City of Aurora, Illinois
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 2/16/17 **License Year:** 2017

New License: ☑ Change in Ownership/Corporation: ☐ Change in License Class: ☐

APPLICANT INFORMATION

A. Corporation name: SALERNO'S AURORA, INC

Class Applying For: E-1

B. Business name: SALERNO'S Pizzeria & R BAR

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

C. Previous business name (if *dba* changed):

D. Business address (city, state, zip code): 85 Executive Dr, Aurora IL 60504

E. Business telephone:	F. Business website:	G. Business Email:	H. IL Tax ID Number
630-978-2088	thefoundryonline.com	TBD	TBD

I. Owner or Manager contact name for license: Robert SALERNO

J. Business telephone: [redacted]

K. Email address: RSalerno@SalernoPizza.com

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address):	B. Zip code	C. # Parking Spaces
85 Executive Dr, Aurora IL	60504	205

D. Total Building s.f.	E. Entertainment Area	F. Kitchen (Square Footage)	G. Total Number of Seats	H. Seating Area s.f.
33,750	170 SF	1,310 SF	700	11,720 SF

I. Number of bar seats	J. Retail/public Area s.f.	K. Cooler s.f.	L. Dry Storage s.f.	M. Sale Counter s.f
40	6,100 SF	700 SF	1,200	215

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)	☑	☐
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF),Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	☑	☐
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	☑	☐
Certificate of Registration (Food & Beverage Tax– register with City of Aurora Revenue and Collections for liquor sales and payment of required bond)	☑	☐
Certificate of Occupancy (issued by City of Aurora Building and Permits)	☐	☐
Copy of the Articles of Incorporation	☑	☐
Certificate of Good Standing from Illinois Secretary of State	☑	☐
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.)	☑	☐
Copy of Lease/Proof of Ownership	☐	☐
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	☐	☐
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)	☐	☐
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)	☐	☐
Current list of names, dates of birth and home addresses of all members (Class B) N/A	☐	☐
Other: N/A	☐	☐

Corporation / 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)? NEW CORP.
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.
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? Full Service Bar & Restaurant
6.	State the estimated value of goods, wares and merchandise to be used in the course of business. $50,000
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: Robert Salerno Address: [redacted] Contact Information: [redacted]
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.)* N/A B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance?: Yes ☐ No ☐
11.	Does your establishment have entertainment? ☑ Yes ☐ No If Yes, what form(s) of entertainment do you offer? ☑ Bands/Solo ☑ DJ ☑ Televised Sports ☐ Other:
12.	Do you employ security? ☑ Yes ☐ No ☐ 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 ☐ Outdoor ☑ Both If yes, please provide a brief description of the location(s): Inside & outside Main Entrance / Lobby. North, West & East Parking Lots Outside Loading entrance, Kitchen Area, Dry Storage, Individual dinning areas, offices, & main Bar.
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: SHANE
15.	For **Class G-1**, check the retail item categories available for purchase at the location: ☐ Dairy N/A ☐ Baked Goods ☐ Frozen Goods ☐ Groceries ☐ Snack Foods ☐ Health Aids ☐ Beauty Aids
16.	Has a *Personal Information Form* (PIF) been completed for each person holding (5%) or more stock in this corporation? Yes ☑ No ☐

Corporate Information

Name of Corporation/Partnership: SALERNO'S Aurora, INC		
Corporate Address: 1 S. 673 FAIRVIEW AVE, LOMBARD IL 60148		
Corporate Ph #: [redacted]	Corporate Email: RSalerno@SalernoPizza.com	FEIN:
Corporate Registered Agent/Contact: Robert Salerno	Contact Ph #: [redacted]	Contact Email: RSalerno@SalernoPizza.com

Date Corporation/Partnership was Organized:	2/3/17
State Articles of Incorporation/Organization filed:	ILLINOIS
Date Articles of Incorporation/Organization **filed** with Secretary of State:	2/3/17
Date Certification of Incorporation/Organization was **issued** by Secretary of State:	2/3/17
Has the corporation ever been dissolved either voluntary or involuntary? Yes ☐ No ☑ (If Yes, provide date of reinstatement)	Date of Reinstatement
Are there any amendments to Articles of Incorporation? (if yes, provide date filed) ☐ Yes ☑ No	Date Amendment Filed
What are the total shares of stock created by this Corporation? 10,000	

List stockholders/partners with 5% or more in holdings *(corporations with a long list, attach copy of list)*:

Name, Title	Percentage of Stock
Robert Salerno Pres & Secretary	100%

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?
Full Service Pizzeria & Bar

BIS

City of Aurora, Illinois
Business Information Sheet

Type of PRE-Application ☑ Liquor License ☐ Hotel / Motel License

Business Entity Information

Type of Business ☐ Sole Proprietor ☐ Partnership ☐ LLC ☑ Corporation ☐ Non-Profit

Legal Name of Business
The exact "legal name" as it appears in the official business formation documentation.
Salerno's Aurora, INC
For Sole 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" Name
The exact "Doing Business As" (DBA) Name as it appears in the official business formation documentation.
Salerno's Pizzeria & BAR
Sole Proprietors of Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Kane County Clerk's Office at 217 S.

○ A State of Illinois File Number is **REQUIRED** for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corporations.

State of Illinois File # [redacted]

Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, 312.793-3380 or www.cyberdriveillinois.com/departments/business_services/

○ A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

Employer Identification # 81-5240108

○ An Account ID is **REQUIRED** for ALL business entity types that conduct business in the State of Illinois or with Illinois Customers.

