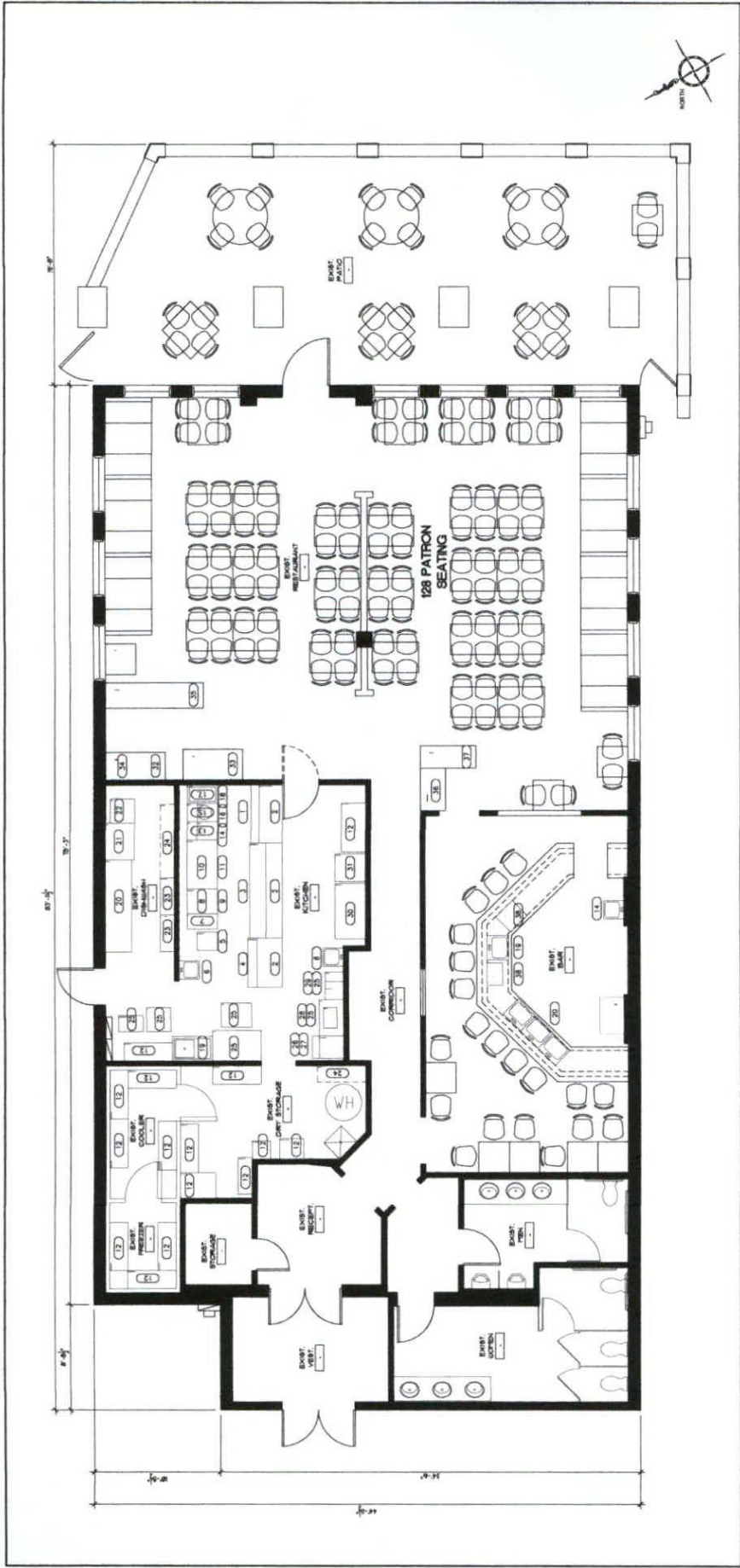
EDUARDO GONZALEZ

110 N Lake St

Aurora, IL 60506-4055

BASSET

Carlos Chavez, 48343



FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"

