

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: 20/5 TO 20/6
D/B/A NAME (SAME AS ABOVE) BUSINESS LOCATION ADDRESS 444 N. EOLI BUSINESS PHONE () APPLICANT'S REPRESENTATIVE JANICE BO REPRESENTATIVE'S PHONE () E-MAIL ADDRESS FOR CONTACTING BUSINESS	ALUSEONLY
REQUIREMENTS - NEW APPLICATIONS: APPLICATION FEE \$2.50 BIS (BUSINESS INFORMATION SHEET) FDF (FINANCIAL DISCLOSURE FORM) CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX) CERTIFICATE OF OCCUPANCY CERTIFICATE OF INCORPORATION PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS) SEATING CHART (DRAWN TO SCALE)	REQUIREMENTS - NEW & RENEWAL APPLICATIONS: COPY OF LEASE / PROOF OF OWNERSHIP COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE) COUNTY HEALTH DEPT. CERTIFICATE COPY OF MENU, IF APPLICABLE COPY OF STATE LIQUOR LICENSE COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES
(MUST INCLUDE OUTDOOR SEATING, IF PLANNED) N A PROBATIONARY AGREEMENT / MANAGEMENT PLAN OTHER APPROVED DENIED	DATE RECEIVED 831 5
DATE OF APPROVAL / DENIAL MAYOR / LIQUOR CONTROL COMMISSIONER	

II. BUSINESS INFO	DRMATION			
Business Name	NOTHING BUT	WINERS, INC	•	<u>.</u>
Business Address	444 N. EOLA 126	MAD, SUITE HE	- 1515 BUTTERFIE	LD RD, STE III
Employer Identificatio	n Number (EIN) <u>47</u> -	3748028		
Website				
	DESCRI	PTION OF BUSINE	SS 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 clas	sification of liquor license you are applying / re-applying for from the listing of classifications below. See
Sec. 5-8 of the ments.	City of Aurora Liquor Ordinance for a description of each license classification and its particular require-
	мишеновы жевиненияся може возговновили выпосновновновновновновновновновновновновновн
	CLASS A - Tavern
	CLASS B - Fraternal Society or Club
	CLASS C - Package Liquor
	CLASS D-1 - Metropolitan Exposition and Auditorium
	CLASS D-2 - Theatrical-Arts Facility
	CLASS E - Restaurant
	CLASS F - Beer and Wine Restaurant
	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
	CLASS I - Specialty Basket
	CLASS J - Hotel (Full Service)
	CLASS K - Catering
	CLASS L - Riverboat Facility
	Members-only Lounge*
	\$4,140.00
$oldsymbol{ol{ol}}}}}}}}}}}}$	CLASS M - Hotel (Limited Service)
(CLASS N)- Specialty Package
	\$ 2,070
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Position Date L Reason Has any o		
Position Date L Reason Has any o		Name of Business:
Reaso	n with Business:	
Hasany o	icense Held (mm/yy - mm/yy):	Date of Revocation:
Has any c	n(s) for Revocation of License:	
a separat	n? 🔲 Yes 🗌 No If Yes, pr	y of your managers ever been denied a liquor license from any roceed to Question 4A. If more space is needed, please attach
4A. Name		Name of Business:
Date o		
Reaso	f Denial	

YPE OF BUSINESS. Sole Proprietor	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
For LLC, Corporation or Non-Profit organizations,	
A. Name of Sole Proprietor: JANICE BURD	
D/B/A (Doing Business As) Name: <i>NoTHIA</i>	IG BUT WINERS, INC.
B. Name of ALL Partners (If more space is needed,	olease attach separate sheet):
C. Corporation Name:	
<u> </u>	
·	
Corporate Headquarters Address:	
Corporate Phone:	
State of Incorporation:	Date of Incorporation:
	•
OWNER / MANAGER INFORMATION	
ase provide the below-requested information as foll	otro:
Sole Proprietor or Partnerships - ALL owner(s)	
Corporations - ALL director(s) and officer(s)	
Corporations - ALL director(s) and officer(s) nore space is needed, please attach a separate shee	
Corporations - ALL director(s) and officer(s) nore space is needed, please attach a separate shee	t
Gorporations - ALL director(s) and officer(s) nore space is needed, please attach a separate shee Name: Janice Buldette Paesident Paesident	t % of Ownership: <i>100 %</i>
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Corporations - ALL director(s) and officer(s) nore space is needed, please attach a separate shee Name:	// We of Ownership:

