



# 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

2/8/16

License Year:

16-17

New License:

Change in Ownership/Corporation:

Change in License Class:

### APPLICANT INFORMATION

A. Corporation name:

Kwik Store Inc.

Class Applying For:

G

B. Business name:

Kwik Store Food-Mart

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

C. Previous business name (if dba changed):

Kwik Pick Inc.

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

913 South Lake Street Aurora IL 60506

E. Business telephone:	F. Business website:	G. Business Email:	H. IL Tax ID Number
		kwikstore1@gmail.com	4207-3571

I. Owner or Manager contact name for license:

George Galanis

J. Business telephone:

630 844-9192

K. Email address:

kwikstore1@gmail.com

### BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address):

913 South Lake Street Aurora IL

B. Zip code

60506

C. # Parking Spaces

20

D. Total Building s.f.

1900

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:

Item 16-272

## Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<i>e-mail from c. coch dated 1/20/16</i>
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of the Articles of Incorporation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Lease/Proof of Ownership	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input checked="" type="checkbox"/>	<input checked="" 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)	<i>N/A</i>	<input type="checkbox"/> <input type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)	<i>N/A</i>	<input type="checkbox"/> <input type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<i>N/A</i>	<input type="checkbox"/> <input type="checkbox"/>
Current list of names, dates of birth and home addresses of all members (Class B)	<i>N/A</i>	<input type="checkbox"/> <input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

## Corporation / Premises Questions

1.	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. _____
2.	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. _____
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? _____
4.	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. _____
5.	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? Beer & Wine Convenience Store
6.	State the estimated value of goods, wares and merchandise to be used in the course of business. 10,000/15,000
7.	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 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. _____
8.	Does the corporation own the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please list the start and end date of the current lease. Start: _____ to End: _____ Name and full address of property owner: Name: George Galanis Address: 939 South Lake Street Aurora IL 60506 Contact Information: George Galanis
9.	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

10.	<p>If applicant is applying for a <b>Class B - Fraternal Society or Club Liquor License:</b></p> <p>A. How many dues-paying members do you have? _____ (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
11.	<p>Does your establishment have entertainment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input type="checkbox"/> Televised Sports  <input type="checkbox"/> Other:</p>	
12.	<p>Do you employ security?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is available.</p> <p>If Yes, do you: <input type="checkbox"/> Hire Private Security <input type="checkbox"/> Use On - Staff Employees  <input type="checkbox"/> Hire Off- Duty Police Officers <input type="checkbox"/> Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person.</p>	
13.	<p>Do you have security cameras on premise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both</p> <p>If yes, please provide a brief description of the location(s):</p>	
14.	<p>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:</p>	
15.	<p>For <b>Class G-1</b>, check the retail item categories available for purchase at the location:</p> <p><input checked="" type="checkbox"/> Dairy <input checked="" type="checkbox"/> Baked Goods <input checked="" type="checkbox"/> Frozen Goods <input checked="" type="checkbox"/> Groceries  <input checked="" type="checkbox"/> Snack Foods <input checked="" type="checkbox"/> Health Aids <input checked="" type="checkbox"/> Beauty Aids</p>	
16.	<p>Has a <i>Personal Information Form (PIF)</i> been completed for each person holding (5%) or more stock in this corporation?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	

## Corporate Information

Name of Corporation/Partnership:

Kwik Store Inc.

Corporate Address:

939 South Lake Street Aurora IL 60506

Corporate Ph #:  
630 844-9192

Corporate Email:  
kwikstore1@gmail.com

FEIN:  
81-1201790

Corporate Registered Agent/Contact:  
George Galanis

Contact Ph #:

Contact Email:

Date Corporation/Partnership was Organized:

01/23/2016

Date Articles of Incorporation/Organization filed:

01/25/2016

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

01/25/2016

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

01/25/2016

Has the corporation ever been dissolved either voluntary or involuntary?  
(If Yes, provide date of reinstatement)

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? **1000**

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

Name, Title	Percentage of Stock
N/A	

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?



# 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.

Kwik Store 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.

Kwik Store Food-Mart

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.

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 #** 70502321

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 #** 81-1201790

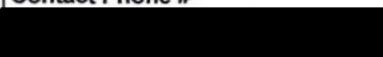
An Account ID is **REQUIRED** for ALL business entity types that conduct business in the State of Illinois or with Illinois Customers.