EQUIPMENT SCHEDULE				EQUIPMENT SCHEDULE				EQUIPMENT SCHEDULE							
ITEM NO.	ITEM	MODEL NO.	QTY	REMARKS	DATE	STATUS	LOCATION	ITEM NO.	ITEM	MODEL NO.	QTY	REMARKS	DATE	STATUS	LOCATION
1	4 COFFEE STRAINER	879027001	4	ON COUNTER	8/15/2017	●	ON COUNTER	29	COFFEE MAKER	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
2	2 OIL 55 BELLINO	VARIES	2	OVER EQUIPMENT	8/15/2017	●	ON COUNTER	30	PREHEAT REF.	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
3	1 PREP TABLE	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER	31	PREHEAT REF.	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
4	1 PREP TABLE	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER	32	COOLER REF.	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
5	1 BURNER STOVE	879027001	1	ON LESS - FLOOR	8/15/2017	●	ON LESS	33	COOLER REF.	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
6	1 HAND SINK	879027001	1	PORCELAIN	8/15/2017	●	ON LESS	34	POP MACHINE	879027001	1	ON COUNTER	8/15/2017	●	WOOD SCREEN
7	1 FRYER	879027001	1	2 COFF. SINK - 95	8/15/2017	●	ON LESS	35	SERVER STATION	879027001	1	ON COUNTER	8/15/2017	●	WOOD
8	4 BURNER STOVE	879027001	4	2 COFF. SINK - 95	8/15/2017	●	ON LESS	36	POS STATION	879027001	1	ON COUNTER	8/15/2017	●	WOOD
9	1 55 TABLE	879027001	1	ON SHARPS	8/15/2017	●	ON LESS	37	HOT STATION	879027001	1	ON COUNTER	8/15/2017	●	WOOD
10	1 55 TABLE	879027001	1	LINE BELIEVES	8/15/2017	●	ON LESS	38	ICE BIN	879027001	1	ON LESS - 95	8/15/2017	●	VARIES
11	1 55 TABLE	879027001	1	LINE BELIEVES	8/15/2017	●	ON LESS	39	ICE BIN	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
12	1 BURNER STOVE	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER	40	ICE BIN	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
13	1 BURNER STOVE	879027001	1	ON LESS - FLOOR	8/15/2017	●	ON COUNTER	41	ICE BIN	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER
14	1 55 TABLE	879027001	1	ON LESS	8/15/2017	●	ON COUNTER	42	ICE BIN	879027001	1	ON COUNTER	8/15/2017	●	ON COUNTER

KITCHEN EQUIPMENT SCHEDULE
SCALE: NTS

BIENVENIDOS

EL AUTENTICO
JALISCO



110 N. LAKE ST. AURORA, IL 60506

ANTOJITOS MEXICANOS

TACOS MEXICAN STYLE

*Served with Onions, Cilantro or Lettuce
Tomatoes and Cheese*

Carne Asada / Al Pastor / Pollo / Chorizo,
Cabeza / Barbacoa \$1.50 Each

Lengua / Cecina / Tripas

Deshebrada / Campechanos... \$1.82 Each

TACOS DORADOS

*The favorite Crispy Tacos served on a golden
crunchy tortilla with lettuce tomatoes and cheese
... \$1.82*

COMBINATIONS

*Choose among your favorites /served with your
choice of meats.*

(3) Soft Tacos... \$6.00

(2) Tacos and (1) Tostada... \$7.00

(1) Burrito, (1) Taco, (1) Tostada... \$8.00

TORTAS (MEXICAN SANDWICHES)

*Served with beans, lettuce, tomatoes, cheese
and jalapeños.*

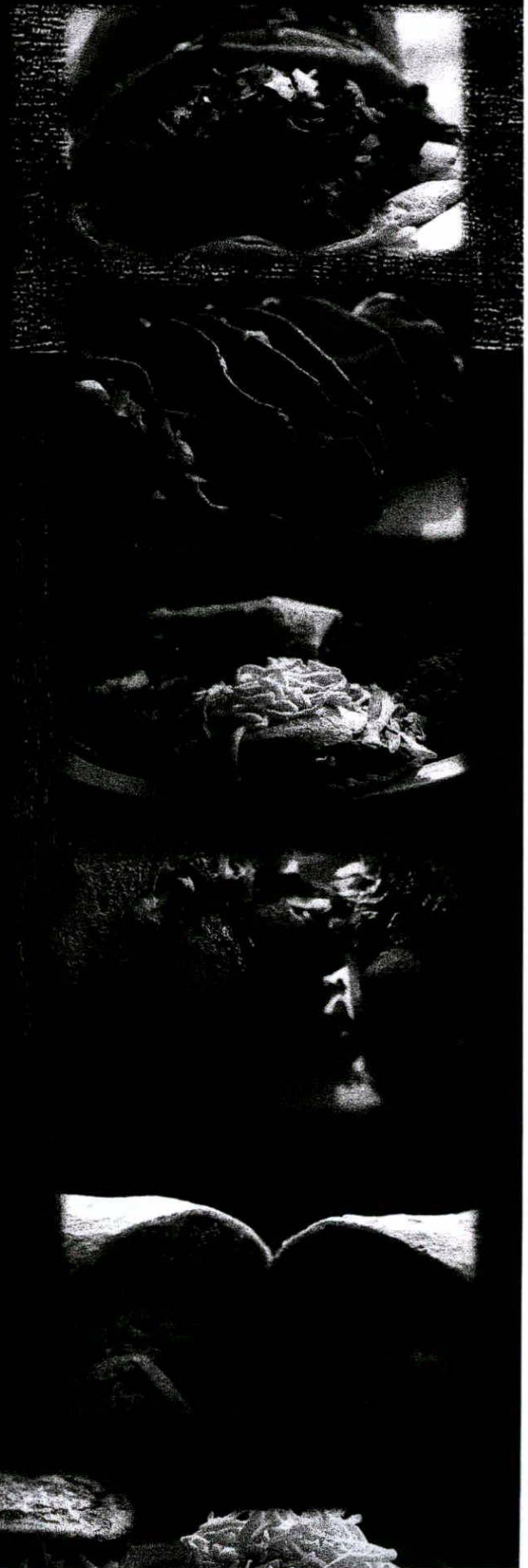
Carne Asada, Al Pastor, Pollo, Deshebrada,
Pierna, Cabeza, Aguacate, Frijoles, Chorizo,
Milanesa de Pollo o Res. \$4.50 / Lengua \$5.50

