

LLA

City of Aurora, Illinois

Local Liquor License Application



Incomplete applications will not be accepted.

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

Date Application Received 4/5/19License Year: 2019-2020New License: Change in Ownership/Corporation: Change in License Class: **APPLICANT INFORMATION**

A. Corporation name:

CHILL'AXE AURORA LLC

Class Applying For:

A

B. Business name (dba):

C. Type of Business: Sole Proprietor Partnership Corporation LLC Non-Profit

LLC

C. Previous business name (if dba changed):

NA

D. Corporate Mailing Address if different from the physical location address (city, state, zip code):

4302 (UNIT 104) EAST NEW YORK STREET. AURORA IL, 60504

E. Business telephone:

F. Business website:

G. Business Email:

TBD

JUDY@WINDFALLUSA.COM

I. Owner or Manager contact name for license:

JUDY NI

J. Contact telephone:

K. Contact e-mail address:

JUDY@WINDFALLUSA.COM

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address): 4302 (UNIT 104) EAST NEW YORK STREET. AURORA, IL		B. Zip code 60504	C. # Parking Spaces
D. Total Building s.f. 4312 SF	E. Entertainment Area APPROX 2000 SF	F. Kitchen (Square Footage) APPROX 100 SF	G. Total Number of Seats APPROX 75 SEATS
I. Number of bar seats APPROX 10-15 SEATS	J. Retail/public Area s.f.	K. Cooler s.f. APPROX 200 SF	L. Dry Storage s.f. APPROX 200 SF
			M. Sale Counter s.f. LESS THAN 100 SF

OFFICIAL USE ONLY Approved Denied

Date Approved/Denied:

Date Issued:

Mayor, Liquor Control Commissioner

Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input checked="" type="checkbox"/>	✓
Completed Local Liquor License Application (LLA).	<input checked="" type="checkbox"/>	✓
Completed Financial Disclosure Form (FDF) - for new establishments, expansion an existing establishment, or buying an existing business, when the business holds a Liquor License only.	<input checked="" type="checkbox"/>	✓
Copy of completed State Liquor License Application (https://www2.illinois.gov/ilcc/Pages/Applications.aspx) (in Section 3 do not include social security numbers or date of birth for local license application consideration)	<input checked="" type="checkbox"/>	✓
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input type="checkbox"/>	
Copy of the Articles of Incorporation	<input checked="" type="checkbox"/>	✓
Certificate of Good Standing from Illinois Secretary of State	<input checked="" type="checkbox"/>	✓
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Class O include all seating configurations.)	<input checked="" type="checkbox"/>	✓
Copy of Lease/Proof of Ownership.	<input checked="" type="checkbox"/>	✓
Proof of current Dram Shop Insurance Policy (Certificate of Liability Insurance) with City of Aurora listed as certificate holder at the maximum limit.	<input checked="" type="checkbox"/>	
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input checked="" type="checkbox"/>	✓
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	<input checked="" type="checkbox"/>	✓
Certificate of Registration (Food & Beverage Tax– register with City of Aurora Revenue and Collections for liquor sales and payment of required bond).	<input checked="" type="checkbox"/>	✓
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L, Class O, Class P, Class S and Class S-1))	<input checked="" type="checkbox"/>	✓
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input type="checkbox"/>	
Personal Information Form(s) (PIF) (one for each owner of 5% or owner, corporate officers to be listed on the license and on-site manager.)	<input checked="" type="checkbox"/>	✓
Current list of names, dates of birth and home addresses of all members (Class B)	<input type="checkbox"/>	

Corporation / Premises Questions

1.	Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If, Yes state the parent corporation's name. <u>NA</u>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain. <u>NA</u>
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? <u>0</u>
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 *No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application. <u>NA</u>
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 <u>FORMER GOLFSMITH AT YORKSHIRE PLAZA. LANDLORD PUTTING UP DEMISING WALLS FOR SPACE</u>
6.	State the estimated value of goods, wares and merchandise to be used in the course of business. <u>NA</u>
7.	Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the investigation or hearing. <u>NA</u>
8.	Please list names and addresses of other establishments the business or partners owns and operates that have active licenses within the State of Illinois. <u>NA</u>
9.	Is the premises within 100 Feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10.	<p>If applicant is applying for a Class B - Fraternal Society or Club Liquor License:</p> <p>A. How many dues-paying members do you have? <u>NA</u> (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																				
11.	<p>Does your establishment have entertainment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input checked="" type="checkbox"/> Televised Sports <input type="checkbox"/> Other: <u>AXE THROWING SPORTS BAR</u></p> <p>Days and hours entertainment planned:</p> <table border="1" data-bbox="187 601 1545 739"> <tr> <th>SUN</th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THUR</th> <th>FRI</th> <th>SAT</th> </tr> <tr> <td>12PM-11PM</td> <td>12PM-11PM</td> <td>12PM-11PM</td> <td>12PM-11PM</td> <td>12PM-11PM</td> <td>11AM-1AM</td> <td>11AM-1AM</td> </tr> </table>							SUN	MON	TUES	WED	THUR	FRI	SAT	12PM-11PM	12PM-11PM	12PM-11PM	12PM-11PM	12PM-11PM	11AM-1AM	11AM-1AM
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12PM-11PM	12PM-11PM	12PM-11PM	12PM-11PM	12PM-11PM	11AM-1AM	11AM-1AM															
12.	<p>Do you employ security?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Only when entertainment is held</p> <p>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 checked="" type="checkbox"/> Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person. <u>TBD</u></p>																				
13.	<p>Do you have security cameras on premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> Both</p> <p>If yes, please provide a brief description of the location(s): <u>ENTRANCE/EXIT; ALL AXE THROWING STATIONS; BAR AREA</u></p>																				
14.	<p>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:</p>																				
15.	<p>For Class G-1, check the retail item categories available for purchase at the location:</p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Baked Goods <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Groceries <input type="checkbox"/> Snack Foods <input type="checkbox"/> Health Aids <input type="checkbox"/> Beauty Aids</p>																				

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.

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. If said violation occurs within the first year (probationary period) a liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.

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

Secretary

Treasurer

Individual/Partnership Signatures

Signature

Signature

Signature

Signed and sworn to before me this 03 day of

April, 2019.

Notary Public



(SEAL)