

City of Aurora, Illinois **Liquor License Application**



License Year:

Incomplete applications will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Date Application	n Receive	d 5/2	10		_	License Year:!	0-11	
New License:		Ownership/Corpo		Ch	ange in	License Class:		
APPLICANT IN		TION						
A. Corporation name							Class A	pplying For:
D.C.'S GOOL) TIME	S						
B. Business name:		- ::-	- 	_			 .	
THE AURO	RATA	NP HOU	ISE					
C. Type of Business:		<u></u>	Partnership	Corpo	oratio	n 🗸 LLC	Non-l	Profit
C. Previous business THE WEB	s name (if di	ba changed):						,
D. Business address	city, state	zin code):			······			
134 W. DOV			JROR	:A, IL, 6	305	06		
E. Business telephor	l	F. Business	website:	G. F	3usin	ess Email:	H.IL Tax	ID Number
630-892-922	20							
I. Owner or Manage		ame for licens	ie:			L		
J. Business telephone				K.	Ema	ail address:		
BUSINESS ESTA	ABLISHN	IENT LO	ATION	INFORM	ΛAT	ION		
A. Address applying	=	' = '		ress):		Zip code	C. #	Parking Spaces
134 W. DOWN	NER PL	., <u>AURO</u> I	<u> </u>		60	0506	6-8	
D. Total Building	_	tainment	F. Kitcl		G.	Total Number of	Н.	Seating Area s.f.
s.f.	Area	ļ	(Squ Foot	uare tage)		Seats -	315	
4,986	N/A		98		4			
I. Number of bar seats	J. Retail/ Area s		K. Coo	ler s.f.	L.	Dry Storage s.f.	M. S	ale Counter s.f
52	N/A		3@	49	62	27	N/A	
OFFICIAL USE (ONLY							
Approved	Denied			Date /	Appro	oved/Denied:		
	n la trabit de mas Vical au la sala						Andrews Andrews	
Marios Pierros Cantrol	Commission	ten i		Date I	ssue	di.		
Mayor, Liquor Control	Commissio	ner		I STATE OF THE STA				

Application Checklist		
(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	V	ビ
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	V	N/
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	V	
Certificate of Registration (Food & Beverage Tax—register with City of Aurora Revenue and Collections for liquor sales and payment of required bond)	Image: Control of the	
Certificate of Occupancy (issued by City of Aurora Building and Permits) 7 .	V	NA
Copy of the Articles of Incorporation	V	
Certificate of Good Standing from Illinois Secretary of State	V	
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.)	V	
Copy of Lease/Proof of Ownership	V	
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	V	
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	✓	
Organization chart/listing with Names, Title, Address and percentage of stock of Corporation officers and directors	√	
Copy of State Liquor License (if applicable)	\square	
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)		
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	V	
Current list of names, dates of birth and home addresses of all members (Class B)	✓	
Other:		

Cor	poration / Premises Questions
1.	Is the corporation a subsidiary of a parent corporation? ☐Yes ✓ 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 No If Yes, explain.
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? O? - THE WEB 50 YEARS
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? Yes V 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? BAR
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? Yes 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 🗸 No
	If No, please list the start and end date of the current lease. Start: to End:
	Name and full address of property owner: Name: Maggie's Good Timus, In
1 (1955) - 1 (1957) - 1 (1957)	Address:
	Contact Information:
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? ☐ Yes ✓ 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.)
	B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance?: Yes
11.	Does your establishment have entertainment? Yes Vo
	If Yes, what form(s) of entertainment do you offer? Bands/Solo DJ Televised Sports
	Other:
12.	Do you employ security?
*0.*24.5 3. 165.6	Yes You 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.
13.	Do you have security cameras on premise? Yes No If yes, are they: Indoor Dutdoor Both If yes, please provide a brief description of the location(s): WILL ADD EXTERIOR
	If yes, please provide a brief description of the location(s): WILL ADD EXTERIOR WILL ADD EXTERIOR
	WILL ADD LATERIOR
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:
15.	For Class G-1, check the retail item categories available for purchase at the location:
	Dairy Baked Goods ✓ Frozen Goods Groceries ✓ Snack Foods Health Aids Beauty Aids
16.	Has a <i>Personal Information Form</i> (PIF) been completed for each person holding (5%) or more stock in this corporation? Yes No

