

LRA

City of Aurora, Illinois Liquor License Renewal Application



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

Official Use Only

License Year: 5/1/20 to 4/30/21

License Class G Convert to A

Date Application Received 4-3-20

Application Renewal Fee — *Please use funds held by the city for last year's hard liquor license*

Background Check for all Officers, Members, Owners, and Managers (if not done within the past (3) years)

Addendum - Owner/Manager Information

Certificate of Good Standing from the State of Illinois

Floorplan Certification (If any changes have been made, a new to scale floor plan must be provided.) *N/A*

Location Certification or Lease/Proof of Ownership

Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)

Copy of State Liquor License

Copy of State-Certified Beverage Alcohol Sellers/Servers Training (BASSET) Certificates (for all employees serving alcohol and all Managers and Assistant Managers). Certificates are good for three (3) years.

Copy of Menu (If applicable) *N/A*

Audit form for Video Gaming Terminal Establishments (Class N) *N/A*

Appropriate Liquor Classification and Endorsement (endorsement if applicable)

Copy of County Health Department Certificate

Class B License Holders Only—Current List of Names, Dates of Birth, and Addresses of Officers.

Other: _____

Notes: *note - request for full liquor package sales*

Approved

Denied

Date Approved/Denied: _____

Date Issued: _____

Mayor
Liquor Control Commissioner

Form: 2020

Applicant Information

Applicant/Corporate Name: Prisco's Fine Foods, Inc.

d/b/a Name: Prisco's Family Market

Business Address: 1108 Prairie St. Aurora, IL 60506
Street Zip

Business Telephone#: 630-264-9400 Fax #: 630-264-9901

Owner or Manager Contact: Andrew Guzauskas

Telephone #: 630-264-9400 Email Address: andy@priscosfamilymarket.com

Additional Business Contact: Elizabeth Guzauskas

Telephone #: 630-264-9400 Email Address: beth@priscosfamilymarket.com

Business Location Information

Business Name (dba): Prisco's Family Market

Business Address: 1108 Prairie St Aurora, IL 60506 Kane
Street Zip County

Telephone #: 630-264-9400

Website: www.priscosfamilymarket.com

Are the premises owned or leased?

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: _____

Address: _____
Street City State Zip

Telephone #: _____ Email Address: _____

| Total Building Square Footage | Entertainment Area (Square Footage) | Kitchen Area (Square Footage) | Total Number of Seats (Booths & Tables) | Number of Parking Spaces |
|-------------------------------|-------------------------------------|-------------------------------|---|--------------------------|
| 14,500 | 0 | 120 | 0 | 46 |

Is the current business floorplan the same as previously submitted?
 I hereby certify that the business floorplan has not changed.
 The business floorplan has changed. Attached is an updated floorplan.

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]
 How long is your security camera footage retained? [REDACTED]

Business Organization Information

Type of Business:
 Sole Proprietor Partnership Corporation LLC Non-Profit
For LLC, Corporation or Non-Profit Organizations, proceed to Question C.

A. Name of Sole Proprietor: _____
 d/b/a: _____

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

C. Corporation Name: Prisco's Fine Foods, Inc.
 Corporate Registered Agent / Contact: Andrew Guzauskas
 Corporate Headquarters Address: 1108 Prairie St. Aurora, IL 60506
 Corporate Telephone #: 630-264-9400
 Corporate Contact Name and Cell #: Andrew Guzauskas [REDACTED]

State of Incorporation: IL Date of Incorporation: December 12, 1976

D. Have there been any changes to your Business Structure, Ownership, or Management since your last Application? If yes, specify changes: No

Prior/Current Manager Information

All Managers and Assistant Managers Listed on Most Recent Renewal Application

Name: Guzauskas Andrew Clemenc
Last First Middle

Position with Business: President % of Ownership 80

Email Address: andy@priscosfamilymarket.com

Date of Birth: [REDACTED] Date of Last Fingerprints 2017
MO Day YYYY

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Home Telephone#: N/A Cell Phone #: [REDACTED]

Name: Guzauskas Elizabeth Prisco
Last First Middle

Position with Business: Secretary/Treasurer % of Ownership 20

Email Address: beth@priscosfamilymarket.com

Date of Birth: [REDACTED] Date of Last Fingerprints 2017
MO Day YYYY

Home Address: [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Street City State Zip

Home Telephone#: N/A Cell Phone #: [REDACTED]

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ - _____ - _____ Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

Current Owner / Manager Information

Sole Proprietors or Partnerships - All Owner(s) and All Partner(s)
Corporations - All Director(s) and Officer(s)
All Managers and Assistant Managers

Name: Guzauskas Andrew Clemenc
Last First Middle

Position with Business: President % of Ownership 80

Email Address: andy@priscosfamilymarket.com

Date of Birth: [REDACTED] Date of Last Fingerprints 2017
MO Day YYYY

Home Address: [REDACTED]
Street City State Zip

Home Telephone#: N/A Cell Phone #: [REDACTED]

Name: Guzauskas Elizabeth Prisco
Last First Middle

Position with Business: Secretary/Treasurer % of Ownership 20

Email Address: beth@priscosfamilymarket.com

Date of Birth: [REDACTED] Date of Last Fingerprints 2017
MO Day YYYY

Home Address: [REDACTED]
Street City State Zip

Home Telephone#: N/A Cell Phone #: [REDACTED]

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ - _____ - _____ Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

Current Owner / Manager Information

Sole Proprietors or Partnerships - All Owner(s) and All Partner(s)
Corporations - All Director(s) and Officer(s)
All Managers and Assistant Managers

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ - _____ - _____ Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ - _____ - _____ Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ - _____ - _____ Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

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.

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 1st day of

April, 2020.

(SEAL)

Notary Public