Name:	
Position with Business:	
Social Security Number:	
Driver's License Number:	<u>_</u>
Home Address:	
	Cell Phone:
E-mail Address:	
Name:	* * *
Position with Business:	
Social Security Number:	
Driver's License Number:	
Home Address:	
	Cell Phone:
E-mail Address:	
s E-Restaurant, Class F and Class F-1-6	Manager MUST Submit to a background check. Beer and Wine Restaurant applications, provide the names as outlined in the City Liquor Ordinance.
SE-Restaurant, Class F and Class F-1-E of the cook or chef responsible for duti Manager's Name:	Beer and Wine Restaurant applications, provide the names as outlined in the City Liquor Ordinance. OUND % of Ownership: Date of Birth:
SE-Restaurant, Class F and Class F-1-E of the cook or chef responsible for duti Manager's Name:	Beer and Wine Restaurant applications, provide the names as outlined in the City Liquor Ordinance. % of Ownership: Date of Birth: Place of Birth:
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Manager's Name: (Second Security Number: (Manager's Name:	Beer and Wine Restaurant applications, provide the names as outlined in the City Liquor Ordinance. Work
Manager's Name:	Beer and Wine Restaurant applications, provide the names as outlined in the City Liquor Ordinance.

VIII. CORPORATION / PREMISES QUESTIONS	
Have you attached a copy of your corporation's Certificate of the lift your corporation is incorporated in another state other that ment pursuant to which the corporation is qualified to transfer ration Act.	an the State of Illinois, please attach a copy of the docu-
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.	
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 Own Lease If you lease the premises, a copy of	
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.	
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
State the estimated value of goods, wares and merchan- dise 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 or ders 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 lif Yes, state the person's name, title and agency.	

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? 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 in vestigation or hearing.	
14. Is the premises within 100 feet of a church, grade school, middle school, alternative school or high school home for the indigent? Yes No	nool, hospital.
15. If applicant is applying for a Class B - Fraternal Society or Club Liquor License: A. How many dues-paying members to you have? (Attach a listing of members' names and B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Oro	<i>addresses.)</i> dinance?
16. Does your establishment have entertainment? ☐ Yes ☑ No If Yes, list each form of entertain- ment you will be holding (i.e. bands / solo acts, DJ's, etc.)	
17. Do you employ security? Tyes No Only when entertainment is held If Yes, do you: Hire Private Security Company 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. 18. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a contact person.	ວy of menu
with application.	
19. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a dra to scale; of the layout of tables and chairs as they will be positioned in your restaurant. The drawing shall bars, stages, dance floors, amusement devices, and kitchen area(s).	iwing, diawi nould include
20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consump licensed premises? Yes X (No): (If YES, please attach a copy of your current County Health Department Certific	
21. Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the Liquor Application. (Please attach a copy of the insurance policy to this application.)	
22. Proof of satisfactory completion of a state-certified beverage alcohol sellers and service education and program for all persons who serve or sell alcoholic beverages pursuant to your license is mandatory and be on file with the Liquor License Application. (Please attach a copy of all employees' certificates, if you already submitted same to the City Clerk's Office.)	nd required to
24. Has the applicant completed and filed a Certificate of Registration Application and produced appropriate pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food & Beverage Tax)? Yes	; No
26. All NEW applications received after June 8, 2010 are subject to the Liquor License Probationary Agree Management Plan. If this a NEW application, has the applicant read, signed, and kept a copy of said F Agreement / Management Plan? Yes No (This requirement does not apply to renewal application).	Probationary

IX. AFFIDAVIT	
Application; that I am of good repute, character, and standapplication are true and correct in every detail. I further	at I am an applicant for the license requested in the foregoing ding, and that answers to the questions asked in the foregoing state that I have read and understand the Code provisions in ot to violate any of the laws of the United States, the State of the conduct of my place of business.
	CT, OR MISLEADING ANSWER GIVEN IN THIS APPLICA- GRANT, NON-RENEWAL, OR THE REVOCATION OF ANY ON.
I further give my permission to the City of Aurora or any or referred to in this Application to verify or clarify any ans	agency thereof to check with any agency or individual named wer that I have given.
	INDUSTRIAL ADAPTHEDOLUD GLOMATUDES