**(formerly IBT #) IDOR Account #**

### Business Activity and Location

<b>Business Activity</b>	Convenience Store with Beer & Wine Food-Mart		
List your business activities, including all products and/or services to be offered.			
<b>Business Activity</b>			
List your business activities, including all products and/or services to be offered.			
Square footage used by the business:	1,900	SQ. FT.	Number of employees at this site: 2

### Primary Contact Person

First Name <b>George</b>	Middle Name <b>D</b>	Last Name <b>Galanis</b>
Contact Phone # 	Fax #	E-Mail Address <b>kwikstore1@gmail.com</b>



**City of Aurora**  
**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 room is 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 3 FINANCING		IDENTIFY THE SOURCE(S) OF THE FUND 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				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
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	
				\$	
				\$	
				\$	
				\$	
				\$	
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
		1998	George Galanis	\$ 40,000.00	\$ 5,000.00
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total dollar amount drawn from business accounts: h				→	\$ 5,000.00
Description of Source (identify the sources) of money in the accounts listed above			Contribution Frequency	Contribution Amount	
Income				\$	
				\$	
				\$	
				\$	
				\$	

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	
N/A					\$	
					\$	
					\$	
					\$	
					\$	
Total dollar amount loaned by financial institutions: <b>c</b> 					\$	0.00
d	LOANS FROM FINANCIAL INSTITUTIONS		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: <b>d</b> 					\$	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: <b>e</b> 					\$	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: <b>f</b> 					\$	0.00

g	<b>GIFTS/GRANTS FROM INSTITUTIONS</b>	Identify any gifts and/or grants from institutions used to fund Expenses, Part 2
---	---------------------------------------	--

Institution	Address (Street, City State)	Contact Name and Phone	Grant Date	Amount Gifted
N/A				\$
				\$
				\$
				\$

Total money received from institutional gifts and/or grants:	g	→	\$	0.00
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h	<b>OTHER FINANCING</b>	Identify any financing (credit cards, etc.) used to fund Expenses, Part 2
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Description of Financing	Amount Financed
N/A	\$
	\$
	\$
	\$

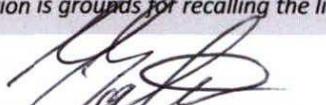
Total money drawn from other financing:	h	→	\$	0.00
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=	<b>FINANCING TOTALS</b>	Sub-total all funds (sections a-h) used to fund Part 2
	Business Accounts a	→ \$ 0.00
	Personal Accounts b	→ \$ 5,000.00
	Loans from Financial Institutions c	→ \$ 0.00
	Loans 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
		= → \$ 5,000.00

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

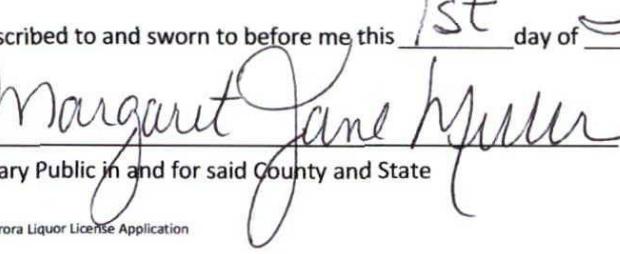
**PART 4 ACKNOWLEDGEMENT** **REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW**

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

02-1-16  
Date

Subscribed to and sworn to before me this 1st day of February, 2016.

  
Margaret Jane Miller  
Notary Public in and for said County and State

City of Aurora Liquor License Application



**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. 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  
Kwik Store Inc

d/b/a Name  
Kwik Store Food-Mart

Location Address  
913 South Lake Street Aurora IL 60506

### Planned Days / Hours of Operation

<input checked="" type="checkbox"/>	SUNDAY	FROM	7:00AM	A.M. /P.M.	TO	11:00PM	A.M. /P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	7:00AM	A.M. /P.M.	TO	11:00PM	A.M. /P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	7:00AM	A.M. /P.M.	TO	11:00PM	A.M. /P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	7:00AM	A.M. /P.M.	TO	11:00PM	A.M. /P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	7:00AM	A.M. /P.M.	TO	11:00PM	A.M. /P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	7:00AM	A.M. /P.M.	TO	11:00PM	A.M. /P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	7:00AM	A.M. /P.M.	TO	11:00PM	A.M. /P.M.

### Entertainment

Entertainment will be held on the premises.  Yes  No

If yes, what type(s) of entertainment? (Please list) Bands/Solo  DJ  Televised Sports

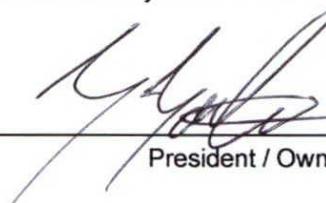
Other

Please specify the days and times that entertainment is planned.

<input type="checkbox"/>	SUNDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	MONDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	TUESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	WEDNESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	THURSDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	FRIDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	SATURDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.

