

### 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

Bottom and the Conference of t	LICENSE YEAR:/TO
I. APPLICANT INFORMATION	
APPLICANT/ CORPORATE NAMECENTRAL FLORIT	DA RESTAURANTS, INC.
D/B/A NAME <u>'TGI FRIDAY'S</u>	
BUSINESS LOCATION ADDRESS 888 N ROUTE 59, AL	JRORA IL 60504
BUSINESS PHONE (630)851.6565	_ FAX NUMBER( )N/A
APPLICANT'S REPRESENTATIVE ANIL YADAV	
REPRESENTATIVE'S PHONE ( 510.792.3393	CELL ( ) <u>N/A</u>
E-MAIL ADDRESS FOR CONTACTING BUSINESS ANIL@	VANIL.NET
	The state of the s
OFFICIAL	USE ONLY.
REQUIREMENTS - NEW APPLICATIONS:	REQUIREMENTS - NEW & RENEWAL APPLICATIONS:
APPLICATION FEE N/A	COPY OF LEASE / PROOF OF OWNERSHIP
BIS (BUSINESS INFORMATION SHEET)	COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE)
FDF (FINANCIAL DISCLOSURE FORM)	COUNTY HEALTH DEPT. CERTIFICATE
CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX)	COPY OF MENU, IF APPLICABLE OU
CERTIFICATE OF OCCUPANCY	COPY OF STATE LIQUOR LICENSE - MOT ISSUED YET
CERTIFICATE OF INCORPORATION	COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS
PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS) & FIT 20/17 (CLEANING CHECKS)	TRAINING CERTIFICATES  TOTHER  TOTHER  TOTHER
SEATING CHART (DRAWN TO SCALE)  (MUST INCLUDE OUTDOOR SEATING, IF PLANNED)	NOTES: Ha name
PROBATIONARY AGREEMENT / MANAGEMENT PLAN	
OTHER	
	<u> </u>
APPROVED	DATE RECEIVED
DENIED	DATE ISSUED
DATE OF APPROVAL / DENIAL	Received all tuto on 1/20/15
MAYOR / LIQUOR CONTROL COMMISSIONER	info on 7/20/15

II. BUSINESS INF	ORMATION			
Business Name	ENTRAL FLORIDA RI	ESTAURANTS, INC.	D/R/A TGI FRIDAY'S	
Business Address _	888 N ROUTE 59, AUR	ORA II. 60504		·
Employer Identification	on Number (EIN) <u>47-332</u>	23109	·	
Website <u>https://jbx</u>	management.com/			
	DESCR	RIPTION OF BUSINES	SFACILITY	
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 class	ssification of liquor license you are applying / re-applying for from the listing of classifications below. See
Sec. 6-8 of the	e Gity of Aurora Liquor Ordinance for a description of each license classification and its particular require-
ments	
	CLASS A - Tavern
	CLASS B - Fraternal Society or Club
	CLASS C - Package Liquor\$1,815.00
	CLASS D-1 - Metropolitan Exposition and Auditorium \$1,815.00
	CLASS D-2 - Theatrical-Arts Facility
X	CLASS E - Restaurant
	CLASS F - Beer and Wine Restaurant
	CLASS F-1 - Beer and Wine Restaurant with Package Sales \$2,000.00
	CLASS G - Package Beer and Wine
	CLASS H - Golf Course / Club House \$2,070.00
	CLASS I - Specialty Basket
	CLASS J - Hotel (Full Service)
	CLASS K - Catering
	CLASS L - Riverboat Facility
	Members-only Lounge*
	\$4,140.00
	CLASS M - Hotel (Limited Service)
	CLASS N - Specialty Package

