LLA City of Aurora, Illinois
2025 Initial Liquor License Application

Incomplete applications will not be accepted.
Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60505

APPLICANT: The Soul Spot LLC License Class C1.B-Fox Valley Mall

RECEIVED
JUN 13 2025
BY

- [X] Date Complete Application Received 7.24.25
- [X] Application Fee $250.00
- [X] Business Information Sheet and Probationary Agreement/Management Plan Complete (in application)
- [X] Proof of Background Check for all ~~Managers/Assistant Managers~~, Owners and Officers (receipts) OK
- [X] Certificate of Good Standing from the State of Illinois
- [X] Certificate of Registration for Aurora Food & Beverage Tax (contact Revenue & Collections at (630) 256-3564)
- [ ] Certificate of Occupancy at the Applicant's Business Location
- [X] Maximum Occupancy Sign from City of Aurora Fire Marshal
- [X] Copy of Articles of Incorporation or Articles of Organization
- [X] Copy of Most Recent Annual Report Filed with the Illinois Secretary of State (New Business)
- [X] Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (If applicable)
- [X] Copy of Lease/Proof of Ownership—Lease Expiration 9.30.26
- [X] Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration 2.11.26
- [ ] Copy of County Health Department Certificate
- [ ] Copy of State Liquor License (after local license is granted)
- [X] Copy of State-Certified Beverage Alcohol Sellers/Servers Training Certificates for all employees (BASSET)
- [X] Copy of Menu (if applicable)
- [X] City of Aurora Business Registration Complete—Registration #BUSR-41112
- [X] Appropriate Liquor Classification and Endorsement (if applicable)
- [ ] Yearly Fee (per license classification) $ 2070 prorated @ issuance

☐ Approved ☐ Denied Date Approved/Denied: _____

_____ Date Issued: _____

Mayor
Liquor Control Commissioner

Applicant Information

Applicant/Corporate Name: The Soul Spot LLC

d/b/a Name: _____

Business Address: 1336 Fox Valley Ctr (Street) Aurora, IL (City/State) 60504 (Zip)

Business Telephone#: 630-320-0026 **Fax #:** _____

Owner or Manager Contact: Darius Butler

Telephone #: [redacted] **Email Address** [redacted]

Additional Business Contact: Lisa Bowling

Telephone # [redacted] **Email Address** [redacted]

Business Location Information

Business Name (dba): _____

Business Address: _____ (Street) (City/State) (Zip) (County)

Telephone #: _____

Website: www.thesoulspots.com

Are the premises owned or leased? Proof of ownership or lease must be provided.

☐ I hereby certify that the property is owned by the applicant.

☑ I hereby certify that the property is leased from the landlord.

☐ I hereby certify that the property is managed via an operating or management agreement.

Landlord name: Centennial Real Estate Management LLC

Address: 8750 N. Central Expressway Ste-1740 (Street) Dallas (City) TX (State) 75231 (Zip)

Telephone #: 773-593-6493 **Email Address:** _____

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
5297	N/A	1200	100	1000

Previous Liquor Licenses

Starting with the most recent, list any businesses owned or operated by the applicant within the past ten (10) years that held a liquor license. If more space is needed, please attach an additional sheet of paper.

Business Name: _____

Business Address: N/A
Street City/State Zip

Business Telephone#: _____ **Date Held: (mm/yy)** _____

Liquor License Number and State: _____

_____

Business Name: _____

Business Address: _____
Street City/State Zip

Business Telephone#: _____ **Date Held: (mm/yy)** _____

Liquor License Number and State: _____

Have any liquor licenses issued to the applicant been revoked or suspended? ☐ Yes ☑ No
If yes, please fill out the area below.

Business Name: _____

Business Address: _____
Street City/State Zip

Date Held (mm/yy): _____ **Date of Revocation (mm/yy):** _____

Reason for Revocation: _____

_____

_____

Has any director, officer, shareholder, or any of your managers ever held a liquor license that was revoked by the local, state or federal government? ☐ Yes ☑ No **If yes, please answer the questions below.**

Name: _____ **Business Name:** _____

Business Address: _____
Street City/State Zip

Date Held (mm/yy): _____ **Date of Revocation (mm/yy):** _____

Position with Business: _____

Reason for Revocation: _____

_____

Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction? ☐ Yes ☑ No If yes, please answer the questions below.

Name: _____

Business Name: _____

Business Address: _____
Street City/State Zip

Position Held: _____ Date of Denial (mm/yy): _____

Reason for Denial: _____

_____

BUSINESS INFORMATION

Type of Business Organization (check one):
☐ Sole Proprietor ☐ Partnership ☐ Corporation ☑ LLC ☐ Non-Profit ☐ Government

If a Corporation or LLC:

Corporation or LLC Name: The Soul Spot

Corporate Registered Agent: Darius Butler

Corporate Headquarters Address: 1336 Fox Valley Ctr. Aurora, IL 60504

Corporate Telephone #: [redacted]

Corporate Contact Name and Cell #: _____

State of Incorporation: IL Date of Incorporation: 12/31/24

B. Name (first and last) of all Partners: _____

_____

_____

_____

C. Name of Sole Proprietor: _____

d/b/a: _____

Provide a copy of your Articles of Incorporation or Organization along with the most recently filed Corporation or LLC Annual Report from the Secretary of State's Website.