## 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

02-8-16

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

Date

Secretary / Owner

Date

City Clerk's Office

Date

## 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

President



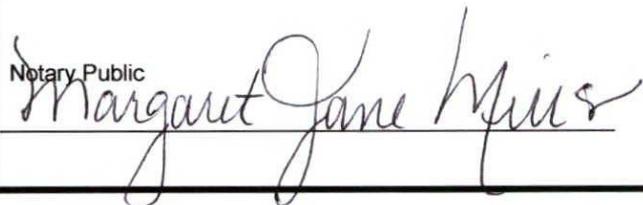
Secretary

Treasurer

Signed and sworn to before me this 1st day of

February, 2016

Notary Public



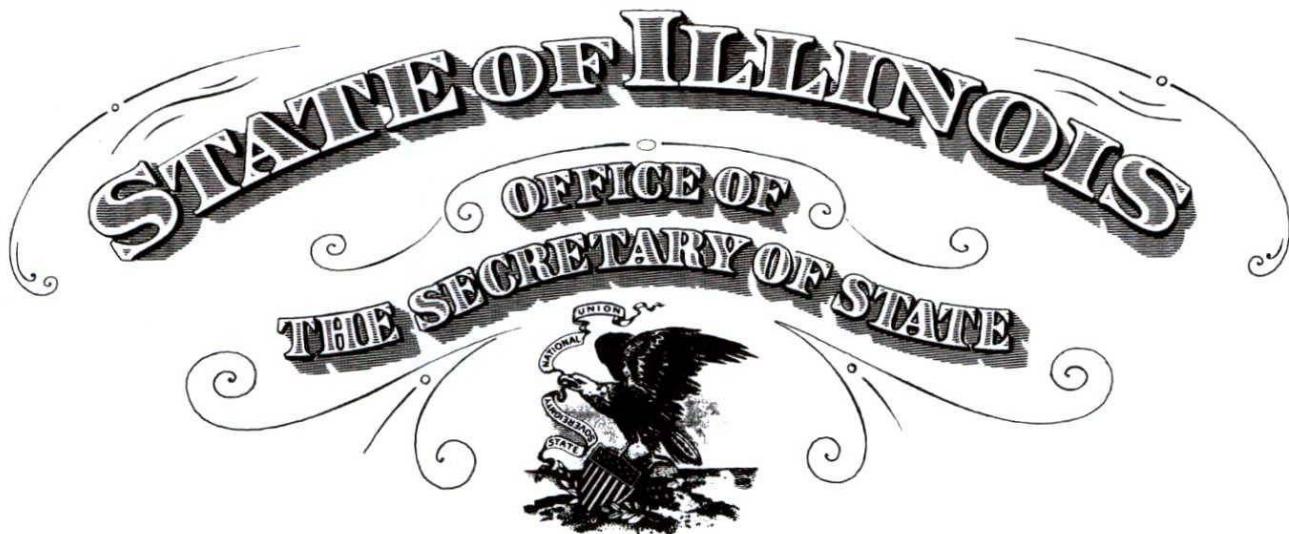
### Individual/Partnership Signatures

Signature

Signature

Signature





***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

KWIK STORE INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 22, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of FEBRUARY A.D. 2016 .***

WWW.CYBERDRIVEILLINOIS.COM

JESSE WHITE  
SECRETARY OF STATE



## CORPORATION FILE DETAIL REPORT

Entity Name	KWIK STORE INC.	File Number	70502321
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	01/22/2016	State	ILLINOIS
Agent Name	GEORGE GALANIS	Agent Change Date	01/22/2016
Agent Street Address	939 S LAKE ST	President Name & Address	
Agent City	AURORA	Secretary Name & Address	
Agent Zip	60506	Duration Date	PERPETUAL
Annual Report Filing Date	00/00/0000	For Year	

[Return to the Search Screen](#)

[Purchase Certificate of Good Standing](#)

(One Certificate per Transaction)

[BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE](#)

0.374538	\$90.03	KANE COUNTY	0.379454	\$92.66
0.087754	\$21.09	KANE COUNTY PENSION	0.088906	\$21.71
0.297499	\$71.51	KANE FOREST PRESERVE	0.305927	\$74.69
0.006369	\$1.53	KANE FOREST PRESERVE PENSION	0.006703	\$1.64
0.227511	\$54.68	AURORA TOWNSHIP	0.232479	\$56.76
0.024158	\$5.81	AURORA TOWNSHIP PENSION	0.027681	\$6.76
0.105042	\$25.26	AURORA TWP ROAD DIST	0.108639	\$26.52
0.005352	\$1.28	AURORA TWP ROAD DIST PENSION	0.005481	\$1.34
1.821565	\$437.85	AURORA CITY	1.469539	\$358.82
0.319023	\$76.68	AURORA CITY PENSION	0.793954	\$193.86
6.425980	\$1,544.62	WEST AURORA SCH DIST 129	6.611330	\$1,614.29
0.240764	\$57.87	WEST AURORA SCH DIST 129 PENSION	0.246458	\$60.18
0.580894	\$139.58	WAUBONSEE COLLEGE 518	0.595432	\$145.39
0.585416	\$140.72	FOX VALLEY PARK DISTRICT	0.585104	\$142.87
0.042551	\$10.22	FOX VALLEY PARK DISTRICT PENSION	0.045576	\$11.12
0.286596	\$68.89	AURORA CITY LIBRARY	0.286419	\$69.93
0.000000		FOX METRO WATER REC DIST	0.000000	