Corporate Information							
Name of Corporation/Partnership: D.C.'S GOOD TIMES							
Corporate Address: 134 W. DOWNER PL, A	AURORA, IL 60506						
Corporate Ph#:	Corporate Email:	FEIN: 82-4078940					
Corporate Registered Agent/Contact: BRIAN J MURPHY	Contact Ph #:	Contact Email:					
Date Corporation/Partnership was Or	ganized:	1/17/2018					
State Articles of Incorporation/Organiz	zation filed:	1/17/2018					
Date Articles of Incorporation/Organiz	ration filed with Secretary of State:	1/17/2018					
Date Certification of Incorporation/Org	3/1/2018						
Has the corporation ever been dissoluted (If Yes, provide date of reinstatement	No Date of Reinstatement ✓						
Are there any amendments to Articles (if yes, provide date filed)		Date Amendment Filed					
What are the total shares of stock cre	· · · · · · · · · · · · · · · · · · ·						
List stockholders/partners with 5%	or more in holdings (corporations with a long Name, Title	glist, attach copy of list): Percentage of Stock					
DANIEL R ARD	ELEAN - PRESIDENT	60%					
CHRISTOPHER R G	ONZALEZ- V. PRESIDE	NT 35%					
BEVEF	RLY BUGBEE	5%					
Explain any existing options & names	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?							

BIS

City of Aurora, Illinois

Business Information Sheet

Type of PRE-Applicatio	n [✓ Liquor License	Hotel / Motel License		
Business Entity Information	1				
Legal Name of Busi	ness	rietor Partnership D.C.'S GOOD TIM	,	en-Profit	
The exact "legal name" as it appears in the business formation document	oπiciai		the full name of the business owner as it appears	on the Sole proprietor's	
"Doing Business As" N The exact "Doing Business As" (DBA) I as it appears in the official bus formation document	Name iness		PHOUSE Jucting business in Illinois under an assumed Assumed Name Certificate with the Kane Cour	•	
O A State of Illinois File Number is REC Corporations	swaisano	ED for all (Illinois and Non-Illinoi	is based) LPs, LLPs, LLCs, Corporat	ions, and Non-Profit	
State of Illinois F	GL205967.0		Assigned by the Illinois Secretary of State at 0 1240, 312.793-3380 or www.cyberdriveillinois.com/departments/business.co	iness_services/	
O A Federal Employer Identification No Employer Identificati			ness entity types except for Sole Pro	pprietorsnips.	
O An Account ID is REQUIRED for Al	ga-Argengar	30.000.0000000000000000000000000000000	business in the State of Illinois or wit	h Illinois Customers.	
(formerly IBT #) IDOR Accou	ınt #				
Business Activity and Loca	tion				
Business Act	ivity	SERVING ALCOHOL	IC & NON-ALCOHOLIC E	BEVERAGES	
List your business activities, including all pro and/or services to be o		134 W. DOWNER PL, AURORA IL 60506			
Business Act	vity	SERVING SNACKS &	FROZEN PIZZA		
List your business activities, including all pro and/or services to be of					
Square footage used by the business:	2,49	93 SQ. FT.	Number of employees at this site	9	
Primary Contact Person					
First Name DAN	R R	iddle Name	Last Name ARDELEAN		
Contact Phone #	Fa	x #	E-Mail Address		



City of Aurora

Financial Disclosure Form

FORM REQIRED: 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, <u>mark it "N/A"</u>. If more room is needed to complete any of the following sections, <u>include an attachmat</u>. This form must be signed and notarized in Part 4 by an owner or officer listed with the <u>Department of Business Affairs & Consumer Protection</u>. <u>PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION</u>.

