LLA City of Aurora, Illinois 2025 Initial Liquor License Application



Incomplete applications will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60505

APPLICANT: Ishwar Hotel, UC License Class B				
APPLICANT: Ishwar Hotel, UC License Class B Holiday Inn awrora North				
XDate Complete Applicati	on Received 10/	24/25		
Application Fee \$250.00	previously	pd.		
Business Information Sh	eet and Probation	ary Agreement/Management Plan Complete (in application)		
Proof of Background Ch	eck for all Manage	rs/Assistant Managers, Owners and Officers (receipts)		
Certificate of Good Stan	ding from the State	e of Illinois		
Certificate of Registratio	n for Aurora Food	& Beverage Tax (contact Revenue & Collections at (630) 256-3564)		
Certificate of Occupancy	at the Applicant's	Business Location		
☐ Maximum Occupancy Si	gn from City of Au	rora Fire Marshal		
Copy of Articles of Incorporation of Articles of Organization				
Copy of Most Recent An	nual Report Filed	with the Illinois Secretary of State		
Floor Plan/Seating Char	Drawn to scale,	must include outdoor seating (If applicable)		
Copy of Lease/Proof of (Dwnership Lease	Expiration \sqrt{a}		
Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration				
Copy of County Health Department Certificate				
opy of State Liquor License (after local license is granted)				
Copy of State-Certified Beverage Alcohol Sellers/Servers Training Certificates for all employees (BASSET)				
Copy of Menu (if applicable)				
City of Aurora Business Registration Complete—Registration #BUSR-34533				
Appropriate Liquor Classification and Endorsement (if applicable)				
early Fee (per license o	lassification) \$ 🚴	070		
· ·				
the second secon				
□ Approved	☐ Denied	Date Approved/Denied:		
		Date Issued:		
Mayor Liquor Control Commissioner				

Applicant Infor	mation				
	te Name: ISHWAR	HOTEL LLC			
	DAY INN AURORA NO				
Business Address:	2424 W SULLIVAN	RD			
	Street	City/St	tate	Zip	
Business Telephor	ne#: (630)806-7400	Fax #: _			
Owner or Manager	Contact: VISHAL TH	HAKKAR			
Telephone #: <u>(630)</u>)901-3673	Email Addres	ss: vthakkar@endea	vorhotels.com	
Additional Busines	s Contact: RADHESI	HYAM THAKKAR			
Telephone #: (847)		Email Addres	ss: ron@endeavorhot	els.com	
3000 A					
Rusiness Locati	ion Information				
		LIBORA NORTH			
	AN SULLIVAN D		60506	47944-526-527	
Business Address:	2424 W SULLIVAN R	City/State	Control of	KANE	
Telephone #: (630)8	Street City/State Zip County Telephone #: (630)806-7400				
A Partition of the Property of					
Website:	numed on leased 2. Due				
entropy of the common type	wned or leased? Pro	270	ease must be provide	ed.	
	at the property is owned				
20 12 12 12 12 12 12 12 12 12 12 12 12 12	at the property is leased				
☐ I hereby certify that	at the property is manag	ged via an operating c	or management agreer	ment.	
Landlord name:					
Address:Street		City	State	Zip	
Tolonhone #:		AIR)		G3. K 7	
Telephone #		Email Address:			
Total Building Square	Entertainment Area	Kitchen Area	Total Number of Seats	Number of Building	
Footage	(Square Footage)	(Square Footage)	(Booths & Tables)	Number of Parking Spaces	
56800			32 (s)	116	

Previous Liquor Licenses		
Starting with the most recent, list any businesses owned held a liquor license. If more space is needed, please att	d or operated by the applicant within the tach an additional sheet of paper.	past ten (10) years that
Business Name: OB TERRACE HOSPITALITY LLC		
Business Address: 10 DRURY LN	OAKBROOK TERRACE, IL	60181
Street	City/State	Zip
Business Telephone#: (630)941-0100	Date Held: (mm/yy) 06/25	
Liquor License Number and State: 1A-1152281		
Business Name: PEARL ENTERPRISE LLC	(5)	
Business Address: 1S666 MIDWEST RD	OAKBROOK TERRACE, IL	60181
Street	City/State	Zip
Business Telephone#: (630)748-8383	Date Held: (mm/yy) 04/25	
Liquor License Number and State: 1A-1148627		
Business Name: Business Address: Street Date Held (mm/yy): Reason for Revocation:	City/State Date of Revocation (mm/yy):	Zip
Has any director, officer, shareholder, or any of you the local, state or federal government? Name: Business Address:	⊠No If yes, please answer the usiness Name:	questions below.
	City/State	Zip
Date Held (mm/yy):	Date of Revocation (mm/yy):	
Position with Business:		
Reason for Revocation:		9

