



Incomplete applications will not be accepted.  
Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Date Application Received 9/12/13 License Year: 2016-17

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

### APPLICANT INFORMATION

A. Corporation name: <u>Silver Oaks Cafe Inc.</u>		Class Applying For: <input checked="" type="checkbox"/> E	
B. Business name: <u>Tracy's Bistro 8</u>			
C. Type of Business: Sole Proprietor Partnership <u>Corporation</u> LLC Non-Profit			
C. Previous business name (if dba changed): <u>N/A</u>			
D. Business address (city, state, zip code): <u>4424 E. New York St. Aurora, IL 60504</u>			
E. Business telephone: [REDACTED]	F. Business website: <u>N/A</u>	G. Business Email: [REDACTED]	H. IL Tax ID Number [REDACTED]
I. Owner or Manager contact name for license: <u>Steve Dellis and Tim Axarides</u>			
J. Business telephone: [REDACTED]		K. Email address: [REDACTED]	

### BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address): <u>4424 E. New York St</u>		B. Zip code <u>60504</u>	C. # Parking Spaces <u>75</u>	
D. Total Building s.f. <u>2,000</u>	E. Entertainment Area <u>-0-</u>	F. Kitchen (Square Footage) <u>310</u>	G. Total Number of Seats <u>75</u>	H. Seating Area s.f. <u>1,056</u>
I. Number of bar seats <u>-0-</u>	J. Retail/public Area s.f. <u>-0-</u>	K. Cooler s.f. <u>35</u>	L. Dry Storage s.f. <u>47</u>	M. Sale Counter s.f. <u>25</u>

### OFFICIAL USE ONLY

Approved  Denied Date Approved/Denied: \_\_\_\_\_

\_\_\_\_\_  
Mayor, Liquor Control Commissioner Date Issued: \_\_\_\_\_

# Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)		<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"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)		<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)		<input checked="" type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits)	N/A	<input type="checkbox"/> Needs
Copy of the Articles of Incorporation		<input checked="" type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State		<input checked="" 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"/>
Copy of Lease/Proof of Ownership		<input checked="" type="checkbox"/> Needs
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance) <i>Society Insurance</i>		<input 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"/>
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors		<input checked="" type="checkbox"/>
Copy of State Liquor License (if applicable)	N/A	<input type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)		<input checked="" type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)		<input checked="" type="checkbox"/> Needs
Current list of names, dates of birth and home addresses of all members (Class B)	N/A	<input type="checkbox"/>
Other:		<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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, explain. _____
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? N/A
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? N/A
6.	State the estimated value of goods, wares and merchandise to be used in the course of business.
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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If No, please list the start and end date of the current lease. Start: _____ to End: _____ Name and full address of property owner: Name: GK Development Address: 257 East Main Street Suite 200 Barrington IL 60010 Contact Information: 847-277-2019
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. If applicant is applying for a **Class B - Fraternal Society or Club Liquor License**:

A. How many dues-paying members do you have? \_\_\_\_\_ (Attach a listing of members' names and addresses.) *N/A*

B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance? Yes  No

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11. Does your establishment have entertainment? Yes  No

If Yes, what form(s) of entertainment do you offer? Bands/Solo  DJ  Televised Sports

Other:

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12. Do you employ security?

Yes  No  Only when entertainment is available.

If Yes, do you: Hire Private Security  Use On - Staff Employees

Hire Off- Duty Police Officers  Combination of the Above

If you hire a Private Security Company, please provide the company name and contact person.

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13. Do you have security cameras on premise?  Yes  No

If yes, are they: Indoor  Outdoor  Both

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

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14. 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:

*Tim Alexander, Lou Bellis, Peter Kapasouris*

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15. For **Class G-1**, check the retail item categories available for purchase at the location: *N/A*

Dairy  Baked Goods  Frozen Goods  Groceries

Snack Foods  Health Aids  Beauty Aids

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16. Has a *Personal Information Form (PIF)* been completed for each person holding (5%) or more stock in this corporation? Yes  No

## Corporate Information

Name of Corporation/Partnership:

Silver Oaks Cafe Inc.

Corporate Address:

2123 Feldott Ln Naperville IL 60540

Corporate Ph #:

[REDACTED]

Corporate Email:

[REDACTED]

FEIN:

81-1732647

Corporate Registered Agent/Contact:

Tim Axarides

Contact Ph #:

[REDACTED]

Contact Email:

[REDACTED]

Date Corporation/Partnership was Organized:

March 7, 2016

State Articles of Incorporation/Organization filed:

March 7, 2016

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

March 7, 2016

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

Has the corporation ever been dissolved either voluntary or involuntary? Yes  No

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?

1,000

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

Name, Title	Percentage of Stock
TIM Axarides, President	100%
Steve Dellis Vice President	- 0 -

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?

Bistro Restaurant



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.

Silver Oaks Cafe 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.