PART 1 INFORMATION	ON PROVIDE THE FOLLOWIN	IG INFORMAT	ION ABOUT	THE LEGAL E	NTITY APPLYING FOR THE	LICENSE(S).
FEIN# (IRS)	IDOR # (IL Dept.	. of Revenue	– formerly	IBT# I	OOR # (IL Dept. of Reve	nue-formerly IBT#
Legal Name of Applica	D TIMES INC.	i	_		ne" of establishment A TAP HOUS	SE
First Name of Primary DANIEL	Business Contact	Middle Na R	ıme		Last Name ARDELEAN	
Home Street Address	of Primary Business Contact	Su	iite/Apt.	City	State	Zip
Home Phone	Work Phone	Cell Pho	ne	E-	mail Address	and the state of t
		•				
PART 2 EXPENSES	ITEMIZE ALL EXPENSES F	OR THE FUND	ING OF THE	BUSINESS C	R OWNERSHIP CHANGE	AT THIS LOCATION.
Description of Expenses (sta	rt—up, expansion, and/or business pu	ırchase costs on	ly; constructi	ion, renovation	stock purchase, inventory,	Amount of Expense
		NA?				
				<u> </u>		

PART 3 FINANC	ING IDENTIFY TH	E SOURCE(S) OF T	HE FUND USED TO PAY FOR	THE EXPENSES LISTED IN	I PART 2
a BUSINESS SA	AVINGS & CHECKING	Identify a	ny funds from business	s accounts used to fu	nd Expenses, Part 2
Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
	HASE BAN	04/18	NIEL ARDELE	\$ 1,000.00	o s 10,000.00
				\$	\$
S MINISTER (1990) (1994				\$	\$
THE RESIDENCE AND AND AND AND THE RESIDENCE TO A STATE OF THE PARTY AND	Mary transfer for the Principle of the Principle of the Principle of the Principle of the State	***************************************		\$.	State of the state
				S	
					<u> </u>
		化动物外线 化氯化	nount drawn from busine	Challes Michigan Al	U.UU Carana dan barana dan dan barana dan dan dan dan dan dan dan dan dan
vescription of 200	rce (luentily the source	s) of money in t	he accounts listed above	Contribution Frequen	
N/A 					\$
					\$
					\$ 11,000,000
		!			\$
b PERSONALS	AVINGS & CHECKING	Identify a	ny funds from personal	accounts used to fun	id Expenses, Part 2
Account Number	Financial Institution	Date Opened	Signatories on Account	t Current Balance	Drawn for Business
				\$	Š
				\$	Ş
	gagar — — Art a cappa a de des de agreciada do de ser de de actual de actual de actual de actual de actual de a			<u>\$</u>	s
				\$	\$
				\$	S
		Total dollar an	ount drawn from busine	ss accounts:	\$ 0.00
Description of Soul	rce (identify the source	s) of money in th	ie accounts listed above	Contribution Frequen	cy Contribution Amount
	N.	/A			\$
					Ŷ
					s
		فالمالك فيتنا فيستريك والمالية فيتما والمتالية والأطيسية المتالية والمتالية والمتالية والمتالية والمتالية والمتالية			\$

