

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. Aurora, IL 60505

Official Use Only

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

License Class CL.B

- ☒ Date Application Received 11-24-20
- ☒ Application Renewal Fee pd
- ☒ 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.)
- ☒ 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)
- ☒ ~~Audit form~~ for Video Gaming Terminal Establishments (Class N)
- ☒ 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:

ownership change (*)

☐ Approved

☐ Denied

Date Approved/Denied: _____

Mayor

Liquor Control Commissioner

Date Issued: _____

Form: 2020

Applicant Information

Applicant/Corporate Name: FJS Restaurant INC

d/b/a Name: Taqueria Los Comales #13

Business Address: 830 N. Farnsworth Ave 60505
Street Zip

Business Telephone #: 630-820-6988 Fax #: 630-340-3393

Owner or Manager Contact: Isaac Sepulveda

Telephone #: [REDACTED] Email Address: loscomales13js@yahoo.com

Additional Business Contact: _____

Telephone #: _____ Email Address: _____

Business Location Information

Business Name (dba): Taqueria Los Comales

Business Address: 830 N. Farnsworth Ave 60505 Kane
Street Zip County

Telephone #: 630-820-6988

Website: loscomalesaurora.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: Isaac Sepulveda

Address: [REDACTED]
Street City State Zip

Telephone #: [REDACTED] Email Address: loscomales13js@yahoo.com

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
4,200	N/A	2,100	170 seats	50

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? ☒ Yes ☐ No

If yes, are they:

If yes, please provide a brief description of the location(s):

How long is your security camera footage retained?

Business Organization Information

Type of Business:

☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ LLC ☐ Non-Profit ☐ Government

For LLC, Corporation, Non-Profit Organizations, or Government proceed to Question C.

A. Name of Sole Proprietor:

d/b/a:

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

Isaac Sepulveda

C. Corporation Name: ITS Restaurant INC.

Corporate Registered Agent / Contact: N/A

Corporate Headquarters Address: 830 N. Farmersworth Ave, Aurora, IL 60504

Corporate Telephone #: 630-820-6988

Corporate Contact Name and Cell #:

State of Incorporation: Illinois

Date of Incorporation: Sept, 15, 2000

D. Have there been any changes to your Business Structure, Ownership, or Management since your last Application? If yes, specify changes: yes ownership.

Juan. O Sepulveda is no longer owner 11-12-2020

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: Garcia Mano
Last First Middle

Position with Business: Manager % of Ownership 0

Email Address: loscomates13js@yahoo.com

Date of Birth: [REDACTED] Date of Last Fingerprints Aug. 2020
MO Day YYYY

Home Address: [REDACTED]
Street City State Zip

Home Telephone#: [REDACTED] 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 #: _____

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: Sapulveda Isaac
Last First Middle

Position with Business: owner % of Ownership 100%

Email Address: loscomales13is@yahoo.com

Date of Birth: [REDACTED] Date of Last Fingerprints Aug. 2020
MO Day YYYY

Home Address: [REDACTED]
Street City State Zip

Home Telephone#: [REDACTED] 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 #: _____

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

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

Notary Public

(NOTARY SEAL)

Individual/Partnership Signatures

Signature

Signature

Signature

Government Entity Signatures

Signature - Manager on Behalf of Government Entity

Signature - Governmental Officer