

LLA City of Aurora, Illinois 2025 Initial Liquor License Application



Incomplete applications will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60605

APPLICANT: Taqueria Los Cuates License Class B				
Date Complete Application Received 10-23-35				
Application Fee \$250.00				
Business Information Sheet and Probationary Agreement/Management Plan Complete (in application)				
Proof of Background Check for all Managers/Assistant Managers Owners and Officers (receipts)				
Certificate of Good Standing from the State of Illinois				
ertificate of Registration for Aurora Food & Beverage Tax (contact Revenue & Collections at (630) 256-3564)				
Certificate of Occupancy at the Applicant's Business Location € ₽€ €+₽				
Maximum Occupancy Sign from City of Aurora Fire Marshal				
Copy of Articles of Incorporation or Articles of Organization				
Copy of Most Recent Annual Report Filed with the Illinois Secretary of State				
Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (If applicable)				
Copy of Lease/Proof of Ownership—Lease Expiration 12-31-2030				
opy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration				
Copy of County Health Department Certificate 🕊				
opy of State Liquor License (after local license is granted)				
Copy of State-Certified Beverage Alcohol Sellers/Servers Training Certificates for all employees (BASSET)				
Copy of Menu (if applicable)				
ity of Aurora Business Registration Complete—Registration #BUSR				
Appropriate Liquor Classification and Endorsement (if applicable) Nontrataument allowed Appropriate Liquor Classification and Endorsement (if applicable) allowed his. 9-9 Hon-Son-				
Sandy Eas (per license classification) \$ 40 10				
The distance voluction previously approved vice carry-over with the Same terms? No entertainment allowed and his 9Am-9pm. Mon - Sun.				
THE SAIL PURISE TO CHECKETHING THE				
□ Approved □ Denied □ Date Approved/Denied:				
Date Issued:				
Mayor				
Liquor Control Commissioner				

Applicant Inform					
Applicant/Corporate Name:FJC RESTAURANT LLC					
d/b/a Name:					
Business Address:	470 HINMAN ST SUITE C	AURORA IL 60505		5	
	Street	City/St	ate	Zip	
Business Telephone	e#:630-429-1241	Fax #:			
Owner or Manager (Contact: CRISTINA PADILLA				
		Email Addres	s:		
Additional Business	s Contact:israel Mejia (CPA Ltd.			
		Email Addres	ss:		
Business Location	on Information				
Business Name (dba	a):	ADDA 4 SOERE		-	
Business Address:	470 HINMAN ST SUITE C AUR		Zip	County	
	Street	City/State	ΖIÞ	County	
Telephone #:630-429	-1241				
Website:					
Are the premises or	wned or leased? Pro	oof of ownership or l	ease must be provid	led.	
☐ I hereby certify that	t the property is owne	d by the applicant.			
hereby certify that	t the property is lease	ed from the landlord.			
		aged via an operating o	or management agree	ment.	
Thereby certify tha	t the property is mand	iged tid all operating t	or managoment ag	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Landlord name:	SYLVANO RAMIREZ				
Landord Hamo.					
Address:	AN ST SUITE C AURORA, IL 60505				
Street		City	State	Zip	
Telephone #:	0-659-4598	Email Address	:		
Telephone #.					
To all Dutleton Courses	I	Kitchen Area	Total Number of Seats	Number of Parking	
Total Building Square Footage	Entertainment Area (Square Footage)	(Square Footage)	(Booths & Tables)	Spaces	
1905.2	NA	332.6 sq.ft	60	10 in Front 24 Public Par Kin 34 Total	

Previous Liquor Licenses		
Starting with the most recent, list any busines held a liquor license. If more space is needed,	ses owned or operated by the applicant wi please attach an additional sheet of paper	thin the past ten (10) years that
Business Name:	ANT	
Business Address:518 S LAKE ST. AURORA	IL 60506	
Street	City/State	Zip
Business Telephone#:630-896-8727	Date Held: (mm/yy)	2025-2026 (ACTIVE)
Liquor License Number and State:	LIQR-35761	
Business Name:		
Business Address:	21.00	
Street	City/State	Zip
Business Telephone#:	Date Held: (mm/yy)	
Liquor License Number and State:		
Have any liquor licenses issued to the ap If yes, please fill out the area below. Business Name:		□ Yes €/No
Business Address:		
Street	City/State	Zip
Date Held (mm/yy):	Date of Revocation (mm.	/yy):
Reason for Revocation:		
Has any director, officer, shareholder, or the local, state or federal government?		or license that was revoked by swer the questions below.
Name:	Business Name:	
Business Address:		-
Street	City/State	Zip
Date Held (mm/yy):	Date of Revocation (mm/	уу):
Position with Business:		
Reason for Revocation:		
-		