C LOANS FROM FI	NANCIAL INSTITU	JTIONS Ident	tify any loans	from financial	institutions used to f	und Expenses, Pa	art 2
Account Number	Financial Instit	ution	Loan Date	Loan Term	Co-signers of Loan	Loan Amou	nt
N/A						\$	
						\$	
					, , , , , , , , , , , , , , , , , , , ,	\$	
			· · · · · · · · · · · · · · · · · · ·			\$	
						Ś	
		Total dollar	amount loaned	by financial ins	titutions	\$.00
d LOANS FROM FI	NANCIAL INSTITU				Is used to fund Exper		
Name of In		Loan Date		ands for Loan	% investment	Loan Amoun	4 /86 /24
N/A	Maria III da Compragnia					\$	
IN/F	`				<u> </u>	\$	
						\$	
· · · · · · · · · · · · · · · · · · ·		<u></u>				<u> </u>	
		Total	al dollar amou	nt loaned by inc			.00
e SECURITIES			Action of the second second		CODs, etc.) sold to fu		
Name of Sec	vihe R	riesa Vieleniologi, vario (Parios)		ON FRANCISCO ENTRE CO	Price Ticker	Amount Invest	2096 NEE
				1, 3)) ares		Anjount invest	eu I
NI/A						\$	
N/A						2-12-71-12-15-13-15-15-15-15-15-15-15-15-15-15-15-15-15-	
						- and other particles are dependent	
et e gentra betalage		otal dollar amo	unt drawn froi	m the sale of se	curities: (a -	0	.00
f GIFTS FROM INC	HVIDUALS	Identify ar	THE POLICE AND A STREET	STANDAR PERSONAL MENDELLAN	I to fund Expenses, Pa	ort 2	oconya nev
Name of Gi	ver	Date of Gift	Source o	of Funds or Gift	#Investment	Amount	
N/A				- Santangara, - 18-8-89, Agrig Africa angar ay panagangan	Ś		
The state of the s	Account to the second of the s	And the second s			S		
The state of the s	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			THE RESIDENCE OF A PROPERTY OF THE PROPERTY AND A SECURITY OF THE BASE.	٤		
			To	tal financing fro	m gifts:	0	.00

