

LRA

City of Aurora, Illinois Liquor License Renewal Application



Incomplete applications will not be accepted.
Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Dixie's Distro

Official Use Only

License Year: 5/1/20 to 4/30/21
License Class Class B
new On-site Consumption

- Date Application Received 4.14.20
- Application Renewal Fee
- Background Check for all Officers, Members, Owners, and Managers (if not done within the past (3) years) new owner + 50%
- Addendum - Owner/Manager Information
- Certificate of Good Standing from the State of Illinois
- Floorplan Certification (If any changes have been made, a new to scale floor plan must be provided.)
- Location Certification or Lease/Proof of Ownership in file
- Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)
- Copy of State Liquor License
- Copy of State-Certified Beverage Alcohol Sellers/Servers Training (BASSET) Certificates (for all employees serving alcohol and all Managers and Assistant Managers). Certificates are good for three (3) years.
- Copy of Menu (If applicable)
- Audit form for Video Gaming Terminal Establishments (Class N)
- Appropriate Liquor Classification and Endorsement (endorsement if applicable)
- Copy of County Health Department Certificate

~~Class B~~ License Holders Only—Current List of Names, Dates of Birth, and Addresses of Officers.

Other: _____

Notes: _____

Approved Denied Date Approved/Denied: _____

Date Issued: _____

Mayor
Liquor Control Commissioner

Form: 2020

Applicant Information

Applicant/Corporate Name: Dixie's BISTRO
 d/b/a Name: Dixie's BISTRO
 Business Address: 1515 Butterfield Road, Unit 111, Aurora IL 60502
Street Zip
 Business Telephone#: 630-701-2806 Fax #: 630-892-5506
 Owner or Manager Contact: Michael Poulakidas
 Telephone #: 630-892-5150 Email Address: Michael@mjplawoffice.com
 Additional Business Contact: Leg Mitchell
 Telephone #: 630-892-5150 Email Address: admin@mjplawoffice.com

Business Location Information

Business Name (dba): Dixie's BISTRO
 Business Address: 1515 Butterfield Rd 60502 Kane
Street Zip County
 Telephone #: 630-701-2806
 Website: Dixiesbistro.com

Are the premises owned or leased?

- 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: Butterfield Village Ctr LLC Andy Kobler
 Address: P.O. Box 1339 St Charles IL 60174
Street City State Zip
 Telephone #: 630-701-2110 Email Address: akobler@comcast.net

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
1250 sq ft	160 sq ft	140 sq ft	75	Located in strip mall over 40 spaces

Is the current business floorplan the same as previously submitted?

I hereby certify that the business floorplan has not changed.

The business floorplan has changed. Attached is an updated floorplan.

Do you have security cameras on the premises? Yes No

If yes, are they

If yes, please provide a brief description of the location(s)

How long is your security camera footage retained?

Business Organization Information

Type of Business:

Sole Proprietor

Partnership

Corporation

LLC

Non-Profit

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

A. Name of Sole Proprietor: _____

d/b/a: _____

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

C. Corporation Name: Dixie's Bistro, LLC

Corporate Registered Agent / Contact: Gerald Hodge

Corporate Headquarters Address: 346 N Lake St Aurora IL 60506

Corporate Telephone #: 630 892-5150

Corporate Contact Name and Cell #: Michael Poulakidas

State of Incorporation: IL Date of Incorporation: 6/21/2017

D. Have there been any changes to your Business Structure, Ownership, or Management since your last Application? If yes, specify changes: Dan Dolan Sr has passed away

and his shares are now in the family trust

Prior/Current Manager Information

All Managers and Assistant Managers Listed on Most Recent Renewal Application

Name: Woerman Ronald _____
Last First Middle

Position with Business: Myr % of Ownership 0

Email Address: ron@smarterhouse.com

Date of Birth: [REDACTED] Date of Last Fingerprints 4/2000

Home Address: [REDACTED] City State Zip

Home Telephone#: [REDACTED] Cell Phone #: Same

Name: Bozonelos George _____
Last First Middle

Position with Business: Myr % of Ownership 0

Email Address: gbozel@eastman.com

Date of Birth: [REDACTED] Date of Last Fingerprints unknown

Home Address: [REDACTED] City State Zip

Home Telephone#: [REDACTED] Cell Phone #: Same

Name: Schultz David _____
Last First Middle

Position with Business: Myr - Account % of Ownership 0

Email Address: [REDACTED]

Date of Birth: [REDACTED] Date of Last Fingerprints unknown

Home Address: [REDACTED] City State Zip

Home Telephone#: [REDACTED] Cell Phone #: Same

Current 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: Poulakidas Michael _____
Last First Middle

Position with Business: owner % of Ownership 50%

Email Address: Michael@midwestoffice.com

Date of Birth: _____ Date of Last Fingerprints 3/13/2020
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: Same

Name: Dolan Daniel D Declaration of Trust
Last First Middle

Position with Business: owner % of Ownership 50%

Email Address: N/A

Date of Birth: _____ Date of Last Fingerprints UNKNOWN
MO Day YYYY

Home Address: N/A
Street City State Zip

Home Telephone#: N/A Cell Phone #: _____

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

Current 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: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ - _____ - _____ Date of Last Fingerprints _____
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: _____ - _____ - _____ Date of Last Fingerprints _____
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: _____ - _____ - _____ Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

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

Individual/Partnership Signatures

President *Managing Member*

Signature

Secretary *Managing Member*

Signature

Treasurer

Signature

Signed and sworn to before me this 14 day of

April, 2020.

(SEAL)

Notary Public/

