



# CITY OF AURORA, ILLINOIS LIQUOR LICENSE APPLICATION



ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND SUBMITTED TO THE CITY CLERK'S OFFICE, 44 E. DOWNER PLACE, AURORA, IL

LICENSE YEAR:   /  /   TO  
  /  /  

## I. APPLICANT INFORMATION

APPLICANT / CORPORATE NAME CENTRAL FLORIDA RESTAURANTS, INC.  
D/B/A NAME TGI FRIDAY'S  
BUSINESS LOCATION ADDRESS 888 N ROUTE 59, AURORA IL 60504  
BUSINESS PHONE (630) 851.6565 FAX NUMBER ( ) N/A  
APPLICANT'S REPRESENTATIVE ANIL YADAV  
REPRESENTATIVE'S PHONE ( 510.792.3393 ) CELL ( ) N/A  
E-MAIL ADDRESS FOR CONTACTING BUSINESS ANIL@VANIL.NET

## OFFICIAL USE ONLY

REQUIREMENTS - NEW APPLICATIONS:	REQUIREMENTS - NEW & RENEWAL APPLICATIONS:
<input type="checkbox"/> APPLICATION FEE <u>N/A</u>	<input checked="" type="checkbox"/> COPY OF LEASE / PROOF OF OWNERSHIP
<input checked="" type="checkbox"/> BIS (BUSINESS INFORMATION SHEET) <u>OK</u>	<input checked="" type="checkbox"/> COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE)
<input checked="" type="checkbox"/> FDF (FINANCIAL DISCLOSURE FORM) <u>OK</u>	<input checked="" type="checkbox"/> COUNTY HEALTH DEPT. CERTIFICATE
<input checked="" type="checkbox"/> CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX) <u>OK</u>	<input checked="" type="checkbox"/> COPY OF MENU, IF APPLICABLE <u>OK</u>
<input checked="" type="checkbox"/> CERTIFICATE OF OCCUPANCY	<input type="checkbox"/> COPY OF STATE LIQUOR LICENSE - NOT ISSUED YET
<input checked="" type="checkbox"/> CERTIFICATE OF INCORPORATION <u>from CA OK</u>	<input checked="" type="checkbox"/> COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES
<input checked="" type="checkbox"/> PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS) <u>6-FITZPATRICK OK</u>	<input type="checkbox"/> OTHER <u>OK</u>
<input checked="" type="checkbox"/> SEATING CHART (DRAWN TO SCALE) (MUST INCLUDE OUTDOOR SEATING, IF PLANNED)	NOTES: <u>give copy of current with old name</u>
<input checked="" type="checkbox"/> PROBATIONARY AGREEMENT / MANAGEMENT PLAN	_____
<input type="checkbox"/> OTHER _____	_____

<input type="checkbox"/> APPROVED	DATE RECEIVED _____
<input type="checkbox"/> DENIED	DATE ISSUED _____
DATE OF APPROVAL / DENIAL _____	
MAYOR / LIQUOR CONTROL COMMISSIONER _____	<i>Received all info on 7/20/15</i>

**II. BUSINESS INFORMATION**

Business Name CENTRAL FLORIDA RESTAURANTS, INC. D/B/A TGI FRIDAY'S  
 Business Address 888 N ROUTE 59, AURORA IL 60504  
 Employer Identification Number (EIN) 47-3323109  
 Website https://jbxmanagement.com/

**DESCRIPTION OF BUSINESS FACILITY**

Total Area (square feet)	Entertainment Area (square feet)	Kitchen Area (square feet)	Number of Seats at Tables	Number of Parking Spaces
6,800 SF	n/a	1,304 sf	262	92 (4 handicap)

**III. LIQUOR LICENSE CLASSIFICATION**

Select the classification of liquor license you are applying / re-applying for from the listing of classifications below. See Sec. 6-8 of the City of Aurora Liquor Ordinance for a description of each license classification and its particular requirements.

- CLASS A - Tavern . . . . . \$2,070.00
- CLASS B - Fraternal Society or Club . . . . . \$2,070.00
- CLASS C - Package Liquor . . . . . \$1,815.00
- CLASS D-1 - Metropolitan Exposition and Auditorium . . . . . \$1,815.00
- CLASS D-2 - Theatrical-Arts Facility . . . . . \$1,815.00
- CLASS E - Restaurant . . . . . \$2,070.00
- CLASS F - Beer and Wine Restaurant . . . . . \$1,815.00
- CLASS F-1 - Beer and Wine Restaurant with Package Sales . . . . . \$2,000.00
- CLASS G - Package Beer and Wine . . . . . \$1,650.00
- CLASS H - Golf Course / Club House . . . . . \$2,070.00
- CLASS I - Specialty Basket . . . . . \$550.00
- CLASS J - Hotel (Full Service) . . . . . \$2,070.00
- CLASS K - Catering . . . . . \$825.00
- CLASS L - Riverboat Facility . . . . . \$2,070.00
- Members-only Lounge\* . . . . .
- \$4,140.00
- CLASS M - Hotel (Limited Service) . . . . . \$2,070.00
- CLASS N - Specialty Package . . . . . \$1,815.00

#### IV. PREVIOUS LIQUOR LICENSES

1. Starting with the most recent, list any business that was owned or operated by the applicant within the past ten (10) years that possessed a liquor license. If more space is needed, please attach a separate sheet.