N/A S S S S S S S S S	Institution	Address (St	treet, City Si	tate)	Contact Name and Phone Grant Da	ite	Amount Gil	ted
Total money received from institutional gifts and for grants: S							description to the second	1
Comparison Com			A CONTRACTOR OF STREET,	4 eren 18797			- Constitution (Section 1)	
OTHER FINANCING Identify any financing (credit cards, etc.) used to fund Expenses, Part 2			**************************************			·	\$	
Description of Financing N/A S Total money drawn from other financing Sub-total all funds (sections a-h) used to fund Part 2 Business Accounts Personal Accounts S O O Gifts from individuals Personal Accounts S O O O O O O Securities S S ART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW Review or entire y under penalty of person y limit an authorized to execute this form and matigal information? Nave provided on the most complete. The city of Autoro reserves the right for regulation and and all information? Howe provided on the most complete. The city of Autoro reserves the right for regulation and and all information? Nave provided on the most complete. The city of Autoro reserves the right for regulation and and all information is have provided on the most complete. The city of Autoro reserves the right for regulation and and all information is recompleted. The city of Autoro reserves the right for regulation and and all information is determined because the proposed of the city of Autoro reserves the right for regulation and and all information is determined because to perform the suppression of the city of Autoro reserves the right for regulation and and all information is determined because to perform the suppression of the city of Autoro reserves the right surgess and and accept that any falsification or purposely heiding back of this information is grounds for recalling the ideas of policition. In understand and accept that any falsification or purposely heiding back of this information is grounds for recalling the ideas of the surgestion and accept that any falsification or purposely heiding back of this information is grounds for recalling the ideas of the surgestion and accept that any falsification or purposely heiding back of this information is grounded for the contraction of the contraction is determined to the contraction of the contraction is determined to the contraction of the contraction is determined to the contraction of the con							\$	
Description of Financing (credit cards, etc.) used to fund Expenses, Part 2 Description of Financing Amount Financing N/A S N/A S Total money drawn from other financing S FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2 Business Accounts S Personal Accounts S S O O Gifts from individuals O Loans from Financial Institutions S O O O O O O O O O O O O O	To	tal money re	ceived from	inst	itutional gifts and/or grants:	\$	0	loc
FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2 Business Accounts \$ 0.00 Gifts from Individuals \$ 0.00 Consist f	OTHER FINANCING	le	dentify any	finar	ncing (credit cards, etc.) used to fund E	xpe		, ,
FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2 Business Accounts \$ 0.00 Gifts from Individuals Personal Accounts \$ 0.00 Gifts/Grants from Institutions \$ 0.00 Gifts/Grants from Instit		Desci	ription of Fil	nanci	ing		Amount Fina	nced
Total money drawn from other financing \$ 0.0 FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2 Business Accounts \$ 0.00 Gifts from Individuals \$ 0.0 Personal Accounts \$ 0.00 Gifts/Grants from Institutions \$ 0.0 Loans from Financial Institutions \$ 0.00 Other Financing \$ 0.0 Loans from Individuals \$ 0.00 SELECTION SELE			N/A	900 N.C.		SAM.	\$	
FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2 Business Accounts \$ 0.00 Gifts from individuals Personal Accounts \$ 0.00 Gifts/Grants from institutions \$ 0.00 Other Financial Loans from Individuals \$ 0.00 Financial institutions \$ 0.00 Other Financial Securities \$ 0.00 Financial of the Financial Observation of the							\$	
Sub-total all funds (sections a-h) used to fund Part 2 Business Accounts \$ 0.00 Gifts from Individuals \$ 0.0 Personal Accounts \$ 0.00 Gifts/Grants from Institutions \$ 0.0 Loans from Financial Institutions \$ 0.00 Gifts/Grants from Institutions \$ 0.00 Loans from Individuals \$ 0.00 First Business are than total amount of expenses list in part 2 ART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW Interest of the City of Perjuty, that I am authorized to execute this form and that all information I have provided on the right to request any and all documentation it determines necessary to perform will probated. The City of Autora reserves the right to request any and all documentation it determines necessary to perform this supproved or suspended license application. I understand and accept that any falls fication or purposely holding back of this infection is grounds for recalling the license(s) issued. \$ 0.00 First Business and Signature To accept the any falls fication or purposely holding back of this infection is grounds for recalling the license(s) issued.							\$ 72.50.20	
Business Accounts \$ 0.00 Gifts from Individuals Personal Accounts \$ 0.00 Gifts/Grants from Institutions Consists from Individuals Consists from Indi						•	Š	
Business Accounts \$ 0.00 Gifts from individuals Loans from Financial Institutions \$ 0.00 Gifts/Grants from Institutions Comparison Individuals Securities Comparison Individuals Securities Comparison Individuals Comparison Individuals Securities Comparison Individuals Comparison			Total mo	oney	drawn from other financing:	\$	0	00
Personal Accounts \$ 0.00 Gifts/Grants from Institutions \$ 0.00 Other Financing Loans from Individuals \$ 0.00 File A BUGNAST IN DESIGN. Securities \$ 0.00 *Should be equal or greater than total amount of expenses list in part 2 ART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW Bereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on the rmiles complete, true, and correct. I certify that I understand that all information provided on this Financial Disclosure Form will brobotated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this rification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a supproved or suspended license application. I understand accept that any falsification or purposely holding back of this infection is grounds for recalling the license(s) issued.	FINANCING TOTALS	S	ub-total all	fund	ls (sections a-h) used to fund Part 2	L		
Loans from Individuals \$ 0 00	Business Accounts	\$	o	.00	Gifts from Individuals		• 0	.00
Loans from Individuals \$ 0.00 *Should be equal or greater than total amount of expenses list in part 2 ART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW ereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on the rmis complete, true, and correct. I certify that I understand that all information provided on this Financial Disclosure Form will proporated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this rification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a supproved or suspended license application. I understand and accept that any falsification or purposely holding back of this infection is grounds for recalling the license(s) issued. \$ -2 - 18\$	Personal Accounts	\$	þ	.00	Gifts/Grants from Institutions		• 0	.00
*Should be equal or greater than total amount of expenses list in part 2 **RRT 4 ACKNOWLEDGEMENT** **REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **Review The Following STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW** **In part 2** **In pa	Loans from Financial Institutions	\$	0	00	Other Financing		• o	.00
REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW sereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on the remission provided on this Financial Disclosure Form will proborated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this rification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a supproved or suspended license application. I understand and accept that any falsification or purposely holding back of this infection is grounds for recalling the license(s) issued. \$\int O \cdot O \cdo	Loans from Individuals	5 \$	0.	00	TO (A), BUSINESS FINANCIENS (4-0): 1 co		• 0	00
REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW receive certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on the remission provided on this Financial Disclosure Form will proborated. The Gity of Aurora reserves the right to request any and all documentation it determines necessary to perform this rification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a supproved or suspended license application. I understand and accept that any falsification or purposely holding back of this infection is grounds for recalling the license(s) issued. $S = 2 - 18$	Securities	\$	0.0	00	*Should be equal or greater than total ar in part 2	mou	int of expenses	listed
rm is complete, true, and correct. I certify that I understand that all information provided on this Financial Disclosure Form will irroborated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this rification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a sapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this infection is grounds for recalling the license(s) issued.	ART 4 ACKNOWLEDGEMENT R	EVIEW THE F				ΛEN	T BELOW	
performed. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this erification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a sapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this infection is grounds for recalling the license(s) issued. $S - Z - IS$	tereby certify, under penalty of per	jury, thát í a	m authorize	d to	execute this form and that all information) h	ave provided on	this
erification. Land/or my representative will have three business days to meet such requests, and failure to do so may result in a isapproved or suspended license application. Lunderstand and accept that any falsification or purposely holding back of this infugion is grounds for recalling the license(s) issued: $\frac{3-2-18}{-1}$			or a few sections and the section of			2000		65 20
extian is grounds for recalling the license(s) issued. $\frac{5-2-18}{2}$						流流	et all the second	
$\frac{S-Z-18}{Date}$		Administration of the second	PERSONAL PROPERTY.	and a	ccept that any falsification or purposely h	old	ing back of this	infor-
Date Date			er senekerekenseler		5 - 10			
$\rho h d \sim 10^{-10}$					S-2-18			
	Sharoi e oi Applicant		o hd) //	10	7	