	f your managers ever been denied a liquor license from any ease answer the questions below.
Name:	
Business Name:	
Business Address:	
Street	City/State Zip
Position Held:	Date of Denial (mm/yy):
Reason for Denial:	
BUSINESS INFORMATION	
Type of Business Organization (check one): □ Sole Proprietor □ Partnership □ Corporati	ion ⊠ LLC □ Non-Profit □ Government
If a Corporation or LLC: Corporation or LLC Name: ISHWAR HOTEL LLC	
Corporate Registered Agent: VISHAL THAKK	KAR
Corporate Headquarters Address: 17w710 22	2nd st Oakbrook Terrace, IL 60181
Corporate Telephone #: (630)901-3673	
Corporate Contact Name and Cell #: RADHE	SHYAM THAKKAR
State of Incorporation: ILLINOIS	Date of Incorporation: 7/13/2023
B. Name (first and last) of all Partners:	
VISHAL THAKKAR	
RADHESHYAM THAKKAR	
C. Name of Sole Proprietor:	
d/b/a:	

Provide a copy of your Articles of Incorporation or Organization along with the most recently filed Corporation or LLC Annual Report from the Secretary of State's Website.

For ALL businesses, list ALL pe ALL persons serving as officers of the business that will be licen must have a background check	or managers of the sed. Attach addition	company. For AL nal pages if needed	L businesses d. All owners	list Managers
Name: THAKKAR	VISH	AL	1	
Last	First		Mi	ddle
Position with Business: MANAGII	NG MEMBER	_ % of Ownership_	35%	
Email Address: vthakkar@endeav	vorhotels.com			
Date of Birth: MO Day	Date	of Fingerprints for	r City of Auro	a 3/21/2024
Home Address:				Mary .
Street Home Telephone#:	Cell	City Phone #:	State	Zip
Name: THAKKAR		DHESHYAM		
Last	Firs	30	150	iddle
Position with Business: MANAG Email Address: ron@endeavorho		% of Ownership	3376	
Date of Birth: MO Day Home Address:		te of Fingerprints fo	or City of Auro	ra <u>3/20/2024</u>
Home Telephone#:		City I Phone #:	State	Zip
Name:	Firs	1	м	iddle
Position with Business:		% of Ownership		
Email Address:				
Date of Birth:		e of Fingerprints fo		ra
Street		City	State	Zip
Home Telephone#:	Cel	Phone #:		

Owner / Manager Information

CO	rporation information
1.	Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? □ Yes ☑ No
	If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilt, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.
2.	How long has the corporation been in the business of the retail sale of alcohol (years/months)?
3.	Does the director, officer, shareholder, or any of your managers hold any law enforcement office? □ Yes ☑ No If Yes, state the person's name, title and agency.
4.	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.
5.	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 If yes, attach a document that answers the following:
	 The type of activity to be conducted at the premises proposed to be licensed and the days and times during which such activity will take place; The size of the applicant's business and the affected establishment;
	 The availability of adequate parking for patrons of both the applicant's business and the affected es- tablishment;
	packaged goods; Any police activity;
	 Relevant geography and location of applicant's business; The legal nature and history of applicant;
	 Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.
- 1	Do you have security cameras on the premises? If yes, are they: If yes, please provide a brief description of the location(s):



Applicant / Corporate Name

d/b/a Name

Probationary Agreement / Management Plan

ISHWAR HOTEL LLC

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 unless an additional period of probation is recommended. 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.

	HOLIDAY INN AURORA NORTH						
Locat	Location Address						
	2424 W SULLIVAN RD						
Plai	Planned Days / Hours of Operation						
X s	UNDAY	FROM	9:00	A.M. /P.M.	то	11:00	A.M. /P.M.
X *	ONDAY	FROM	9:00	A.M. /P.M.	то	11:00	A.M. /P.M.
X T	JESDAY	FROM	9:00	A.M. /P.M.	то	11:00	A.M. /P.M.
× w	EDNESDAY	FROM	9:00	A.M. /P.M.	то	11:00	A.M. /P.M.
X 71	HURSDAY	FROM	9:00	A.M. /P.M.	то	11:00	A.M. /P.M.
X FF	RIDAY	FROM	9:00	A.M. /P.M.	то	1:00	A.M. /P.M.
X sa	ATURDAY	FROM	9:00	А.М. /Р.М.	то	1:00	A.M. /P.M.
Ente	Entertainment						
Enter	rtainment will be he	ld on th	e premises. Yes 🗆	No Ø			
If yes, what type(s) of entertainment? (Please list)							
Pleas	Please specify the dates and times that entertainment is planned.						
	SUNDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	MONDAY			1			
-		FROM		A.M. /P.M.	то		A.M. /P.M.
	TUESDAY	FROM		A.M. /P.M. A.M. /P.M.	то		A.M. /P.M.
							5.41-52.400M
	TUESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	TUESDAY	FROM FROM		A.M. /P.M.	то то		A.M. /P.M.
	TUESDAY WEDNESDAY THURSDAY	FROM FROM		A.M. /P.M. A.M. /P.M. A.M. /P.M.	то то то		A.M. /P.M. A.M. /P.M. A.M. /P.M.