15-28-302-009

N/A

## Late Payment Schedule

	1st	2nd	
June 2 thru Jul 1		\$1,460.86	
Jul 2 thru Aug 1		\$1,482.45	
Aug 2 thru Sept 1		\$1,504.04	
Sept 2 thru Oct 1		\$1,525.63	\$1,460.86
Oct 2 thru Oct 23		\$1,547.22	\$1,482.45
Payment on or after Oct. 2, 2015, please see instructions on reverse side for late payments.			

## Mail To:

GALANIS, GEORGIO  
939 S LAKE STREET  
AURORA IL 60506-5928

## Property Location:

913 W LAKE ST  
AURORA

Township	Tax Code	Acres	
AU	AU005		
Tax Rate	Sold at Tax Sale	Forfeited Tax	
11.789082			
First Installment Tax \$1,439.27	Second Installment Tax \$1,439.27		
Abatement	Abatement		
Penalty	Penalty		
Other Fees	Other Fees		- ENTERPRISE ZONE \$0.00
Total Due Due by 06/01/15	Total Due Due by 09/01/15		= TOTAL TAX DUE \$2,878.54

2014 Kane County Real Estate Tax Bill  
David J. Rickert, County Treasurer  
719 S. Batavia Avenue, Bldg. A  
Geneva, IL 60134

11.430812	\$2,747.62	TOTAL	11.789082	\$2,878.54
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# CERTIFICATE OF LIABILITY INSURANCE

KWIST-1

OP ID: CW

DATE (MM/DD/YYYY)

02/01/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Buttrey-Wulff-Mamminga Agency 355 First St. PO Box 580 Batavia, IL 60510 John J. Wulff		Phone: 630-879-0111 Fax: 630-879-0216	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Kwik Store Inc 939 South Lake Street Aurora, IL 60506		INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Casualty Company		NAIC # 15571
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
							\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</b> <input type="checkbox"/> <b>N/A</b> <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHEr
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
							\$
							\$
<b>A</b> Liquor Liability	TO BE ASSIGNED	02/01/2016	02/01/2017	1,000,000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Covered Location: 913 South Lake Street, Aurora, IL 60506.

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF AURORA 44 E. Downer Place Aurora, IL 60507	CITAU-1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 	

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# BASSET Card



January 21, 2016



Letter ID: L1801671952

GEORGE GALANIS

36 RIVER BEND ROAD  
MONTGOMERY IL 60538

License No.: 5A-0041637  
Expiration Date: 5/15/2017  
License Type: Basset Card

**Your "Student ID number" is: B54G87**

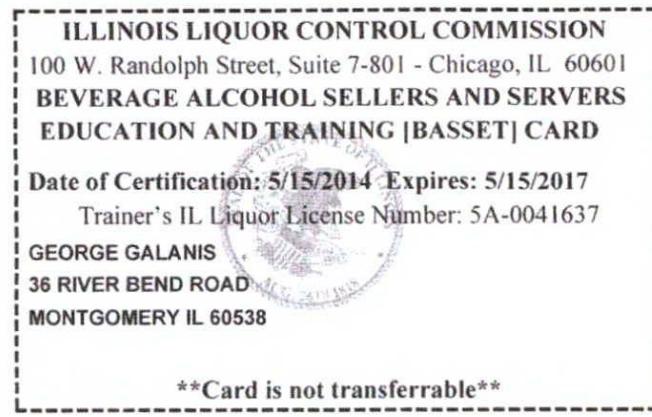
**Your "Trainer's ID number" is: 5A-0041637**

**Your BASSET Card is located BELOW**

**DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.**

## IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at [ILCC.illinois.gov](http://ILCC.illinois.gov)  
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).



THEMES	ARCHITECTURE	913 S. LAKE ST., AURORA, IL	EXISTING BUILDING FLOOR PLAN	NO. DATE COMMENTS	1 02/26/96 DESIGN LAYOUT
				PROJECT NO.	8000
				EXISTING FLOOR PLAN	
				A-10	

