

# LLA

## City of Aurora, Illinois 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: Lazaro RS Corp. Class Applying For: E

B. Business name: La Quintade los Reyes

C. Type of Business: Sole Proprietor  Partnership  Corporation  LLC  Non-Profit

C. Previous business name (if dba changed):

D. Business address (city, state, zip code):

36 E New York St. Aurora, IL 60505

E. Business telephone: (630) 859-4000 F. Business website: laquintaaurora.com G. Business Email: laquintadelosreyes@hotmail.com H. IL Tax ID Number

I. Owner or Manager contact name for license: Claudia Urrotia

J. Business telephone: (630) 859-4000 K. Email address: laquintadelosreyes@hotmail.com

### BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address): 36 E New York St 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:

\_\_\_\_\_  
Mayor, Liquor Control Commissioner Date Issued:

# Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	<input type="checkbox"/>	<input type="checkbox"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certificate of Registration (Food & Beverage Tax— register with City of Aurora Revenue and Collections for liquor sales and payment of required bond)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of the Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Class O include all configurations.)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input type="checkbox"/>	<input type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input type="checkbox"/>	<input type="checkbox"/>
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of State Liquor License (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input type="checkbox"/>	<input type="checkbox"/>
Current list of names, dates of birth and home addresses of all members (Class B)	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

## Corporation / Premises Questions

1.	<p>Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If, Yes state the parent corporation's name.</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 style="text-align: center;"><i>9 years 8 months</i></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?</p> <p style="text-align: center;"><i>N/A</i></p>
6.	<p>State the estimated value of goods, wares and merchandise to be used in the course of business.</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 checked="" type="checkbox"/> Yes <input 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 style="text-align: center;"><i>in files</i></p>
8.	<p>Does the corporation own the property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please list the start and end date of the current lease. Start: _____ to End: _____</p> <p>Name and full address of property owner: Name: _____ Address: _____</p> <p>Contact Information: _____</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>

## Corporate Information

Name of Corporation/Partnership:

Lazaro RS Corp

Corporate Address:

36 E. New York St

Corporate Ph #:

(630) 859-4000

Corporate Email:

laquintadelosreyes@hotmail.com

FEIN: 20-8900963

Corporate Registered Agent/Contact:

Claudia Urrutia

Contact Ph #:

[REDACTED]

Contact Email:

same

Date Corporation/Partnership was Organized:

04 / 2007

State Articles of Incorporation/Organization filed:

Date Articles of Incorporation/Organization filed with Secretary of State:

Date Certification of Incorporation/Organization was issued by Secretary of State:

Has the corporation ever been dissolved either voluntary or involuntary? Yes  No

Date of Reinstatement

Are there any amendments to Articles of Incorporation? (if yes, provide date filed)  Yes  No

Date Amendment Filed

What are the total shares of stock created by this Corporation?

List stockholders/partners with 5% or more in holdings (corporations with a long list, attach copy of list):

Name, Title	Percentage of Stock
Claudia Urrutia President	100%

Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date:

What is the objective of Corporation?

To grow current business and rebuild the rest of the building.

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

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11. Does your establishment have entertainment?  Yes  No

If Yes, what form(s) of entertainment do you offer?  Bands/Solo  DJ  Televised Sports

Other:

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12. Do you employ security?

Yes  No  Only when entertainment is available.

If Yes, do you:  Hire Private Security  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.

*1HSS7 Eum + staffing contact  
James (331) 588-0518  
e-mail 1hss7james@gmail.com*

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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): *inside restaurant  
all entrances, front and back patio.*

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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:

*Soliman Vazquez*

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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

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16. Has a *Personal Information Form (PIF)* been completed for each person holding (5%) or more stock in this corporation? Yes  No

# 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.

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

President

Signature

Secretary

Signature

Treasurer

Signature

Signed and sworn to before me this 16 day of

January

2018.

Notary Public