CORPORATE / LLC SIGNATURES	INDIVIDUAL / PARTNERSHIP SIGNATURES		
President	Signature		
Secretary	Signature		
8/25/15 Date	Date		
Signed and sworn to before me this			

- HUGUST - P-

Notary Public

OFFICIAL SEAL
KATHRYN M COOK
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 07/03/2019



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

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PART 1	INFORMATION	PROVIDE 1	THE FOLLOWING	INFORMATION	ABOUT	THE LEGAL ENTITY AP	PLYING FOR THE	LICENSE(S).
FEIN#(IRS) - 3748028	IDOF	R#(IL Dept. of Re リルゴ	evenue - formerly F - 954	•	IDOR# (IL Dep	ot, of Revenue - for	merly IBT #)
Legal Name	of Applicant Entity	te de la appropriate de la region de la Principa de la Agrica de La Agrica de La Agrica de La Agrica de La Agr	Annahan Manday Manday o spender makatay and in Affective	"Doing I	Business	as Name" of establishm	ent	10 - 10 A 10 C
NOTHI	NG BUT WIN	IERS, INC.		Nor	741106	- BUT WIN	SERS, IN	C.
First Name	of Primary Business Cor	ntact	Middle Name			Last Name		
JAN	ILE		LYNI	N.		BURDET	7E-	
Home Stre	et Address of Primary B	usiness Contact		Suite/Apt.	City		State	Zíp
			-					
Home Phor	10	Work Phone ()	Cell	Phone))	7	E-mall Address		1
PART 2	EXPENSES	ITEMIZE <u>AL</u>	<u>L</u> EXPENSES FO	OR THE FUNDIN	G OF THE	BUSINESS OR OWNE	RSHIP CHANGE A	IT THIS LOCATON.

PART 2 EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHA	ANGE 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 - FILLING- 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 / PAINTER / FAX/COPIER/CASHRECISTER SOFTWARE)	\$ 6000 00
CONSTRUCTION	\$ 4000 00
WINE RACKS CHECKOUT COUNTER	\$ 1200000
DRAM INSURANCE	\$ 5345 00
MISCELLANEOUS SUPPLIES	\$ 120000
STOREGRONT SIGN	\$ 250 00
STOREGRONT AWNING	\$ 700 00
Theyentory	\$ 70000 00
	.\$
	\$
	\$
	\$
	\$
	\$
Total Expenses: (Should be equal to or less than Total Business Financing Amount on Page 3)	\$ 101,102 95