Owner / Manager Information

For ALL businesses, list ALL persons or entities with ownership interest in the company as well as ALL persons serving as officers or managers of the company. For ALL businesses, list Managers of the business that will be licensed. Attach additional pages if needed. All owners and officers must have a background check for the CITY OF AURORA (good for 3 years).

Name: Butler (Last) Darius (First) _____ (Middle)

Position with Business: Owner % of Ownership 100

Email Address: [redacted]

Date of Birth: [redacted] (MO Day YYYY) Date of Fingerprints for City of Aurora 6-16-25

Home Address: [redacted] (Street City State Zip)

Home Telephone#: _____ Cell Phone # [redacted]

Name: _____ (Last First Middle)

Position with Business: Owner % of Ownership 100

Email Address: _____

Date of Birth: ____-____-____ (MO Day YYYY) Date of Fingerprints for City of Aurora _____

Home Address: _____ (Street City State Zip)

Home Telephone#: _____ Cell Phone #: _____

Name: _____ (Last First Middle)

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: ____-____-____ (MO Day YYYY) Date of Fingerprints for City of Aurora _____

Home Address: _____ (Street City State Zip)

Home Telephone#: _____ Cell Phone #: _____

Corporation Information

1. 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 guilt, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.

2. How long has the corporation been in the business of the retail sale of alcohol (years/months)?

   New N/A

3. Does the director, officer, shareholder, or any of your managers hold any law enforcement office?

   ☐ Yes ☑ No If Yes, state the person's name, title and agency. _____

4. 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.

5. 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

   If yes, attach a document that answers the following:
   - The type of activity to be conducted at the premises proposed to be licensed and the days and times during which such activity will take place;
   - The size of the applicant's business and the affected establishment;
   - The availability of adequate parking for patrons of both the applicant's business and the affected establishment;
   - Whether the applicant is seeking a license to permit consumption of liquor on premises or the sale of packaged goods;
   - Any police activity;
   - Relevant geography and location of applicant's business;
   - The legal nature and history of applicant;
   - Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.

6. Do you have security cameras on the premises? [redacted]

   If yes, are they: [redacted]

   If yes, please provide a brief description of the location(s): [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 unless an additional period of probation is recommended. 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: The Soul Spot LLC

d/b/a Name:

Location Address: 1336 Fox Valley Ctr Aurora IL. 60504

Planned Days / Hours of Operation

☑ SUNDAY	FROM	10am	A.M. /P.M.	TO	8pm	A.M. /P.M.
☑ MONDAY	FROM	10am	A.M. /P.M.	TO	8pm	A.M. /P.M.
☑ TUESDAY	FROM	10am	A.M. /P.M.	TO	8pm	A.M. /P.M.
☑ WEDNESDAY	FROM	10am	A.M. /P.M.	TO	8pm	A.M. /P.M.
☑ THURSDAY	FROM	10am	A.M. /P.M.	TO	11pm	A.M. /P.M.
☑ FRIDAY	FROM	10am	A.M. /P.M.	TO	11pm	A.M. /P.M.
☑ SATURDAY	FROM	10am	A.M. /P.M.	TO	11pm	A.M. /P.M.

Entertainment

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

If yes, what type(s) of entertainment? (Please list)

Please specify the dates 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		A.M. /P.M.	TO		A.M. /P.M.
☐ SATURDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.

Security

Will private security be hired for your business? Yes ☐ No ☑

If yes, will private security only be hired when entertainment is offered? Yes ☐ No ☐

Name of Private Security Company to be Hired:

Address of Private Security Company:

Contact Person: for Security Company:

Security Contact Person's Phone Number: (Please provide two options)

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.

James Butler — President / Owner — 6-13-25 — Date

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.

James Butler — President / Owner — 6-13-25 — Date

Secretary / Owner — Date

City Clerk's Office — Date

BIS City of Aurora, Illinois Business Information Sheet

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.
The Soul Spot LLC
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.
Same As Above
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. 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 # [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 # [redacted]

○ 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 # [redacted]

Business Activity and Location

Business Activity
List your business activities, including all products and/or services to be offered.
Food & Bar

Business Activity
List your business activities, including all products and/or services to be offered.
Food & Bar

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

Primary Contact Person

First Name	Middle Name	Last Name	Jr./Sr.
Darius		Butler	
Contact Phone #	**Fax #**	**E-Mail Address**	
[redacted]		[redacted]	

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. ***By signing this application, I agree to cooperate fully with the Aurora Police Department in providing all video pursuant to any police investigation during the term of any liquor license granted.***

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

President

Secretary

Treasurer

Individual/Partnership Signatures

Signature

Signature

Signature

Signed and sworn to before me this 13 day of June, 20 25.

Notary Public

(NOTARY SEAL)

OFFICIAL SEAL
SELENA GARCIA
Notary Public, State of Illinois
Commission No. 987669
My Commission Expires
March 04, 2028

Government Entity Signatures

Signature - Manager on Behalf of Government Entity

Signature - Governmental Officer