

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 _____ License Year: _____

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

APPLICANT INFORMATION

A. Corporation name: TWO BROTHERS ROUNDHOUSE INC		Class Applying For: E,G
B. Business name (dba): 		
C. Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit		
C. Previous business name (if dba changed): 		
D. Corporate Mailing Address if different from the physical location address (city, state, zip code): 30W315 CALUMET AVE W, WARRENVILLE, IL 60555		
E. Business telephone: 630-264-2739	F. Business website: WWW.TWOBROTHERS	G. Business Email: INFO@TWOBROTHERSBREWING.COM
I. Owner or Manager contact name for license: JAMES EBEL, II		
J. Contact telephone: 	K. Contact e-mail address: JIM@TWOBROTHERSBREWING.COM	

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address): 205 N BROADWAY		B. Zip code 60505	C. # Parking Spaces
D. Total Building s.f.	E. Entertainment Area	F. Kitchen (Square Footage)	G. Total Number of Seats
H. Seating Area s.f.	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.		

OFFICIAL USE ONLY

Approved Denied Date Approved/Denied: _____

Date Issued: _____

Mayor, Liquor Control Commissioner

Class G - 19-0031
Class E - 19-0032

Corporation / Premises Questions

1.	<p>Is the corporation a subsidiary of a parent corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If, Yes state the parent corporation's name. <u>TWO BROTHERS BREWING CO</u></p>
2.	<p>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</p> <p>If Yes, explain _____</p>
3.	<p>How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p> <p>22 YEARS 2 MONTHS</p>
4.	<p>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</p> <p>If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application. _____</p>
5.	<p>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>RESTAURANT</u></p>
6.	<p>State the estimated value of goods, wares and merchandise to be used in the course of business.</p> <p>100,000</p>
7.	<p>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>
8.	<p>Please list names and addresses of other establishments the business or partners owns and operates that have active licenses within the State of Illinois.</p> <p>TWO BROTHERS BREWING COMPANY</p>
9.	<p>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>

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.)

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: _____

Days and hours entertainment planned:

SUN	MON	TUES	WED	THUR	FRI	SAT
					8pm-12am	8pm-11am

12. Do you employ security?

Yes 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.

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): OFFICES, ENTRANCES

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:

THOMAS MICHEL

15. For **Class G-1**, check the retail item categories available for purchase at the location:

Dairy Baked Goods Frozen Goods Groceries

Snack Foods Health Aids Beauty Aids

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. 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

Individual/Partnership Signatures

[Redacted Signature]

Signature

[Redacted Signature]

Signature

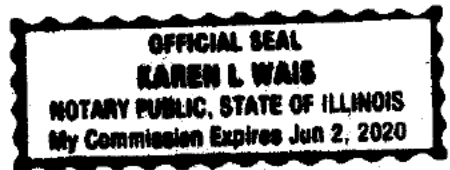
Secretary

Signature

Treasurer

Signed and sworn to before me this 18 day of

December 2018



[Redacted Notary Signature]

Notary Public

(SEAL)