PLEASE SEE ATTACHED LIST OF ALL LICENSES HELD BY APPLICANT ENTITY

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Owned (mm/yy - mm/yy) \_\_\_\_\_

Liquor License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Owned (mm/yy - mm/yy) \_\_\_\_\_

Liquor License Number: \_\_\_\_\_

2. Have any liquor licenses issued to the applicant been revoked or suspended?  Yes  No  
If Yes, proceed to Question 2A. If more space is needed, please attach a separate sheet.

2A. Name: N/A Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Date License Held (mm/yy - mm/yy): \_\_\_\_\_ Date of Revocation: \_\_\_\_\_

Reason(s) for Revocation of License: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Has any director, officer, shareholder, or any of your managers ever held a liquor license (wholesale or retail) that was revoked by the federal, state, or local government?  Yes  No  
If Yes, proceed to Question 3A. If more space is needed, please attach a separate sheet.

3A. Name: N/A Name of Business: \_\_\_\_\_

Position with Business: \_\_\_\_\_

Date License Held (mm/yy - mm/yy): \_\_\_\_\_ Date of Revocation: \_\_\_\_\_

Reason(s) for Revocation of License: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction?  Yes  No  
If Yes, proceed to Question 4A. If more space is needed, please attach a separate sheet.

4A. Name: N/A Name of Business: \_\_\_\_\_

Position with Business: \_\_\_\_\_

Date of Denial: \_\_\_\_\_

Reason(s) for Denial of License: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## V. BUSINESS ORGANIZATION INFORMATION

TYPE OF BUSINESS:  Sole Proprietor  Partnership  LLC  Corporation  Non-Profit

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

A. Name of Sole Proprietor: N/A

D/B/A (Doing Business As) Name: N/A

B. Name of ALL Partners (If more space is needed, please attach separate sheet): N/A

C. Corporation Name: CENTRAL FLORIDA RESTAURANTS, INC.

Corporate Registered Agent / Contact: ANIL YADAV

Corporate Headquarters Address: 3550 MOWRY AVENUE, SUITE 301, FREMONT, CA 94538

Corporate Phone: 510.792.3393 Corporate Contact Cell Phone: N/A

State of Incorporation: CALIFORNIA Date of Incorporation: 02/06/2015

## VI. OWNER / MANAGER INFORMATION

Please provide the below-requested information as follows:

Sole Proprietor or Partnerships - ALL owner(s) and partner(s)

Corporations - ALL director(s) and officer(s)

If more space is needed, please attach a separate sheet.

Name: ANIL YADAV

Position with Business: Pres./Sec./Treas./Dir./ Shareholder % of Ownership: 52%

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: 7 Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: anil@vanil.net

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Name: AKAASH YADAV

Position with Business: Director/Shareholder % of Ownership: 18%

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: akaash.yadav@vanil.net

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Name: LEO THOMAS, SR.

Position with Business: Director / Shareholder % of Ownership: 5%

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: lthomassr@shcglobal.net

**2. OWNERS / PARTNERS / DIRECTORS / OFFICERS (Continued)**

Name: HARKIRAN RANDHAWA  
Position with Business: SHAREHOLDER % of Ownership: 12.5%  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: ( \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Home Address: 1 \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: romi@hpmnetworks.com

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Name: MICHAEL FLORES  
Position with Business: SHAREHOLDER % of Ownership: 5%  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: mvfdodger@aol.com

**VII. MANAGER, ASSISTANT / SECONDARY MANAGER / COOK INFORMATION**

ALL Managers and an Assistant or Secondary Manager MUST Submit to a background check.

For Class E-Restaurant, Class F and Class F-1-Beer and Wine Restaurant applications, provide the name and address of the cook or chef responsible for duties as outlined in the City Liquor Ordinance.

