



CITY OF AURORA, ILLINOIS LIQUOR LICENSE APPLICATION



ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND SUBMITTED TO THE CITY CLERK'S OFFICE, 44 E. DOWNER PLACE, AURORA, IL

LICENSE YEAR: / / 2015 TO
 / / 2016

I. APPLICANT INFORMATION

APPLICANT / CORPORATE NAME NOTHING BUT WINERS, INC.

D/B/A NAME (SAME AS ABOVE)

BUSINESS LOCATION ADDRESS ~~444 N. EDLA ROAD, SUITE 110~~ 1515 BUTTERFIELD RD, STE. 111

BUSINESS PHONE () _____ FAX NUMBER () _____

APPLICANT'S REPRESENTATIVE JANICE BURDETTE

REPRESENTATIVE'S PHONE () _____ CELL () _____

E-MAIL ADDRESS FOR CONTACTING BUSINESS _____

OFFICIAL USE ONLY

<p>REQUIREMENTS - NEW APPLICATIONS:</p> <p><input checked="" type="checkbox"/> APPLICATION FEE <u>\$250</u></p> <p><input type="checkbox"/> BIS (BUSINESS INFORMATION SHEET)</p> <p><input checked="" type="checkbox"/> FDF (FINANCIAL DISCLOSURE FORM)</p> <p><input checked="" type="checkbox"/> CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX)</p> <p><input type="checkbox"/> CERTIFICATE OF OCCUPANCY</p> <p><input checked="" type="checkbox"/> CERTIFICATE OF INCORPORATION</p> <p><input checked="" type="checkbox"/> PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS)</p> <p><input checked="" type="checkbox"/> SEATING CHART (DRAWN TO SCALE) (MUST INCLUDE OUTDOOR SEATING, IF PLANNED) <u>N/A</u></p> <p><input checked="" type="checkbox"/> PROBATIONARY AGREEMENT / MANAGEMENT PLAN</p> <p><input type="checkbox"/> OTHER _____</p>	<p>REQUIREMENTS - NEW & RENEWAL APPLICATIONS:</p> <p><input checked="" type="checkbox"/> COPY OF LEASE / PROOF OF OWNERSHIP</p> <p><input checked="" type="checkbox"/> COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE)</p> <p><u>N/A</u> <input checked="" type="checkbox"/> COUNTY HEALTH DEPT. CERTIFICATE</p> <p><u>N/A</u> <input checked="" type="checkbox"/> COPY OF MENU, IF APPLICABLE</p> <p><u>N/A</u> <input checked="" type="checkbox"/> COPY OF STATE LIQUOR LICENSE</p> <p><input checked="" type="checkbox"/> COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES</p> <p><input type="checkbox"/> OTHER _____</p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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APPROVED

DENIED

DATE OF APPROVAL / DENIAL _____

DATE RECEIVED 8/31/15

DATE ISSUED _____

MAYOR / LIQUOR CONTROL COMMISSIONER

II. BUSINESS INFORMATION

Business Name NOTHING BUT WINERS, INC.
 Business Address ~~444 N. EOLA ROAD, SUITE 110~~ 1515 BUTTERFIELD RD, STE 111
 Employer Identification Number (EIN) 47-3748028
 Website _____

DESCRIPTION OF BUSINESS FACILITY

Total Area (square feet)	Entertainment Area (square feet)	Kitchen Area (square feet)	Number of Seats at Tables	Number of Parking Spaces
1,614	NA	NA	NA	149

III. LIQUOR LICENSE CLASSIFICATION

Select the classification of liquor license you are applying / re-applying for from the listing of classifications below. See Sec. 6-8 of the City of Aurora Liquor Ordinance for a description of each license classification and its particular requirements.