Name:		
Business Name:		
Business Address:		
Street	City/State	Zip
Position Held:	Date of Denial (mm/yy):	
Reason for Denial:		
PADILLA, CRISTINA	-	
BUSINESS INFORMATIO		
Type of Business Organization (chec □ Sole Proprietor □ Partnership		ofit Government
If a Corporation or LLC: Corporation or LLC Name:	FJC RESTAURANT LLC	
Corporate Registered Agent:	eristina padilla	
Corporate Headquarters Address	470 HINMAN ST SUITE C AURORA, IL 60505	
Corporate Telephone #:830-429-124	1	
Corporate Contact Name and Cel	#:630-429-1241	
	Date of Incorporation	4/21/2025
B. Name (first and last) of all Part	ners:	
,		

Provide a copy of your Articles of Incorporation or Organization along with the most recently filed Corporation or LLC Annual Report from the Secretary of State's Website.

Owner / Manager Information	or entities with ownership interest in the company as well
ALL persons serving as officers or man	nagers of the company. For ALL businesses, list Manage ttach additional pages if needed. All owners and officers
PADILLA, CRISTINA	
Last	First Middle
osition with Business:	% of Ownership
mail Address:	
Date of Birth:	Date of Fingerprints for City of Aurora
MO Day YYYY	
lome Address:	City State Zip
Home Telephone#:	Cell Phone #:
Name:	First Middle
Position with Business:	% of Ownership
Email Address:	
-	Date of Fingerprints for City of Aurora
Date of Birth:	
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 Fingerprints for City of Aurora
Date of Diffin	
MO Day YYYY	
Home Address:	
Home Address:Street	City State Zip Cell Phone #:

Coı	poration Information
1.	Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? ☐ Yes ✔ No If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This
	must include all findings of guilt, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.
2.	How long has the corporation been in the business of the retail sale of alcohol (years/months)?
3.	Does the director, officer, shareholder, or any of your managers hold any law enforcement office? ☐ Yes ☐ No If Yes, state the person's name, title and agency
4.	Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? Yes No
	If Yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the investigation or hearing.
5.	school, hospital, or home for the indigent? Yes No If yes, attach a document that answers the following: The type of activity to be conducted at the premises proposed to be licensed and the days and times during which such activity will take place; The size of the applicant's business and the affected establishment; The availability of adequate parking for patrons of both the applicant's business and the affected establishment; Whether the applicant is seeking a license to permit consumption of liquor on premises or the sale of packaged goods; Any police activity; Relevant geography and location of applicant's business; The legal nature and history of applicant; Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.
6.	Do you have security cameras on the premises? If yes, are they: If yes, please provide a brief description of the location(s



City of Aurora Probationary Agreement / Management Plan

FORM REQUIRED: City of Aurora Liquor Ordinance Sec. 6-5. Application for License.

Upon approval of the application and issuance of any new liquor license, the licensee will be placed on a one-year probation period unless an additional period of probation is recommended. During said probationary period, if the licensee violates any section of the liquor ordinance, as specified in a probationary agreement that includes a management plan put forth to the licensee prior to the issuance of a license, a liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.

Probationary Agreement / Management Plan							
Applicant /Corporate Name FUC RESTAURANT LLC							
d/b/a	d/b/a Name TAQUERIA LOS CUATES						
Locati	on Address 470 HINMAN ST SUITE O	AURORA, IL	60505				
Plan	ned Days / Ho	urs of O	peration				
	INDAY	FROM	9:00	А.М. Тр.м.	то	9:00	AM. F.M.
MC	DNDAY	FROM	9:00	A.M. /P.M.	то	9:00	A.M. /P.M.
пυ	DESDAY	FROM	9:00	A.MP.M.	то	9:00	A.M. P.M.
☐ wi	EDNESDAY	FROM	9.00	A.M. P.M.	то	9:00	A.M. /P.M.
□™	IURSDAY	FROM	9:00	A.M./P.M.	то	9:00	A.M./P.M.
☐ FR	IDAY	FROM	9:00	A.M /P.M.	то	9:00	A.M.VP.M.
SA	TURDAY	FROM	9:00	A.M IP.M.	то	9:00	A.M. (P.M.)
Enter	rtainment						
Enter	rtainment will be h	eld on th	e premises. Ye	s□ Novo			
If yes	s, what type(s) of e	entertainn	nent? (Please list)			
Pleas	se specify the date	s and tim	es that entertain	ment is planned.			1
	SUNDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	MONDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	TUESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	WEDNESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	THURSDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	FRIDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	SATURDAY	FROM		A.M. /P.M.	то		A.M. /P.M.