BURRITOS

*Filled with lettuce, tomatoes, cheese and frijoles
and your choice of meat.*

Carne Asada, Al Pastor, Pollo, Deshebrada,
Cabeza, Chorizo, Frijoles, Lengua, Barbacoa,
Campechanos Chorizo and Carne Asada...
Small \$3.50 / Large \$6.00

GODITAS OR SOPES



MEXICAN ENTREES

CARNE ASADA ARRACHERA

A delicious tender skirt steak served with rice, beans, salad and guacamole \$11.00

FAJITAS JALISCO

Steak, Chicken, Mixed Steak & Chicken. Served rice, salad, beans and onions \$8.00

ENCHILADAS ROJAS JALISCO

Three red enchiladas with your choice of shredded Chicken, shredded Beef or Cheese and served with salad, rice and beans \$7.50

FLAUTAS

Your choice of Chicken or Shredded Beef. Served with rice, beans and salad \$7.50

CECINA

A delicious marinated steak served with rice, beans and salad \$8.00

MILANESA

A breaded steak served with rice, beans and salad \$8.00

PECHUGA DE POLLO

Chicken breast served with rice, beans and salad \$8.00

BISTEC RANCHERO

Delicious steak topped with our house red sauce and served with rice, beans and salad \$9.00

BARBACOA CALDO / SOUP

SEAFOOD, KIDS MENU & DESSERT

COCKTAIL DE CAMARONES

Fresh juicy shrimp simmered in our house sauce \$12.00

CAMARONES A LA DIABLA

Shrimp topped with our own Diabla sauce served with rice and salad \$12.00

CAMARONES AL MOJO DE AJO

Shrimp served in our own garlic sauce and served with rice and salad \$12.00

CAMARONES A LA MANTEQUILLA

Shrimp sauteed in butter sauce served with rice, and salad \$12.00

FILETE DE PESCADO

Fish fillet, served with rice and salad \$10.00

KIDS MENU

Cheese Burger with Fries \$4.50

Cheese Fries \$3.00

SIDE ORDERS

Guacamole Dip \$3.50

Chips and Salsa \$1.50

Nachos \$5.00 / Meat \$6.50

French Fries \$2.00

Cheesy Fries with Meat \$6.50

(Nacho Cheese or Mozzarella Cheese)

Cheese Quesadilla \$1.20

Quesadilla with Meat \$1.82

Tamales \$1.82

Grilled Jalapenos \$1.00

Grilled Onions \$1.50

DRINKS & BEVERAGES

MARGARITAS

Frozen / On the Rocks

Lime, Strawberry, Raspberry \$5.00

PIÑA COLADA

The favorite coconut drink of Jalisco \$5.00

MICHELADA

A clamato base drink mixed with beer \$5.00

CERVEZAS & MIXES

Corona \$4.00

Coronitas Bucket \$10.00

Modelo Especial \$4.00

Victoria \$4.00

Pacifico \$4.00

Bud Light \$3.00

Miller Light \$3.00

Budweiser \$3.00

Clamato \$2.00

FAMOUS TEQUILAS

Cazadores \$6.00

Centinela \$7.00

Herradura \$7.00

Don Julio \$8.00

Patron \$7.00

Bacardi \$5.00

SCOTCH WHISKY

Buchanan's \$5.00

BEVERAGES & SODAS

Horchata, Jamaica, Med. \$1.50 Lg. \$2.00

Ice Tea Med. \$1.50 Lg. \$2.00