Security	
Will private security be hired for your business? Yes □ No ☑	
If yes, will private security only be hired when entertainment is offered? Yes \Box N	No 🗆
Name of Private Security Company to be Hired:	
Address of Private Security Company:	
Contact Person: for Security Company:	
Security Contact Person's Phone Number: (Please provide two options)	
Affidavit	
By signing this Probationary Agreement, the undersigned affirms that he/si in violation of any section of the liquor ordinance within the first year of ope Liquor License issued may be revoked without progressive discipline being	eration, a Liquor Hearing may be held and the
	110000 (20000)
Viel C	10-27-2025
President / Owner	Date
	10/27/2025
Secretary / Owner	Date
Georgia y 7 Owner	Date
Receipt	
I have received a copy of the Probationary Agreement / Management Plan Secretary / Owner(s) of the business. One copy of the agreement will be p Office.	
President / Owner	Date
1 TOSIGOTICA OWITIES	Date
Secretary / Owner	Date
City Clerk's Office	Date



City of Aurora, Illinois Business Information Sheet

Business Entity Information

Type of Business	Proprietor Par	rtnership X	LLC Corporation Non-	Profit	
Legal Name of Busin					
The exact "legal name" as it appears in the of	ficialISHWAR	HOTEL LLC			
business formation documenta	tion. For Sale Proprietors.	For Safe 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" Na	me				
The exact "Doing Business As" (DBA) Na	ameHOLIDAY IN	N AURORA NORT	Н		
as it appears in the official busin formation documental	ess Sole Proprietors o	uired to file for an As	icting business in Illinois under an assumed na sumed Name Certificate with the Kane County	me (a name Clerk's Offic	other than e at 217 S.
 A State of Illinois File Number is REQ Corporations. 	St. St. A. Ser. St. St. St. St. St. St. St. St. St. St	100 C	based) LPs, LLPs, LLCs, Corporation	ns, and No	n-Profit
State of Illinois File	e #		Assigned by the Illinois Secretary of State at 69 V 1240, 312.793-3380 or www.cyberdriveillinois.com/departments/busines		n St., Suite
O A Federal Employer Identification Num	RED for all busin	ness entity types except for Sole Propr	rietorships		
Employer Identificatio	n#	I			
	18 Year 19 19 19 19 19 19 19 19 19 19 19 19 19	an Abad and duck b			
All Account ID is REQUIRED to ALL	. Dusiness entity type	es mat conduct b	usiness in the State of Illinois or with I	llinois Cus	tomers.
(formerly IBT #) IDOR Accoun	nt #				
Business Activity and Locati	on				
Business Activ	ity HOTEL WIT	TH RESTAUR	ANT & BAR		
List your business activities, including all prod					
and/or services to be offer	ered.				
	.,				
Business Activ					
List your business activities, including all prod and/or services to be offer					
Square footage used by the business: 5	6,800	SQ. FT.	Number of employees at this site:		
Primary Contact Person					
First Name	Middle Name	1	Last Name Jr.,		Jr./Sr.
VISHAL			THAKKAR		
Contact Phone #	Fax#		E-Mail Address		
330)901-3673			vthakkar@endeavorhotels.com		

Affidavit

i, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal, or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCS 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said applicable local laws. By signing this application, I agree to cooperate fully with the Aurora Police Department in providing all video pursuant to any police investigation during the term of any liquor license granted.

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 Thalekor	Signature J
Secretary	Signature
Treasurer Signed and sworn to before me this day of	Signature
Melayer 2015. Melayer ara Shi Notary Public	Government Entity Signatures
Official Seal (NOTICENISMENAL SEDIC Notary Public, State of Illinois Commission No. 1005222	Signature - Manager on Behalf of Government Entity
My Commission Expires February 24, 2029	Signature - Governmental Officer