(formerly IBT #) IDOR Account # To Be Applied for

Business Activity and Location

Business Activity List your business activities, including all products and/or services to be offered.	Full Service Pizzeria & BAR
Business Activity List your business activities, including all products and/or services to be offered.	

Square footage used by the business:	33,750	SQ. FT.	Number of employees at this site:	30

Primary Contact Person

First Name	Middle Name	Last Name
Robert	Frank	SALERNO
Contact Phone #	**Fax #**	**E-Mail Address**
[redacted]	630-317-7693	RSalerno@SalernoPizza.com

FDF

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, mark it "N/A". If more room is needed to complete any of the following sections, include an attachmat. 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) 81-5240108 IDOR # (IL Dept. of Revenue– formerly IBT# TBD IDOR # (IL Dept. of Revenue– formerly IBT#

Legal Name of Applicant Entity: SALERNO'S Aurora, INC

"Doing Business as Name" of establishment: Salerno's Pizzeria & BAR

First Name of Primary Business Contact: Robert

Middle Name: Frank

Last Name: Salerno

Home Street Address of Primary Business Contact [redacted]

Suite/Apt. **City** **State** **Zip**

Home Phone [redacted] Work Phone

Cell Phone [redacted]

E– mail Address: RSalerno@SalernoPizza.com

PART 2 EXPENSES **ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION.**

Description of Expenses (start– up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory.	Amount of Expense	
Start-up	10,000	00
Renovations	30,000	00

PART 3 FINANCING	IDENTIFY THE SOURCE(S) OF THE FUND 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 → $ 0.00

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 business accounts: b → $ 0.00

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			
Account Number	**Financial Institution**	**Loan Date**	**Loan Term**	**Co-signers of Loan**	**Loan Amount**
	[redacted]	2/14/17	3 yrs	N/A	$ 300,000.00
					$
					$
					$
					$
				Total dollar amount loaned by financial institutions:	$ 300,000.00

d	LOANS FROM FINANCIAL INSTITUTIONS	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:	$ 0.00

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:	$ 0.00

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:	$ 0.00

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 and Phone	Grant Date	Amount Gifted
				$
				$
				$
				$

Total money received from institutional gifts and/or grants:	[redacted]	$ 0.00

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

Description of Financing	Amount Financed
	$
	$
	$
	$

Total money drawn from other financing:	[redacted]	$ 0.00

=	FINANCING TOTALS	Sub-total all funds (sections a-h) used to fund Part 2	300,000 00

Business Accounts	[redacted]	$ 0.00	Gifts from Individuals	[redacted]	$ 0.00
Personal Accounts	[redacted]	$ 0.00	Gifts/Grants from Institutions	[redacted]	$ 0.00
Loans from Financial Institutions	[redacted]	$ 300,000.00	Other Financing	[redacted]	$ 0.00
Loans from Individuals	[redacted]	$ 0.00	TOTAL BUSINESS FINANCING (a-h)*	[redacted]	$ 300,000.00
Securities	[redacted]	$ 0.00	*Should be equal 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.

[redacted]

Signature of Applicant

2-16-2017
Date

Subscribed to and sworn to before me this 16th day of February, 2017.

[redacted]

Notary Public in and for said County and State

Official Seal
JoEllen Smith
Notary Public State of Illinois
My Commission Expires 02/27/2019

[redacted]

PA

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.

Probationary Agreement / Management Plan

Applicant /Corporate Name
Salerno's Aurora, Inc

d/b/a Name
Salerno's Pizzeria & BAR

Location Address
85 Executive Dr, Aurora IL 60504

Planned Days / Hours of Operation

☐ SUNDAY	FROM	11	A.M./P.M.	TO	12	A.M./P.M.
☐ MONDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
☐ TUESDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
☐ WEDNESDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
☐ THURSDAY	FROM	11	A.M./P.M.	TO	1	A.M./P.M.
☐ FRIDAY	FROM	11	A.M./P.M.	TO	2	A.M./P.M.
☐ SATURDAY	FROM	11	A.M./P.M.	TO	2	A.M./P.M.

Entertainment

Entertainment will be held on the premises. ☑ Yes ☐ No

If yes, what type(s) of entertainment? (Please list) Bands/Solo ☑ DJ ☑ Televised Sports ☐
Other

Please specify the days and times that entertainment is planned.

☐ SUNDAY	FROM		A.M./P.M.	TO		A.M./P.M.
☐ MONDAY	FROM		A.M./P.M.	TO		A.M./P.M.
☐ TUESDAY	FROM		A.M./P.M.	TO		A.M./P.M.
☐ WEDNESDAY	FROM		A.M./P.M.	TO		A.M./P.M.
☐ THURSDAY	FROM		A.M./P.M.	TO		A.M./P.M.
☑ FRIDAY	FROM	9 pm	A.M./P.M.	TO	1 AM	A.M./P.M.
☑ SATURDAY	FROM	9 pm	A.M./P.M.	TO	1 AM	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.

[redacted]

President / Owner — Date

[redacted]

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 the 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 — Date

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	Individual/Partnership Signatures
Presid[redacted]	Signature
Secretary [redacted]	Signature
Treasurer	Signature

Signed and sworn to before me this 16th day of February, 2017.

Notar[redacted]

Official Seal
JoEllen Smith
Notary Public State of Illinois
My Commission Expires 02/27/2019
(SEAL)