Manager's Name: CASEY FITZPATRICK  
Position with Business: GENERAL MANAGER % of Ownership: 0%  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: CKCFITZPATRICK@YAHOO.COM

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Manager's Name: n/a  
Position with Business: \_\_\_\_\_ % of Ownership: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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Cook / Chef's Name: N/A  
Home Address: \_\_\_\_\_

## VIII. CORPORATION / PREMISES QUESTIONS

<p>1. Have you attached a copy of your corporation's Certificate of Incorporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          If your corporation is incorporated in another state other than the State of Illinois, please attach a copy of the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act.</p>	
<p>2. Has the corporation ever been dissolved either voluntary or involuntary?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, state of date of reinstatement.</p>	N/A
<p>3. Is the corporation a subsidiary of a parent corporation?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, state the parent corporation's name.</p>	N/A
<p>4. 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. If Yes, explain.</p>	N/A
<p>5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p>	SINCE 2015
<p>6. Does the corporation own or lease the building or the space in which the business is located?  <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease. If you lease the premises, a copy of the lease must be attached to this application.</p>	
<p>7. If the building is not owned, what is the expiration date of the lease?</p>	02/29/2020
<p>8. 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. If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.</p>	
<p>9. 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>	A RESTAURANT (TGI FRIDAY'S)
<p>10. State the estimated value of goods, wares and merchandise to be used in the course of business.</p>	\$ 42,000-
<p>11. 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?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.</p>	N/A
<p>12. Does the director, officer, shareholder, or any of your managers hold any law enforcement office?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, state the person's name, title and agency.</p>	N/A

<p>13. 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>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.</b></p>	<p>N/A</p>
<p>14. 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>	
<p>15. If applicant is applying for a <b>Class B - Fraternal Society or Club Liquor License</b>: N/A  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?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>16. Does your establishment have entertainment?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)</b></p>	<p>NO</p>
<p>17. Do you employ security?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held  <b>If Yes, do you:</b>  <input type="checkbox"/> Hire Private Security Company  <input checked="" type="checkbox"/> Use On-staff Employees  <input type="checkbox"/> Hire Off-duty Police Officers  <input type="checkbox"/> Combination of the Above  <b>If you hire a Private Security Company, please provide the company name and contact person.</b></p>	<p>NO</p>
<p>18. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a copy of menu with application.</p>	
<p>19. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a drawing, drawn to scale, of the layout of tables and chairs as they will be positioned in your restaurant. The drawing should include all bars, stages, dance floors, amusement devices, and kitchen area(s).</p>	
<p>20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please attach a copy of your current County Health Department Certificate.)</p>	
<p>21. Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of the insurance policy to this application.)</p>	
<p>22. Proof of satisfactory completion of a state-certified beverage alcohol sellers and service education and training program for all persons who serve or sell alcoholic beverages pursuant to your license is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of all employees' certificates, if you have not already submitted same to the City Clerk's Office.)</p>	
<p>24. Has the applicant completed and filed a Certificate of Registration Application and produced appropriate bond pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food &amp; Beverage Tax)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>26. All NEW applications received after June 8, 2010 are subject to the Liquor License Probationary Agreement / Management Plan. If this a NEW application, has the applicant read, signed, and kept a copy of said Probationary Agreement / Management Plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This requirement does not apply to renewal applications.)</p>	

**IX. AFFIDAVIT**

I, first being duly sworn, under oath, deposes and say that I am an applicant for the license requested in the foregoing Application; that I am of good repute, character, and standing, and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the Code provisions in the City of Aurora's Liquor Ordinance. I further agree not to violate any of the laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora. In the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT, OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT, NON-RENEWAL, OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Aurora or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given.

**CORPORATE / LLC SIGNATURES**

**INDIVIDUAL / PARTNERSHIP SIGNATURES**

→ *Anil Yadav*  
President - ANIL YADAV

→ *Anil Yadav*  
Secretary - ANIL YADAV

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

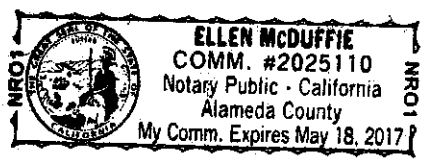
\_\_\_\_\_  
Date

6/18/15  
Date

Signed and sworn to before me this 18 day of  
JUNE, 2015.

*Ellen McDuffie*  
Notary Public

(SEAL)





**AUORORA - APPLICATION FOR LIQUOR LICENSE (CONTINUED...)**  
**CENTRAL FLORIDA RESTAURANTS, INC.**

**SECTION "VI" – OWNER/MANAGER INFORMATION (CONTINUED ...)**

**NAME: ALI NAVAIE**

**TITLE: Shareholder of Central Florida Restaurants, Inc.**

**PERCENTAGE OF OWNERSHIP: 5%**

**SS#:**

**DATE OF BIRTH:**

**DRIVER'S LICENSE NUMBER:**

**PLACE OF BIRTH:**

**ADDRESS:**

**TELEPHONE #:**

**EMAIL ADDRESS: anavaie11@sbcglobal.net**

**NAME: SANJAY AHUJA**

**TITLE: Shareholder of Central Florida Restaurants, Inc.**

**PERCENTAGE OF OWNERSHIP: 2.5%**

**SS#: - - - - -**

**DATE OF BIRTH:**

**DRIVER'S LICENSE NUMBER:**

**PLACE OF BIRTH: - - -**

**ADDRESS: - -**

**TELEPHONE #:**

**EMAIL ADDRESS:**

# BIS

## CITY OF AURORA, ILLINOIS BUSINESS INFORMATION SHEET



Type of PRE-Application  Liquor License  Hotel / Motel License

### 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.

CENTRAL FLORIDA RESTAURANTS, INC.  
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.