- CLASS A - Tavern. \$2,070.00
- CLASS B - Fraternal Society or Club. \$2,070.00
- CLASS C - Package Liquor \$1,815.00
- CLASS D-1 - Metropolitan Exposition and Auditorium \$1,815.00
- CLASS D-2 - Theatrical-Arts Facility \$1,815.00
- CLASS E - Restaurant \$2,070.00
- CLASS F - Beer and Wine Restaurant \$1,815.00
- CLASS F-1 - Beer and Wine Restaurant with Package Sales \$2,000.00
- CLASS G - Package Beer and Wine \$1,650.00
- CLASS H - Golf Course / Club House \$2,070.00
- CLASS I - Specialty Basket \$550.00
- CLASS J - Hotel (Full Service) \$2,070.00
- CLASS K - Catering \$825.00
- CLASS L - Riverboat Facility \$2,070.00
- Members-only Lounge*
- \$4,140.00
- CLASS M - Hotel (Limited Service) ~~\$825.00~~ \$2,070
- CLASS N - Specialty Package ~~\$1,815.00~~

\$ 2,070

IV. PREVIOUS LIQUOR LICENSES

1. Starting with the most recent, list any business that was owned or operated by the applicant within the past ten (10) years that possessed a liquor license. If more space is needed, please attach a separate sheet.

Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy - mm/yy) _____

Liquor License Number: _____

Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy - mm/yy) _____

Liquor License Number: _____

2. Have any liquor licenses issued to the applicant been revoked or suspended? Yes No
If Yes, proceed to Question 2A. If more space is needed, please attach a separate sheet.

2A. Name: _____ Name of Business: _____

Address: _____

Date License Held (mm/yy - mm/yy): _____ Date of Revocation: _____

Reason(s) for Revocation of License: _____

3. Has any director, officer, shareholder, or any of your managers ever held a liquor license (wholesale or retail) that was revoked by the federal, state, or local government? Yes No
If Yes, proceed to Question 3A. If more space is needed, please attach a separate sheet.

3A. Name: _____ Name of Business: _____

Position with Business: _____

Date License Held (mm/yy - mm/yy): _____ Date of Revocation: _____

Reason(s) for Revocation of License: _____

4. Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction? Yes No **If Yes, proceed to Question 4A. If more space is needed, please attach a separate sheet.**

4A. Name: _____ Name of Business: _____

Position with Business: _____

Date of Denial _____

Reason(s) for Denial of License: _____

V. BUSINESS ORGANIZATION INFORMATION

TYPE OF BUSINESS: Sole Proprietor Partnership LLC Corporation Non-Profit

For LLC, Corporation or Non-Profit organizations, proceed to Question C.

A. Name of Sole Proprietor: JANICE BURDETTE

D/B/A (Doing Business As) Name: NOTHING BUT WINERS, INC.

B. Name of ALL Partners (If more space is needed, please attach separate sheet): _____

C. Corporation Name: _____

Corporate Registered Agent / Contact: _____

Corporate Headquarters Address: _____

Corporate Phone: _____ Corporate Contact Cell Phone: _____

State of Incorporation: _____ Date of Incorporation: _____

VI. OWNER / MANAGER INFORMATION

Please provide the below-requested information as follows:

Sole Proprietor or Partnerships - ALL owner(s) and partner(s)

Corporations - ALL director(s) and officer(s)

If more space is needed, please attach a separate sheet.

Name: JANICE BURDETTE

Position with Business: PRESIDENT % of Ownership: 100%

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name: _____

Position with Business: _____ % of Ownership: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name: _____

Position with Business: _____ % of Ownership: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

2. OWNERS / PARTNERS / DIRECTORS / OFFICERS (Continued):

Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

VII. MANAGER, ASSISTANT / SECONDARY MANAGER / COOK INFORMATION

ALL Managers and an Assistant or Secondary Manager MUST Submit to a background check.

For Class E-Restaurant, Class F and Class F-1-Beer and Wine Restaurant applications, provide the name and address of the cook or chef responsible for duties as outlined in the City Liquor Ordinance.

Manager's Name: same as owner
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Manager's Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Cook / Chef's Name: _____
Home Address: _____

VIII. CORPORATION / PREMISES QUESTIONS

1. Have you attached a copy of your corporation's Certificate of Incorporation? Yes No

If your corporation is incorporated in another state other than the State of Illinois, please attach a copy of the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act.

