



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: 05/01/15 TO 4/30/16

I. APPLICANT INFORMATION

APPLICANT / CORPORATE NAME MZBD Inc

D/B/A NAME The Town Bar + Grill

BUSINESS LOCATION ADDRESS 2681 E. New York Street

BUSINESS PHONE (630) 499-9975 FAX NUMBER () _____

APPLICANT'S REPRESENTATIVE Daniel W Baker

REPRESENTATIVE'S PHONE () _____ CELL (630) 618-6951

E-MAIL ADDRESS FOR CONTACTING BUSINESS Townbargrill2681@gmail.com

OFFICIAL USE ONLY

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

DATE ISSUED _____

MAYOR / LIQUOR CONTROL COMMISSIONER

II. BUSINESS INFORMATION

Business Name The Town Bar + Grill

Business Address 2681 E. New York Street

Employer Identification Number (EIN) _____

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
4,300			125	67

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) \$2,070.00
- CLASS N - Specialty Package \$1,815.00

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: Last Call Sports Bar + Grill
Address: 1550 N Rte 59 Naperville, IL 60563
Phone: 630-305-3606 Date Owned (mm/yy - mm/yy) 01/09 - 02/10
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: _____

D/B/A (Doing Business As) Name: _____

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

C. Corporation Name: MZBD Inc

Corporate Registered Agent / Contact: Daniel Bahr

Corporate Headquarters Address: 2681 E. New York Street Aurora, IL 60502

Corporate Phone: 630-449-9975 Corporate Contact Cell Phone: _____

State of Incorporation: IL Date of Incorporation: 7-01-2010

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: ~~MO~~ Graweive Zayed

Position with Business: President % of Ownership: 51%

Social Security Number: _____ Date of Birth: _____

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

Home Address: _____

Home Phone: _____ Cell Phone: 1

E-mail Address: _____

Name: Daniel W Bahr

Position with Business: _____ % of Ownership: 49%

Social Security Number: _____ Date of Birth: _____

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

Home Address: _____

Home Phone: N/A 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: _____

VIII. CORPORATION / PREMISES QUESTIONS

<p>1. Have you attached a copy of your corporation's Certificate of Incorporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p>	
<p>2. Has the corporation ever been dissolved either voluntary or involuntary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state of date of reinstatement.</p>	
<p>3. 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.</p>	
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain.</p>	
<p>5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p>	<p>4 years 5 months</p>
<p>6. Does the corporation own or lease the building or the space in which the business is located? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease If you lease the premises, a copy of the lease must be attached to this application.</p>	
<p>7. If the building is not owned, what is the expiration date of the lease?</p>	<p>2031</p>
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.</p>	
<p>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?</p>	
<p>10. State the estimated value of goods, wares and merchandise to be used in the course of business.</p>	
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.</p>	
<p>12. Does the director, officer, shareholder, or any of your managers hold any law enforcement office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the person's name, title and agency.</p>	

<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</p> <p>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.)</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>	
<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</p> <p>If Yes, do you:</p> <ul style="list-style-type: none"> <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 <p>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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No (This requirement does not apply to renewal applications.)</p>	

IX. AFFIDAVIT

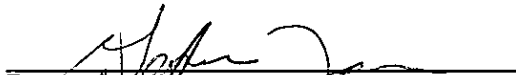
I, first being duly sworn, under oath, deposes and say that I am an applicant for the license requested in the foregoing Application; that I am of good repute, character, and standing, and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further 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

Secretary

Signature

Signature

10-3-15

Date

Date

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

(SEAL)

Notary Public



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.

MZBD 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.

The Town Bar + Grill
Sole Proprietors or 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. Batavia Avenue, Geneva, IL.

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 # 67464087

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 # 27-2347900

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 # 4019-6526

Business Activity and Location

Business Activity

List your business activities, including all products and /or services to be offered.

Bar + Grill

Business Site Address

Provide the full business location address where the business transactions and /or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main Street)

2681 E New York Street
Aurora IL 60502
Street Number(s) N/S/E/W Street Name Ave./St. Ste./Apt. #
City State ZIP Code

Square footage used by the business: 4,300 SQ. FT.

Number of employees at this site: 15

Primary Contact Person

DANIEL WALTER
BAHR
First Name Middle Name
Last Name Jr./Sr.

Contact Phone #

630-499-9975 Fax #

Contact E-mail Address

mcodannv22s@hotmail.com