Tracy's Bistro &

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/](http://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 #

81-1732647-000

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

List your business activities, including all products and/or services to be offered.

Food, Beer, wine, Video games

Business Activity

List your business activities, including all products and/or services to be offered.

Square footage used by the business:	2000	SQ. FT.	Number of employees at this site:	10
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Primary Contact Person

First Name Tim	Middle Name	Last Name Axarides
Contact Phone # [Redacted]	Fax #	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 attachment. 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) 81-1732647-000 IDOR # (IL Dept. of Revenue—formerly IBT#) [REDACTED] IDOR # (IL Dept. of Revenue—formerly IBT#) [REDACTED]

Legal Name of Applicant Entity Silver Oaks Cafe Inc "Doing Business as Name" of establishment Tracy's Bistro 8

First Name of Primary Business Contact Middle Name Last Name  
Tim [REDACTED] Axarides

Home Street Address of Primary Business Contact Suite/Apt. City State Zip

Home Phone Work Phone Cell Phone 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
Build-out material	50,000 00
Contractor	40,000 00
Electrician	29,000 00
Plumber	23,000 00
Equipment (kitchen)	15,000 00
Tables, chairs	9,500 00
Smallware	7,000 00
Lighting—fixtures	8,300 00
Outside Sign	7,000 00
Carpet	2,000 00
Decorations	7,700 00
Uniforms	1,500 00

**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
[REDACTED]	[REDACTED]	2/11	[REDACTED]	\$ 100,000	\$ 100,000
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: \$

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

Tim Axarides	one time	\$ 100,000
Steve Dellis	one time	\$ 100,000
		\$
		\$

**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
[REDACTED]	[REDACTED]	1996	[REDACTED]	\$ 200,000	\$ 200,000
[REDACTED]	[REDACTED]	2010	[REDACTED]	\$ 200,000	\$ 100,000
[REDACTED]	[REDACTED]	2011	[REDACTED]	\$ 60,000	\$ 60,000
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: \$ 360,000

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:					\$

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:					\$

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:						\$

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:					\$

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:				\$

h OTHER FINANCING		Identify any financing (credit cards, etc.) used to fund Expenses, Part 2		
Description of Financing				Amount Financed
Credit cards - Visa Tim Axgoidel				\$ 3,000.00
Credit card - Visa Steve DeClis				\$ 20,000.00
				\$
				\$
Total money drawn from other financing:				\$ 23,000.00

= FINANCING TOTALS		Sub-total all funds (sections a-h) used to fund Part 2		
Business Accounts		\$	Gifts from Individuals	
Personal Accounts		\$	Gifts/Grants from Institutions	
Loans from Financial Institutions		\$	Other Financing	
Loans from Individuals		\$	TOTAL BUSINESS FINANCING (a-h)	
Securities		\$	*Should be equal or greater than total amount of expenses listed in part 2	

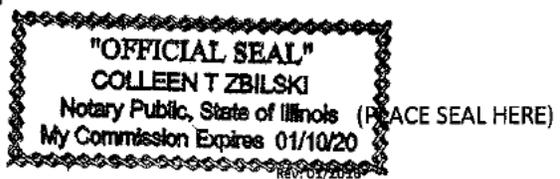
**PART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW**

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.

9-12-16  
Date

Subscribed to and sworn to before me this 12 day of September, 2016.

Notary Public in and for said County and State



# City of Aurora

# PA

## 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

Silver Oaks Cafe Inc.

d/b/a Name

Tracy's Bistro &

Location Address

4424 E. New York St. Aurora IL 60504

### Planned Days / Hours of Operation

<input type="checkbox"/>	SUNDAY	FROM	8:00	<del>(A.M.)</del> / P.M.	TO	1:00	(A.M.) / P.M.
<input type="checkbox"/>	MONDAY	FROM	8:00	(A.M.) / P.M.	TO	1:00	(A.M.) / P.M.
<input type="checkbox"/>	TUESDAY	FROM	8:00	(A.M.) / P.M.	TO	1:00	(A.M.) / P.M.
<input type="checkbox"/>	WEDNESDAY	FROM	8:00	(A.M.) / P.M.	TO	1:00	(A.M.) / P.M.
<input type="checkbox"/>	THURSDAY	FROM	8:00	(A.M.) / P.M.	TO	1:00	(A.M.) / P.M.
<input type="checkbox"/>	FRIDAY	FROM	8:00	(A.M.) / P.M.	TO	2:00	(A.M.) / P.M.
<input type="checkbox"/>	SATURDAY	FROM	8:00	(A.M.) / P.M.	TO	2:00	(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

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

9-12-16  
Date

  
\_\_\_\_\_  
Secretary / Owner

9-12-16  
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.

  
\_\_\_\_\_  
President / Owner

9-12-16  
Date

  
\_\_\_\_\_  
Secretary / Owner

9-12-16  
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

Signature

Signature

Signature

Treasurer

Signed and sworn to before me this 12 day of

September

2016