2. Has the corporation ever been dissolved either voluntary or involuntary?
 Yes No If Yes, state of date of reinstatement.

3. Is the corporation a subsidiary of a parent corporation?
 Yes No If Yes, state the parent corporation's name.

4. 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.

5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?

6. Does the corporation own or lease the building or the space in which the business is located?
 Own Lease If you lease the premises, a copy of the lease must be attached to this application.

7. If the building is not owned, what is the expiration date of the lease?

5 YR LEASE (WILL BE SIGNED BY THE END OF JULY, 2015)

8. 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 No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.

9. 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?

MEDICAL OFFICE

10. State the estimated value of goods, wares and merchandise to be used in the course of business.

\$ 140,000

11. 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 guilty, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

12. 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.

<p>13. 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.</p>	
<p>14. 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</p>	
<p>15. If applicant is applying for a Class B - Fraternal Society or Club Liquor License:</p> <p>A. How many dues-paying members to 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>16. Does your establishment have entertainment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)</p>	
<p>17. Do you employ security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held If Yes, do you: <input type="checkbox"/> Hire Private Security Company <input type="checkbox"/> Use On-staff Employees <input type="checkbox"/> Hire Off-duty Police Officers <input type="checkbox"/> Combination of the Above If you hire a Private Security Company, please provide the company name and contact person.</p>	
<p>18. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a copy of menu with application.</p>	
<p>19. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a drawing, drawn to scale, of the layout of tables and chairs as they will be positioned in your restaurant. The drawing should include all bars, stages, dance floors, amusement devices, and kitchen area(s).</p>	
<p>20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, please attach a copy of your current County Health Department Certificate.)</p>	
<p>21. Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of the insurance policy to this application.)</p>	
<p>22. Proof of satisfactory completion of a state-certified beverage alcohol sellers and service education and training program for all persons who serve or sell alcoholic beverages pursuant to your license is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of all employees' certificates, if you have not already submitted same to the City Clerk's Office.)</p>	
<p>24. Has the applicant completed and filed a Certificate of Registration Application and produced appropriate bond pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food & Beverage Tax)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>26. All NEW applications received after June 8, 2010 are subject to the Liquor License Probationary Agreement / Management Plan. If this a NEW application, has the applicant read, signed, and kept a copy of said Probationary Agreement / Management Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This requirement does not apply to renewal applications.)</p>	

IX. AFFIDAVIT

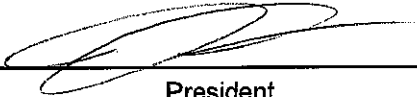
I, first being duly sworn, under oath, deposes and say that I am an applicant for the license requested in the foregoing Application; that I am of good repute, character, and standing, and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the Code provisions in the City of Aurora's Liquor Ordinance. I further agree not to violate any of the laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora. In the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT, OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT, NON-RENEWAL, OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Aurora or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

CORPORATE / LLC SIGNATURES

INDIVIDUAL / PARTNERSHIP SIGNATURES



President

Signature

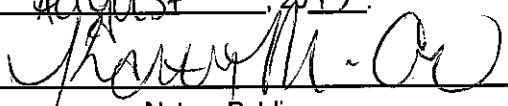
Secretary

Signature

8/25/15

Date

Date

Signed and sworn to before me this 25th day of August, 2015.