d. Starting with the most recent list	any business that was owned or operated by the applicant withi
	or license. If môre space is needed, please attach a separate she
	ATTACHED LIST OF ALL LICENSES HELD BY APPLICANT ENTITY
	Date Owned (mm/yy - mm/yy)
Liquor License Number:	
•	
<del></del> -	
Phone:	
	to the applicant been revoked or suspended? La Yes 💢 No
Z. Have any figuri ficenses issued If Yes, proceed to Question 2A.	If more space is needed, please attach a separate sheet.
	Name of Business:
	n/yy): Date of Revocation:
Reason(s) for Revocation of Lice	cense:
Reason(s) for Revocation of Lic	cense:
Reason(s) for Revocation of Lic	cense:
3. Has any director officer shareho	older, or any of your managers ever held a liquor license (wholes
3. Has any director, officer, shareho	older, or any of your managers ever held a liquor license (wholes deral, state, or local government? □ Yes 汉 No
3. Has any director, officer, shareho retail) that was revoked by the fe If Yes, proceed to Question 3A.	older, or any of your managers ever held a liquor license (wholes deral, state/or local government?'. Yes X No f more space is needed, please attach a separate sheet.
3. Has any director, officer, shareho retail) that was revoked by the fe If Yes, proceed to Question 3A.	older, or any of your managers ever held a liquor license (wholes deral, state, or local government? □ Yes 汉 No
3. Has any director, officer, shareho retail) that was revoked by the fell of Yes, proceed to Question 3A. If Yes, proceed to	older, or any of your managers ever held a liquor license (wholes deral, state, or local government? : A Yes X No f more space is needed, please attach a separate sheet.  Name of Business:
3. Has any director, officer, shareho retail) that was revoked by the felf Yes, proceed to Question 3A.  3A. Name: N/A  Position with Business:  Date License Held (mm/yy - mn	older; or any of your managers ever held a liquor license (wholes deral; state/or local government?'. New Yes X No fimore space is needed, please attach a separate sheet.  Name of Business:  Date of Revocation:
3. Has any director, officer, shareho retail) that was revoked by the felf Yes, proceed to Question 3A. I  3A. Name: N/A  Position with Business: Date License Held (mm/yy - mn Reason(s) for Revocation of License Held (mark).	older; or any of your managers ever held a liquor license (wholes deral, state, or local government?   Yes   X   No   f more space is needed, please attach a separate sheet.  Name of Business:  Date of Revocation:
3. Has any director, officer, sharehoretail) that was revoked by the felf Yes, proceed to Question 3A. I  3A. Name: N/A  Position with Business:  Date License Held (mm/yy - mn Reason(s) for Revocation of License Held (man)	older, or any of your managers ever held a liquor license (wholes deral, state) or local government?   f more space is needed, please attach a separate sheet.  Name of Business:  Date of Revocation:
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3. Has any director, officer, shareho retail) that was revoked by the fell of Yes, proceed to Question 3A.  3A. Name: N/A  Position with Business: Date License Held (mm/yy - mn Reason(s) for Revocation of License Held (mm/yy - mn Reason(s))	older, or any of your managers ever held a liquor license (wholes deral, state) or local government?   If yes X No fill yes so no fill yes.  Name of Business:  Date of Revocation:  Defense:
3. Has any director, officer, shareho retail) that was revoked by the felf Yes, proceed to Question 3A. I  3A. Name: N/A  Position with Business:  Date License Held (mm/yy - mn Reason(s) for Revocation of License Held (mm/yy - mn Reason(s)) for Revocation of Lice	older, or any of your managers ever held a liquor license (wholes deral, state, or local government? Yes X No f-more space is needed, please attach a separate sheet.  Name of Business:  Date of Revocation:  ense:  If Yes, proceed to Question 4A. If more space is needed, please.
3. Has any director, officer, sharehoretail) that was revoked by the felf Yes, proceed to Question 3A.  3A. Name: N/A  Position with Business:  Date License Held (mm/yy - mn Reason(s) for Revocation of License Held (mm/yy - mn Reason(s)) for Revocation of License	older, or any of your managers ever held a liquor license (wholes deral, state, or local government? Yes X No f more space is needed, please attach a separate sheet.  Name of Business:  Date of Revocation:  ense:  If Yes, proceed to Question 4A. If more space is needed, pleas
3. Has any director, officer, shareho retail) that was revoked by the felf Yes, proceed to Question 3A. If Yes, proceed to Que	older, or any of your managers ever held a liquor license (wholes deral, state, or local government?  Yes  No fimore space is needed; please attach a separate sheet.  Name of Business:  Date of Revocation:  ense:  If Yes, proceed to Question 4A. If more space is needed, please.  Name of Business:
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3. Has any director, officer, sharehoretail) that was revoked by the fell of Yes, proceed to Question 3A. If Yes, proceed to	older, or any of your managers ever held a liquor license (wholes deral, state, or local government?  Yes  No fimore space is needed; please attach a separate sheet.  Name of Business:  Date of Revocation:  ense:  If Yes, proceed to Question 4A. If more space is needed, please.  Name of Business:

BUSINESS ORGANIZATION INFORMATION	
E OF BUSINESS: Sole Proprietor . Partners	ship LLC XCorporation Non-Profit
or LLC, Corporation or Non-Profit organizations, pro-	oceed to Question C.
A. Name of Sole Proprietor: N/A	
D/B/A (Doing Business As) Name: N/A	<u>.</u>
B. Name of ALL Partners (If more space is needed, ple	ease attach separate sheet): N/A
	· · · · · · · · · · · · · · · · · · ·
C. Corporation Name: <u>CENTRAL FLORIDA RESTAUR</u>	
Corporate Registered Agent / Contact:ANIL YAD	AV
Corporate Headquarters Address: <u>3550 MOWRY A</u>	
Corporate Phone:510.792.3393	
State of Incorporation: <u>CALIFORNIA</u>	Date of Incorporation: 02/06/2015
OWNER / MANAGER INFORMATION	
se provide the below-requested information as follow	
Sole Proprietor or Partnerships - ALL owner(s) an Corporations - ALL director(s) and officer(s)	id pailite(s)
ore space is needed, please attach a separate sheet.	
)	
Name: <u>ANIL YADAV</u>	der % of Ownership: 52%
Name:ANIL YADAV Position with Business: _Pres./Sec./Treas./Dir,/ Sharehold	
Name:ANIL YADAV Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:
Name: <u>ANIL YADAV</u> Position with Business: <u>Pres./Sec./Treas./Dir./ Sharehold</u> Social Security Number:	Date of Birth:
Name: ANIL YADAV  Position with Business: Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:  Place of Birth:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:
Name: ANIL YADAV  Position with Business: Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:  Place of Birth:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:  Place of Birth:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:  Place of Birth:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:
Name:ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth:  Cell Phone:  *  % of Ownership: 18%
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:  Place of Birth:  Cell Phone:  *  % of Ownership: 18%  Date of Birth:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:  Place of Birth:  Cell Phone:  *  % of Ownership: 18%  Date of Birth:  Place of Birth: /
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth:  Place of Birth:  Cell Phone:  *  % of Ownership: 18%  Date of Birth:  Place of Birth: /
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:  *  % of Ownership: 18%  Date of Birth: Place of Birth: Cell Phone:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:  *  % of Ownership: 18%  Date of Birth: Place of Birth: Cell Phone:
Name:ANIL YADAV Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: _anil@vanil.net  ***  Name: _AKAASH YADAV Position with Business:Director/Shareholder Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: _akaash.yadav@vanil.net  ***  Name: _LEO THOMAS.SR.	Date of Birth: Place of Birth: Cell Phone:  *      % of Ownership: 18%  Date of Birth: Place of Birth: / Cell Phone:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:  *  % of Ownership: 18%  Date of Birth: Place of Birth: Cell Phone:  *  % of Ownership: 5%
Name:ANIL YADAV Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: _anil@vanil.net  ***  Name: _AKAASH YADAV Position with Business:Director/Shareholder Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: _akaash.yadav@vanil.net  ***  Name: _LEO THOMAS.SR.	Date of Birth: Place of Birth: Cell Phone:  *
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:  *
Name: _ANIL YADAV Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:  *  % of Ownership: 18%  Date of Birth: Place of Birth: Cell Phone:  A coll Phone: Place of Birth: Place of Birth:  Place of Birth:  Place of Birth:  Place of Birth:  Place of Birth:  Place of Birth:
Name: _ANIL YADAV  Position with Business: _Pres./Sec./Treas./Dir./ Sharehold Social Security Number:	Date of Birth: Place of Birth: Cell Phone:  *  % of Ownership: 18%  Date of Birth: Place of Birth: Cell Phone:  *  % of Ownership: 5%  Date of Birth: Place of Birth:  Place of Birth:

