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. Aurora, IL 60505

RECEIVED APR 11 2022 By: 4:55pm

APPLICANT: Edwin J. Gaitia

License Year: 2022 to 2023

License Class C w/ Self Pour

Official Use Only

- ☒ Date Application Received 5-5-22, complete + corrected
- ☒ Application Fee $250.00
- ☒ Business Information Sheet (BIS)
- ☒ Proof of Background Check for all Managers/Assistant Managers/Owners (receipts) ✓ 3/18
- ☒ Probationary Agreement/Management Plan
- ☒ Certificate of Good Standing from the State of Illinois ✓
- ☒ Certificate of Registration (Food & Beverage Tax) ✓
- ☐ Certificate of Occupancy
- ☒ Copy of Articles of Incorporation + Name Change DBA ✓
- ☒ Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (If applicable)
- ☒ Copy of Lease/Proof of Ownership—Lease Expiration _____ ✓
- ☒ Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration 2/22/2023
- ☒ Copy of County Health Department Certificate (Sewer)
- ☒ Copy of State Liquor License (after local license is granted)
- ☒ Copy of State-Certified Beverage Alcohol Sellers/Servers Training Certificates for all employees (BASSET) ~~Jennifer Hector~~ Ernesto ✓ Edwin ✓
- ☒ Copy of Menu (if applicable) No food at this location
- ☒ Appropriate Liquor Classification and Endorsement (endorsement if applicable)
- ☒ Yearly Fee (per license classification) $ 2070.
- ☐ Notes: _____

☐ Approved ☐ Denied Date Approved/Denied: _____

_____ Date Issued: _____

Mayor
Liquor Control Commissioner

Applicant Information

Applicant/Corporate Name: Final Stretch Events LLC

d/b/a Name: Tapville Social - Chicago Premium Outlets

Business Address: 1650 Premium Outlet Blvd., Aurora, IL 60502
Street City/State Zip

Business Telephone#: _____ **Fax #:** _____

Owner or Manager Contact: Edwin Goitia

Telephone #: (6300 823-0651 **Email Address:** egoitia@tapvillesocial.com

Additional Business Contact: Gysel Goitia

Telephone #: _____ **Email Address:** ggoitia@tapvillesocial.com

Business Location Information

Business Name (dba): Tapville Social - Chicago Premium Outlets

Business Address: 1650 Premium Outlet Blvd., Aurora, IL 60502
Street City/State Zip County

Telephone #: (630) 823-0651

Website: www.tapvillesocial.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: Chicago Premium Outlets LLC

Address: 1650 Premium Outlet Blvd., Aurora, IL 60502
Street City State Zip

Telephone #: (630) 823-0651 **Email Address:** chicagopremium@tapvillesocial.com

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
1500 sq ft.	NA	NA	10 Tables 50 Chairs	NA

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: Tapville Social - Fox Valley

Business Address: 1938 Fox Valley Ctr Dr. Aurora IL 60504
Street City/State Zip

Business Telephone#: (630)823-0651 **Date Held: (mm/yy)** 02/2021-02/2022

Liquor License Number and State: [redacted] / Illinois
LA-1147313

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 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: Edwin J. Gaitia / Final Stretch Events

d/b/a: Tapville Social - Fox Valley

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

C. Corporation Name: _____

Corporate Registered Agent / Contact: _____

Corporate Headquarters Address: _____

Corporate Telephone #: _____

Corporate Contact Name and Cell #: _____

State of Incorporation: _____ Date of Incorporation: _____

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: Egoitia (Last) Edwin (First) J (Middle)

Position with Business: Owner % of Ownership 100

Email Address: egoitiae@tapvillesocial.com

Date of Birth: _ (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: ____-____-____ (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: ____-____-____ (MO) (Day) (YYYY)

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)? 1 year
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 If yes, are they If yes, please provide a brief description of the location(s):

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
Final Stretch Events LLC

d/b/a Name
Tapville Social-Chicago Premium Outlets

Location Address
1650 Premium Outlet Blvd. Aurora, IL 60502

Planned Days / Hours of Operation

☒ SUNDAY	FROM	11:00am	A.M. /P.M.	TO	6:00pm	A.M. /P.M.
☒ MONDAY	FROM	11:00am	A.M. /P.M.	TO	8:00pm	A.M. /P.M.
☒ TUESDAY	FROM	11:00am	A.M. /P.M.	TO	8:00pm	A.M. /P.M.
☒ WEDNESDAY	FROM	11:00am	A.M. /P.M.	TO	8:00pm	A.M. /P.M.
☒ THURSDAY	FROM	12:00pm	A.M. /P.M.	TO	8:00pm	A.M. /P.M.
☒ FRIDAY	FROM	10:00am	A.M. /P.M.	TO	9:00pm	A.M. /P.M.
☒ SATURDAY	FROM	10:00am	A.M. /P.M.	TO	9:00pm	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.

President / Owner — 05/05/2022 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.

President / Owner — 05/05/2022 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. Final Stretch Events 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. Tapville Social - Chicago Premium Outlets

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

O 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 # _____

Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, 312.793-3380 or www.cyberdriveillinois.com/departments/business_services/

O A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

Employer Identification # _____

O 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 # _____

Business Activity and Location

Business Activity List your business activities, including all products and/or services to be offered.	Self-serve beer, wine & Cider bar. Draft product & mimosas will be available. Merch will also be offered.
Business Activity List your business activities, including all products and/or services to be offered.	

Square footage used by the business:	1500	SQ. FT.	Number of employees at this site:	5

Primary Contact Person

First Name	Middle Name	Last Name	Jr./Sr.
Edwin	Josue	Gottia	
Contact Phone #	**Fax #**	**E-Mail Address**	
		egottiaetapville.social.com	

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

Edwin Gatt
President

Secretary

Treasurer

Signed and sworn to before me this 5th day of May, 20 22.

Notary Public

(NOTARY SEAL)

Individual/Partnership Signatures

Signature

Signature

Signature

Government Entity Signatures

Signature - Manager on Behalf of Government Entity

Signature - Governmental Officer