OFFICIAL SEAL"
JACQUELINE M. EGGER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 3/27/2020
Re

(PLACE SEAL HERE)

Rev. 01/2016

Notary Pupile in and for said County and State //

City of Aurora Liquin License Application



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.

tionary agreemer ing will be called	nt that includes and the licens	s a management plan e may be revoked imr	put forth to the lic mediately, with no	ensee prior progressive	to the issuance of discipline require	la license. A liquor l ed.	hear-
Probationary A	Agreement /	Management Plan	n				
Applicant /Corporate DC'S GOODT							
d/b/a Name THE AUROF	RA TAP HO	DUSE					
Location Address	OWNER	PL, AUROR	A, IL 6050	6			
Planned Days	/ Hours of C	peration					
SUNDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
MONDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
TUESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	İ
WEDNESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
THURSDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
FRIDAY	FROM		A.M. /P.M.	то		A.M./P.M.	
SATURDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
Entertainment							
Entertainment wil	I be held on the	e premises. Yes	No		•		
If yes, what type(s	s) of entertainm	nent? (Please list)	Bands/Solo	ם ו	Televised Sp	orts	
	·				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	e days and time	es that entertainment	is planned. ⊐	_	· · · · · · · · · · · · · · · · · · ·	7	
SUNDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
MONDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
TUESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
WEDNESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
THURSDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
FRIDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	
SATURDAY	FROM		A.M. /P.M.	то		A.M. /P.M.	

Affidavit

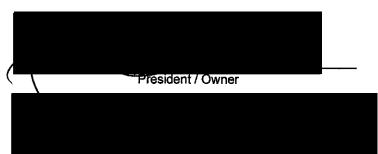
By signing this Probationary Agreement, the undersigned affirms that he/she understands if the business is found to be in violation of any section of the liquor ordinance within the first year of operation, a Liquor Hearing may be held and the Liquor License issued may be revoked without progressive discipline being instituted.



Secretary / Owner

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.



Secretary / Owner

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

President

Signature

Notary Public

Notary Public

MY COMMISSION EXPIRES 3/27/2020