	iued);>2 in 174 st. march il 1950	
Name: <u>HARKIRAN RANDHAWA</u>		
	% of Ownership:	12.5%
Social Security Number:	Date of Birth:	
Driver's License Number: _(	Place of Birth:	
Home Address: It		
	Cell Phone:	
E-mail Address: romi@hpmnetworks.com		
E-fiall Address. Tomenprimetworks.com		
Name: MICHAEL FLORES		
Position with Business: SHAREHOLDER	% of Ownership: 5%	)
Social Security Number:		
Driver's License Number:		
Home Address:	<del></del>	
Home Phone:	Cell Phone	
	Con i nono.	
E-mail Address: <u>mvfdodger@aol.com</u>		
		•
MANAGER, ASSISTANT / SECONDARY MANAGER	COOK INFORMATION	
lanagers and an Assistant or Secondary Manager MUS	T Submit to a backgroung ene	≟Ck,
Silver and Win	Sections on ligations of	wide the name a
lass E-Restaurant, Class F and Class F-1-Beer and Win	e Kestaurantapphoachter	)VIGe: rije (10
The second state of the se	annahe witveliguor Ordinance	
ss of the cook or chef responsible for duties as outline	a in the City Liquor Oraliance	
ss of the gook or chef responsible for duties as outline	d in the City-Liquor Ordinance	
Manager's Name: <u>CASEY FITZPATRICK</u>		
Manager's Name:	% of Ownership: 09	<u>//6</u>
Manager's Name:	% of Ownership: 09 Date of Birth:	<u>//6</u>
Manager's Name:	% of Ownership: 09 Date of Birth:	<u>//6</u>
Manager's Name:	% of Ownership: 09 Date of Birth:	<u>//6</u>
Manager's Name:CASEY FITZPATRICK	% of Ownership: 09 Date of Birth:	<u>//6</u>
Manager's Name:CASEY FITZPATRICK	% of Ownership:09 Date of Birth: Place of Birth:	1/6
Manager's Name:CASEY FITZPATRICK	% of Ownership:09 Date of Birth: Place of Birth:	1/6
Manager's Name:CASEY FITZPATRICK	% of Ownership:09 Date of Birth: Place of Birth:	1/6
Manager's Name:CASEY FITZPATRICK_ Position with Business:GENERAL MANAGER Social Security Number: Driver's License Number: Home Address:' Home Phone: E-mail Address:CKCFITZPATRICK@YAHOO.COM	% of Ownership:09 Date of Birth: Place of Birth: Cell Phone:	166
Manager's Name:CASEY FITZPATRICK  Position with Business:GENERAL MANAGER  Social Security Number:  Driver's License Number:  Home Address:'  Home Phone:  E-mail Address:CKCFITZPATRICK@YAHOO.COM  ***	% of Ownership:09 Date of Birth: Place of Birth: Cell Phone:	166
Manager's Name:CASEY FITZPATRICK  Position with Business:GENERAL MANAGER  Social Security Number:  Driver's License Number:  Home Address:'  Home Phone:  E-mail Address:CKCFITZPATRICK@YAHOO.COM  ***  Manager's Name:  Position with Business:	% of Ownership: 09 Date of Birth: Place of Birth: Cell Phone:	2/6
Manager's Name:CASEY FITZPATRICK_ Position with Business:GENERAL MANAGER Social Security Number: Driver's License Number: Home Address:' Home Phone: E-mail Address:CKCFITZPATRICK@YAHOO.COM  ***  Manager's Name: Position with Business: Social Security Number:	% of Ownership:09 Date of Birth: Place of Birth: Cell Phone: % of Ownership: Date of Birth:	//o
Manager's Name:CASEY FITZPATRICK  Position with Business:GENERAL MANAGER  Social Security Number:  Driver's License Number:  Home Address:CKCFITZPATRICK@YAHOO.COM  ***  Manager's Name:n/a  Position with Business:  Social Security Number:  Driver's License Number:	% of Ownership: 09 Date of Birth: Place of Birth: Cell Phone: % of Ownership: Date of Birth: Place of Birth:	1/6
Manager's Name:CASEY FITZPATRICK  Position with Business:GENERAL MANAGER  Social Security Number:  Driver's License Number:  Home Address:CKCFITZPATRICK@YAHOO.COM  ***  Manager's Name:  Position with Business:  Social Security Number:  Driver's License Number:  Home Address:	% of Ownership: 09 Date of Birth: Place of Birth: Cell Phone: % of Ownership: Date of Birth: Place of Birth:	%6
Manager's Name:CASEY FITZPATRICK  Position with Business:GENERAL MANAGER  Social Security Number:  Driver's License Number:  Home Address:CKCFITZPATRICK@YAHOO.COM  ***  Manager's Name:  Position with Business:  Social Security Number:  Driver's License Number:  Home Address:  Home Phone:	% of Ownership: 09 Date of Birth: Place of Birth: Cell Phone:  % of Ownership: Date of Birth: Place of Birth: Cell Phone:	1/6
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Manager's Name:CASEY FITZPATRICK  Position with Business:GENERAL MANAGER  Social Security Number:  Driver's License Number:  Home Address:CKCFITZPATRICK@YAHOO.COM  ***  Manager's Name:n/a  Position with Business:  Social Security Number:  Driver's License Number:  Home Address:  Home Phone:  E-mail Address:	% of Ownership: 09 Date of Birth: Place of Birth: Cell Phone:  % of Ownership: Date of Birth: Place of Birth: Cell Phone:	1/6
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Manager's Name:CASEY FITZPATRICK  Position with Business:GENERAL MANAGER  Social Security Number:	% of Ownership:09 Date of Birth: Place of Birth: % of Ownership: Date of Birth: Place of Birth: Cell Phone:	%6