TGI FRIDAY'S  
Sole Proprietors or 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. Belavia 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 # 70168065 Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, 312.793-3380 or [www.cyberdriveillinois.com/departments/business\\_services/](http://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 # 47-3323109

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 # 4172-3031

### Business Activity and Location

#### Business Activity

List your business activities, including all products and /or services to be offered.

RESTAURANT WITH ALCOHOL SALES

#### Business Site Address

Provide the full business location address where the business transactions and /or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main Street)

888 N ROUTE 59  
Street Number(s) N/S/E/W Street Name Ave./St. Ste./Apt. #  
AURORA IL 60504  
City State ZIP Code

Square footage used by the business: 6,800 SQ. FT. Number of employees at this site: 70

#### Primary Contact Person

ANIL   
First Name Middle Name  
YADAV   
Last Name Jr./Sr.

Contact Phone # 510-792-3393 Fax # N/A

Contact E-mail Address ANIL@VANIL.NET



**PART 3 FINANCING IDENTIFY THE SOURCE(S) OF THE FUNDS USED TO PAY FOR THE EXPENSES LISTED IN PART 2**

**a BUSINESS SAVINGS & CHECKING** Identify any funds from business accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
N/A				\$	\$ 0-
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **a** \$ 0.00

Description of Source (Identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
N/A		\$
		\$
		\$
		\$

**b PERSONAL SAVINGS & CHECKING** Identify any funds from personal accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
n/a				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from personal accounts: **b** \$ 0.00

Description of Source (Identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
n/a		\$
		\$
		\$
		\$

**c LOANS FROM FINANCIAL INSTITUTIONS** Identify any loans from financial institutions used to fund Expenses, Part 2

Account Number	Financial Institution	Loan Date	Loan Term	Co-signers of Loan	Loan Amount
					\$
					\$
					\$

Total dollar amount loaned by financial institutions: **c** \$

**d LOANS FROM INDIVIDUALS** Identify any loans from individuals used to fund Expenses, Part 2

Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount
n/a				\$
				\$
				\$
				\$

Total dollar amount loaned by individuals: **d** \$ 0.00

e SECURITIES							Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2
Name of Security	Buy Date	Sell Date	# of Shares	Price	Ticker	Amount Invested	
N/A						\$	
						\$	
						\$	
						\$	
Total dollar amount drawn from the sale of securities: e						\$	0.00

f GIFTS FROM INDIVIDUALS					Identify any gifts from individuals used to fund Expenses, Part 2
Name of Giver	Date of Gift	Source of Funds or Gift	# Investment	Amount	
N/A				\$	
				\$	
				\$	
				\$	
Total financing from gifts: f				\$	0.00

g GIFTS/GRANTS FROM INSTITUTIONS					Identify any gifts and/or grants from institutions used to fund Expenses, Part 2
Institution	Address (Street, City State)	Contact Name & Phone	Grant Date	Amount Gifted	
N/A				\$	
				\$	
				\$	
				\$	
Total money received from institutional gifts and/or grants: g				\$	0.00

h OTHER FINANCING		Identify any other financing (credit cards, etc.) used to fund Expenses, Part 2
Description of Financing	Amount Financed	
N/A	\$	
	\$	
	\$	
Total money drawn from other financing: h		\$

= FINANCING TOTALS		Sub-total all funds (sections a-h) used to fund Part 2	
Business Accounts	a	\$	0.00
Personal Accounts	b	\$	0.00
Loans from Financial Institutions	c	\$	0.00
Loans from Individuals	d	\$	0.00
Securities	e	\$	0.00
Gifts from Individuals	f	\$	0.00
Gifts/Grants from Institutions	g	\$	0.00
Other Financing	h	\$	0.00
TOTAL BUSINESS FINANCING (a-h)*		=	\$

\*Should be equal to or greater than total amount of expenses listed in Part 2

**PART 4 ACKNOWLEDGEMENT** REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on this form is complete, true, and correct. I certify that I understand that all information provided on this Financial Disclosure Form will be corroborated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this verification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a disapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this information is grounds for recalling the license(s) issued.

Signature of Applicant: Anil Yadav Date: 6/18/15

Subscribed to and sworn to before me this 18 day of JUNE, 2015.  
Ellen McDuffie, Alameda County, California  
 Notary Public in and for said County and State