Notary Public



FDF

CITY OF AURORA, ILLINOIS 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)	IDOR # (IL Dept. of Revenue - formerly IBT #)	IDOR # (IL Dept. of Revenue - formerly IBT #)			
47-3748028	4167-9547				
Legal Name of Applicant Entity		"Doing Business as Name" of establishment			
NOTHING BUT WINERS, INC.		NOTHING BUT WINERS, INC.			
First Name of Primary Business Contact	Middle Name	Last Name			
JANICE	LYNN	BURDETTE			
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 LOCATON.	
Description of Expenses (start-up, expansion, and/or business purchase costs only: construction, renovation, stock purchase, inventory)	Amount of Expense		
INCORPORATION OF COMPANY	\$	328	95
ARTICLES OF INCORPORATION - FILING FEE	\$	281	25
ILLINOIS STATE TAX ID	\$	49	00
FEDERAL TAX ID	\$	79	00
BASSET TRAINING	\$	14	75
LIQUOR LICENCE (PRORATED 4 MONTHS)	\$	605	00
LIQUOR LICENCE APPLICATION FEE	\$	250	00
TECHNOLOGY (COMPUTERS/PRINTER/FAX/COPYER/CASH REGISTER/SOFTWARE)	\$	6000	00
CONSTRUCTION	\$	4000	00
WINE RACKS/CHECKOUT COUNTER	\$	12000	00
DRAM INSURANCE	\$	5345	00
MISCELLANEOUS SUPPLIES	\$	1200	00
STOREFRONT SIGN	\$	250	00
STOREFRONT AWNING	\$	700	00
INVENTORY	\$	70000	00
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Expenses: (Should be equal to or less than Total Business Financing Amount on Page 3)	\$	101,102	95

PART 3 FINANCING

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

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

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

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

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

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

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

Total dollar amount drawn from personal accounts: **b** \$

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

* CONTINUE ON NEXT SHEET

Account Number	Financial Institution	Loan Date	Loan Term	Co-signers of Loan	Loan Amount

Total dollar amount loaned by financial institutions: **c** \$

d LOANS FROM INDIVIDUALS Identify any loans from individuals used to fund Expenses, Part 2

Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount
				\$
				\$
				\$
				\$

Total dollar amount loaned by individuals: **d** \$

PART 3 FINANCING

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

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

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

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

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

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

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

Total dollar amount drawn from personal accounts: **b** \$

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

CONTINUED FROM PREVIOUS PAGE

Account Number	Financial Institution	Loan Date	Loan Term	Co-signers of Loan	Loan Amount
					\$
					\$

Total dollar amount loaned by financial institutions: **c** \$

d LOANS FROM INDIVIDUALS Identify any loans from individuals used to fund Expenses, Part 2

Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount
				\$
				\$
				\$
				\$

Total dollar amount loaned by individuals: **d** \$

e SECURITIES Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2

Name of Security	Buy Date	Sell Date	# of Shares	Price	Ticker	Amount Invested
						\$
						\$
						\$
						\$

Total dollar amount drawn from the sale of securities: **e** \$

f GIFTS FROM INDIVIDUALS Identify any gifts from individuals used to fund Expenses, Part 2

Name of Giver	Date of Gift	Source of Funds or Gift	# Investment	Amount
				\$
				\$
				\$
				\$

Total financing from gifts: **f** \$

g GIFTS/GRANTS FROM INSTITUTIONS Identify any gifts and/or grants from institutions used to fund Expenses, Part 2

Institution	Address (Street, City State)	Contact Name & Phone	Grant Date	Amount Gifted
				\$
				\$
				\$
				\$

Total money received from institutional gifts and/or grants: **g** \$

h OTHER FINANCING Identify any other financing (credit cards, etc.) used to fund Expenses, Part 2 **CONTINUE ON NEXT PAGE**

Description of Financing	Amount Financed

Total money drawn from other financing: **h** \$

= FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2

Business Accounts	a \$	Gifts from Individuals	f \$
Personal Accounts	b \$	Gifts/Grants from Institutions	g \$
Loans from Financial Institutions	c \$	Other Financing	h \$
Loans from Individuals	d \$	TOTAL BUSINESS FINANCING (a-h)*	= \$
Securities	e \$	*Should be equal to 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: [Signature] Date: 8/25/15
 Subscribed to and sworn to before me this 25th day of August, 2015

Notary Public in and for said County and State



e SECURITIES Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2

Name of Security	Buy Date	Sell Date	# of Shares	Price	Ticker	Amount Invested
						\$
						\$
						\$
						\$

Total dollar amount drawn from the sale of securities: **e** \$

f GIFTS FROM INDIVIDUALS Identify any gifts from individuals used to fund Expenses, Part 2

Name of Giver	Date of Gift	Source of Funds or Gift	# Investment	Amount
				\$
				\$
				\$
				\$