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VIII. CORPORATION / PREMISES QUESTIONS	
1. Have you attached a copy of your corporation's Certificate of If your corporation is incorporated in another state other that ment pursuant to which the corporation is gualified to transa ration Act	n the State of Illinois, please attach a copy of the docu-
2. Has the corporation ever been dissolved either voluntary or involuntary?  Yes No. If Yes, state of date of reinstatement.	N/A
3. Is the corporation a subsidiary of a parent corporation?	N/A
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?  Yes X No. If Yes, explain.	N/A
5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?  6. Does the corporation own or lease the building or the space.  Own X Lease If you lease the premises, a copy of	
7. If the building is not owned, what is the expiration date of the lease?	02/29/2020
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?  Yes No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.	
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?	A RESTAURANT (TGI FRIDAY'S)
10. (State the estimated value of goods wates and metchan) disertoric used in the course of business.	8 42,000-
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?  Yes X 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 or	N/A
ders of court supervision, whether satisfactorily completed or not.  12 Does the director officer snareholder or any of your managers hold any law enforcement office?  Yes X No If Yes, state the person's name, title and agency.	N/A

13. Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or	N/A
parent of your corporation ever been subject to charges.  hearing or investigation by any jurisdiction with respect to a liquor license?  Yes X	
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 in  vestigation or hearing	
14. Is the premises within 100 feet of a church, grade school, mi	l iddle school, alternative school or high school, hospital;
or home for the incligent? Yes X No.	Club Liquor License: N/A
A. How many dues paying members to you have?B. Does your club have the qualifications described in the Ill	(Attach a listing of members' names and addresses.) linois Act and the City of Aurora Liquor Ordinance?
Yes No  16. Does your establishment have entertainment?	NO
Yes XNo If Yes, list each form of entertain- ment you will be holding (i.e. bands /	
solo acts, DJ's; etc.)	NO
Yes No Vill Only when entertainment is held If Yes, do you:	
☐ Hire Private Security Company  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.	
18 For Class E-Restaurant: Class F, and Class F, I-Beer and W with application.	ine Restaurant applications, provide a copy of menu
19. For class E-Restaurant, Class F, and Class Fell-Beer and W to scale, of the layout of tables and chairs as they will be pos	troned in your restaurant: The drawing should include
all bars, stages, dance floors, amusement devices, and kitche 20. Is the applicant required by the City of Aurora Liquor Ordinano	
licensed premises?	current County Health Department Certificate)
21. Proof of Dram Shop (Liquor Liability) Insurance is mandatory Application. (Please attach a copy of the insurance policy to	and required to be on file with the Liquor License this application.)
22 Proof of satisfactory completion of a state-certified beverage a program for all persons who serve or sell alcoholic beverages	alcohol sellers and service education and training