Security			
Will private security be hired for your business? Yes □ No 🗹			
If yes, will private security only be hired when entertainment is offered? Yes	s 🗆 No 🗆		
Name of Private Security Company to be Hired:			
Traine of the design of the second of the se			
Address of Private Security Company:			
Contact Person: for Security Company:			
Security Contact Person's Phone Number: (Please provide two options)			
Affidavit			
	t ho/sho understands if the business is found to be		
By signing this Probationary Agreement, the undersigned affirms that 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.		
	-		
_ Contina & colde	10 - 16 - 25 Date		
President / Owner	Date		
Fresident/ Owner	butt		
Custon & Shiller	10-16-25		
Secretary / Owner	Date		
Costolary, China			
Receipt			
I have received a copy of the Probationary Agreement / Managemen	at Plan that has been signed by the President and		
Secretary / Owner(s) of the business. One copy of the agreement wi	il be placed in the Licensee's file in the City Clerk's		
Office.			
020			
	/ 2/		
Contra Cochle	10-16-25		
President / Owner	Date		
10.			
-L 0 111			
Contina Vocabilla	10-16-25		
Secretary / Owner	Date		
City Clerk's Office	Date		
City Clerk's Office	Date		



Business Entity Information

Type of Business ☐ Sole Proprietor ☐ Partnership ☑ LLC ☐ Corporation ☐ Non-Profit					
Legal Name of Busine	SS FJC RESTA	AURANT LLC			
The exact "legal name" as it appears in the offi business formation documentation		is the full name of the	business owner as it appears on the Sole proprietor's gove	emment-issued photo ID.	
"Doing Business As" Nar	ne				
The exact "Doing Business As" (DBA) Na	me	LOS CUATES			
as it appears in the official busine formation documentati	on. your own) are require	Sole Proprietors of Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Kane County Clerk's Office at 217 S. Batavia Avenue, Geneva, IL			
O A State of Illinois File Number is REQU Corporations.	IIRED for all (Illinois a	nd Non-Illinois	based) LPs, LLPs, LLCs, Corporations	, and Non-Profit	
State of Illinois File	# #		Assigned by the Illinois Secretary of State at 69 W. 1240, 312.793-3380 or www.cyberdriveillinois.com/departments/business_		
O A Federal Employer Identification Num	ber (EIN) is REQUIRE	ED for all busin	ness entity types except for Sole Proprie	torships.	
Employer Identification	n #				
O An Account ID is REQUIRED for ALL	business entity types	that conduct b	ousiness in the State of Illinois or with Illi	nois Customers.	
(formerly IBT #) IDOR Accoun	t #				
Business Activity and Location	on				
Business Activ	ity Mexican Res	taurant			
List your business activities, including all produ					
Business Activ	ity Mexican food	Mexican food			
List your business activities, including all prod					
and/or services to be offe	red.				
Square footage used by the business:	1905.2 B	SQ. FT.	Number of employees at this site:		
Primary Contact Person					
First Name	Middle Name		Last Name	Jr./Sr.	
ISRAEL			MEJIA		
Contact Phone #	Fax#		E-Mail Address		
630-518-5402			mejucpatak@gmail.com		

Affidavit

I, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal, or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCS 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said applicable local laws. By signing this application, I agree to cooperate fully with the Aurora Police Department in providing all video pursuant to any police investigation during the term of any liquor license granted.

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 A O III	Signature
Secretary Secretary	Signature
Treasurer	Signature
Signed and sworn to before me this 16 day of October 20 25. yould Notary Public	Government Entity Signatures
OFFICIAL SEAL JOCELYN VIRIDIANA ORTIZ NOVAL PUBBLE, State of Illinois Commission No. 999712 My Commission Expires November 07, 2028	Signature - Manager on Behalf of Government Entity Signature - Governmental Officer