Total financing from gifts: **f** \$

g GIFTS/GRANTS FROM INSTITUTIONS Identify any gifts and/or grants from institutions used to fund Expenses, Part 2

Institution	Address (Street, City State)	Contact Name & Phone	Grant Date	Amount Gifted
				\$
				\$
				\$
				\$

Total money received from institutional gifts and/or grants: **g** \$

h OTHER FINANCING Identify any other financing (credit cards, etc.) used to fund Expenses, Part 2

Description of Financing	Amount Financed

CONTINUED FROM PREVIOUS PAGE *

Total money drawn from other financing: **h** \$

= FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2

Business Accounts	a \$	Gifts from Individuals	f \$
Personal Accounts	b \$	Gifts/Grants from Institutions	g \$
Loans from Financial Institutions	c \$	Other Financing	h \$
Loans from Individuals	d \$	TOTAL BUSINESS FINANCING (a-h)*	= \$
Securities	e \$		

*Should be equal to or greater than total amount of expenses listed in Part 2

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

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

Signature of Applicant _____ Date _____

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

Notary Public in and for said County and State (PLACE SEAL HERE)

PA

CITY OF AURORA, ILLINOIS PROBATIONARY AGREEMENT / MANAGEMENT PLAN



FORM REQUIRED: CITY OF AURORA LIQUOR ORDINANCE SEC. 6-5. APPLICATION FOR LICENSE.

(i) 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

NOTHING BUT WINERS, INC.

D/B/A NAME

NOTHING BUT WINERS, INC.

LOCATION ADDRESS

1515 BUTTERFIELD RD, STE 111
444 N. COLA RD, STE 100, AURORA, IL 60502

PLANNED DAYS / HOURS OF OPERATION

<input checked="" type="checkbox"/>	SUNDAY	FROM	12:00	A.M. / P.M.	TO	5:00	A.M. / P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	11:30	A.M. / P.M.	TO	8:30	A.M. / P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	11:30	A.M. / P.M.	TO	8:30	A.M. / P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	11:30	A.M. / P.M.	TO	8:30	A.M. / P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	11:30	A.M. / P.M.	TO	8:30	A.M. / P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	11:30	A.M. / P.M.	TO	8:30	A.M. / P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	11:00	A.M. / P.M.	TO	9:00	A.M. / P.M.

ENTERTAINMENT

ENTERTAINMENT WILL BE HELD ON THE PREMISES. YES NO

IF YES, WHAT TYPE(S) OF ENTERTAINMENT WILL BE HELD (LIVE MUSIC, D.J., DANCING, COMEDY CLUB, ETC.):

PLEASE SPECIFY DAYS AND TIMES THAT ENTERTAINMENT IS PLANNED.

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

SECURITY

WILL PRIVATE SECURITY BE HIRED FOR YOUR BUSINESS? YES NO

IF YES, WILL PRIVATE SECURITY BE HIRED ONLY WHEN ENTERTAINMENT IS HELD? YES NO

NAME OF PRIVATE SECURITY COMPANY TO BE HIRED

ADDRESS OF PRIVATE SECURITY COMPANY

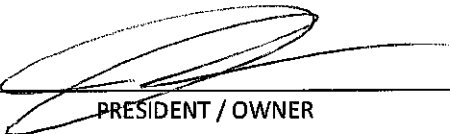
CONTACT PERSON FOR PRIVATE SECURITY COMPANY

CONTACT PERSON PHONE NUMBER FOR PRIVATE SECURITY COMPANY



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

7/6/15

DATE

SECRETARY / OWNER

DATE

RECEIPT

I HAVE RECEIVED A COPY OF THE PROBATIONARY AGREEMENT / MANAGEMENT PLAN THAT HAS BEEN SIGNED BY THE PRESIDENT AND SECRETARY / OWNER(S) OF THE BUSINESS. ONE COPY OF AGREEMENT WILL BE PLACED IN THE LICENSEE'S FILE IN THE CITY CLERK'S OFFICE.

PRESIDENT / OWNER

DATE

SECRETARY / OWNER

DATE



CITY CLERK'S OFFICE

8/31/2015

DATE