program for all persons who serve of self-alcoholic beverages be on file with the Liquor License Application. (Please attach already submitted same to the City Clerk's Office.)	a copy of all amployees certificates if you have not
24 Has the applicant completed and filed a Certificate of Registra pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Orc	ation Application and produced appropriate bond  linances (Food & Beverage Tax)? X Yes No
26 All NEW applications received after June 8, 2010 are subject	to the Liguor License Probationary Agreement /
Management Plan. If this a NEW application, has the application of the	mareau, signed, and kept a copy of sald Probationary ement does not apply to renewal applications.)

#### 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.

of ferened to in time Application to verify of clarify any answer	a tiat i nave given.
CORPORATE / LLC SIGNATURES	INDIVIDUAL / PARTNERSHIP SIGNATURES
- gadans Ohn	
President - ANIL YADAV	Signature
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Secretary (ANIL YADAV)	Signature
10/18/15	
Date	Date
Signed and sworn to before me this/8 day of	
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<u>Glew Mu Juxeê</u> Notary Pyblic	
( )	ELLEN MCDUFFIE COMM. #2025110 Notary Public · California
	Notary Public · California Alameda County  My Comm. Expires May 18, 2017 P

## 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: anavaiel1@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	X Liquor License Hotel / Motel License
Business Entity Information	
Type of Business	Sole Proprietor Partnership LLC X 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. Betavia Avenue, Geneva, IL
O A State of Illinois File Number is REQUIRED fo	or all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corporations.
State of Illinois File # 7 0	1 6 8 0 6 5 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	i) is REQUIRED for all business entity types except for Sole Proprietorships.
Employer Identification # 4 7	-3323109
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 # 4 1  Business Activity and Location	72-3031
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 Middle Name  Middle Name
<u>l</u>	YADAV
Contact Phone #	510-792-3393 Fax# 1/A
Contact E-mail Address	ANTEBVANILNET



# CITY OF AURORA, ILLINOIS FINANCIAL DISCLOSURE FORM



FORM REQUIRED: Used to document the source of all money invested or spent to fund a new establishment, expand an existing establishment, or buy an existing business, when the business holds one of the following licenses: Liquor, Amusement, Hotel, or Day Care.

INSTRUCTIONS: Complete the four (4) parts below, being sure to follow all printed instructions carefully. If a section does not apply, mark it "N/A". If more from its needed to complete any of the following sections. Include an attachment. This form must be signed and notarized in Part 4 by an owner or officer listed with the Department of Business Affairs & Consumer Protection. PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION.

PART 1 INFORMATION PROVIDE THE FOLLOWING INFORMATION ABOUT THE LEGAL ENTITY APPLYING FOR THE LICENSE(S).

FEIN # (IRS)		IDOR	# (IL Dept	of Reveni	ie - formedy	IBT#)		ICXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KREVENDEX JOHO	ABSTRIBER#) ILSOS#
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Legal Name of Applicant Entity					_			e" of establishment		
CENTRAL FLORIDA	RESTAUL	lan	TS, IN	C	TGIF	RIDAY	Z'S			
First Name of Primary Business C	ontact		Middle I	Vame			Last N	ame		
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