ART 3 FINANCING	IDENTIFY THE SOURCE(S) OF THE FUNI	DS USED TO PAY FOR THE EXPENSES L	·
BUSINESS SAVINGS 2/06 Account Number;		se on Account Current Balance	Drawn for Business
		\$	\$
	TY SANTON TO THE OWNER OF THE STATE OF THE STATE OF THE SANTON THE STATE OF THE SANTON T	\$	
**************************************		\\$ \\$	Š
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	Total dollar amount	drawn from pusiness accounts:	a >\$
cription of Source (identify the soul	ces) of money in the accounts listed above	Contribution Frequer	
ace sace reace on any final spaces have a could—distribute decision of the size (size) and programs are convened or continuous constitutions constitutions of the size of the	t on the standard to the contract and the contract contra	e defendation half a time or construction to the construction considered format and the Chestre Service (3) or (3)	\$
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PERSONAL SAVINGS & CH		personal accounts used to fund Expe	
count Number Financial Inst	itution Date Opened Signatories	on Account Current Balance	Dirawn for Business
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COL 14 CHI GO 2000 GRADO		S Communication of the communi	S SECTION OF THE SEC
and the state of t		 \$	S
	Total dollar amount es) of money in the accounts listed above	drawn from personal accounts:	
Gription of Source (Identity the Source)	ess, of morey in the accounts listed above		cy. Contribution Amount \$
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ldentify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2
Company Comp
Total dollar amount drawn from the colo of eccurities:
Total dollar amount drawn from the sale of securities: e \$ f GIETS FROM INDIVIDUALS Identify any gifts from individuals used to fund Expenses, Part 2
THE RESIDENCE OF THE PROPERTY
Total financing from gifts: f
Institution Address (Street, City State) Sontact Name & Phone Grant Date Amount Sifted \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Total money received from institutional gifts and/or grants;
h OTHER FINANCING Identify any other financing (credit cards, etc.) used to fund Expenses, Part 2 # CONTINUE
Description of Financing.
i 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
PART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW
I herepy 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 comborated. 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
Subsofibed to and swom, to before me this 25 day of All QUST, 20 5 OFFICIAL SEAL KATHRYN M COOK
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e SECURITIES Identify	any securities (stocks, bonds,	CODs, etc.) sold to fund Exp	
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Name of Giver Date o			\$
g GIFTS/GRANTS FROM INSTITUTIONS Identify	any gifts and/or grants from in	Million Mariti Sint (1971) and Ref	
Address (Street, City State)	Contact Name & P		Amount Gifted 5 5 5 \$ \$
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Loans from Individuals d \$	TOTAL BUSINESS FIN	ANCING $(a-h)^* = 3$	A STATE OF THE STA
	Should be equal to or c STATEMENT AND SIGN YOU	reater than total amount of ex	
I hereby certify, under penalty of perjury, that I am authorized to exectorrect. I certify that I understand that all information provided on this request eny and all documentation it determines necessary to perform requests, and failure to do so may result in a disapproved or suspende back of this information is grounds for recalling the license(s) issued.	ute this form and that all inform Financial Disclosure Form will I this verification II and/or my re	ation I have provided on this be corroborated. The City of presentative will have three b	form is complete; true; and Aurora reserves the right to susiness days to meet such
Signature of Applicant Subscribed to and sworn to before me this day of	Date		

Notary Public in and for said County and State

(PLACE SEAL HERE)



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 DISPLICINE REQUIRED.

PROBATIONARY AGREEMENT / MANAGEMENT PLAN							
	ICANT/CORPORATE NAME	WINE	ERS, INC.				
	NAME 10 THING BUT W	'iNER	s, inc.				
LOC!	ation address 1515 Bytterfield 44 N. Eola RD	2D., 51	Ell Auro	ea,12 60	50 2	sa William	
PLAN	NNED DAYS / HOU	RS OF	OPERATION				
X	SUNDAY	FROM	12100	A.M. /P.M.	то	5:00	A.M. (P.M.)
X	MONDAY	FROM	11:30	A.M) / P.M.	то	8:30	A.M. P.M.
X	TUESDAY	FROM	11:30	(A,M) / P.M.	то	8:30	A.M. P.M.
X	WEDNESDAY	FROM	11:30	(A.M. / P.M.	то	8:36	A.M. /P.M.)
X	THURSDAY	FROM	11:30	(A.M) / P.M.	то	8:30	A.M. /E.M.
X	FRIDAY	FROM	11:30	(A.M)/ P.M.	то	8:30	A.M. (P.M.)
X	SATURDAY	FROM	11:00	A.M. / P.M.	то	9:00	A.M. /(P.M.)
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SECURITY	
WILL PRIVATE SECURITY BE HIRED FOR YOUR BUSINESS? YES	NO X
IF YES, WILL PRIVATE SECURITY BE HIRED ONLY WHEN ENTERTAINMEN	TIS 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 AFFI FOUND TO BE IN VIOLATION OF ANY SECTION OF THE LIQUOR ORDINAN HEARING MAY BE HELD AND THE LIQUOR LICENSE ISSUED MAY BE REVO TUTED.	ICE WITHIN THE FIRST YEAR OF OPERATION, A LIQUOR
TOTED.	
	7/6/15
PRESIDENT / OWNER	DATE
SECRETARY / OWNER	DATE

RECEIPT	
I HAVE RECEIVED A COPY OF THE PROBATIONARY AGREEMENT / MANAGED AND SECRETARY / OWNER(S) OF THE BUSINESS. ONE COPY OF AGE THE CITY CLERK'S OFFICE.	GEMENT PLAN THAT HAS BEEN SIGNED BY THE PRESI- GREEMENT WILL BE PLACED IN THE LICENSEE'S FILE IN
PRESIDENT / OWNER	DATE
SECRETARY / OWNER	DATE
Wesly Witambudy	8 31/2015 DATE