



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: 1 / 15 TO
 4 / 30 / 16

I. APPLICANT INFORMATION

APPLICANT / CORPORATE NAME Rise Pies, LLC

D/B/A NAME Rise Pies

BUSINESS LOCATION ADDRESS 1690 Premium Outlets Blvd., Suite 1700, Aurora, IL 60902

BUSINESS PHONE (630) - 499-8810 FAX NUMBER () _____

APPLICANT'S REPRESENTATIVE Edward D. Muransky

REPRESENTATIVE'S PHONE (330) - 729-7413 CELL (330) - 919-1781

E-MAIL ADDRESS FOR CONTACTING BUSINESS eddie@muransky.com

OFFICIAL USE ONLY

REQUIREMENTS - NEW APPLICATIONS:

REQUIREMENTS - NEW & RENEWAL APPLICATIONS:

- APPLICATION FEE
- BIS (BUSINESS INFORMATION SHEET)
- FDF (FINANCIAL DISCLOSURE FORM)
- CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX)
- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF INCORPORATION
- PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS)
- SEATING CHART (DRAWN TO SCALE) (MUST INCLUDE OUTDOOR SEATING, IF PLANNED)
- PROBATIONARY AGREEMENT / MANAGEMENT PLAN
- OTHER _____

- COPY OF LEASE / PROOF OF OWNERSHIP
- COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE)
- COUNTY HEALTH DEPT. CERTIFICATE
- COPY OF MENU, IF APPLICABLE
- COPY OF STATE LIQUOR LICENSE (N/A)
- COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES
- OTHER _____

NOTES: _____

APPROVED

DENIED

DATE OF APPROVAL / DENIAL _____

MAYOR / LIQUOR CONTROL COMMISSIONER

DATE RECEIVED _____

DATE ISSUED _____

II. BUSINESS INFORMATION

Business Name Rise Pies
 Business Address 1690 Premium Outlets Blvd, Suite 1700, Aurora, IL 60902
 Employer Identification Number (EIN) 46-5422488
 Website www.risepies.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
3400	2000	1400	75	N/A

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.

Business Name: Rise Pies
Address: 140 University Town Center Dr, Sarasota, FL 34243
Phone: 941-702-9920 Date Owned (mm/yy - mm/yy) 10/14 - Present
Liquor License Number: L1503010004029

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: _____ 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: _____ 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: _____ 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: _____

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

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

C. Corporation Name: Rise Pies, LLC

Corporate Registered Agent / Contact: CT Corporation Systems - 208 S. LaSalle, Suite 814, Chicago, IL

Corporate Headquarters Address: 7629 Market St., Suite 200, Youngstown, OH 44512

Corporate Phone: 330-729-7400 Corporate Contact Cell Phone: 330-519-1781

State of Incorporation: Ohio Date of Incorporation: 09-07-2014

6060

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: Edward D. Muransky
Position with Business: President/Managing Member % of Ownership: 99
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: Same
E-mail Address: _____

Name: Edward W. Muransky ***
Position with Business: Chairman % of Ownership: 1
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: Same
E-mail Address: _____

Name: _____
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: _____

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

Name: _____
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: _____

Name: _____
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: _____

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: Frank Chikowski
Position with Business: Store Manager % of Ownership: 0
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: [REDACTED] Cell Phone: None
E-mail Address: _____

Manager's Name: Kweli Cheek
Position with Business: Assistant Store Manager % of Ownership: 0
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: [REDACTED] Cell Phone: None
E-mail Address: _____

Cook / Chef's Name: Frank Chikowski
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</p> <p>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>	
<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>	
<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>	
<p>5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p>	<p>0 years, 11 months</p>
<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>	<p>08-26-2025</p>
<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>	<p>New space</p>
<p>10. State the estimated value of goods, wares and merchandise to be used in the course of business.</p>	<p>\$400,000.00</p>
<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>	
<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>	

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? 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.

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? Yes No

15. If applicant is applying for a **Class B - Fraternal Society or Club Liquor License**:

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?

Yes No

16. Does your establishment have entertainment?

Yes No If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)

17. Do you employ security?

Yes No 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-1-Beer and Wine Restaurant applications, provide a copy of menu with application.

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).

20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises?

Yes No (If YES, please attach a copy of your current County Health Department Certificate.)

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.)

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.)

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 & Beverage Tax)? Yes No

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? Yes No (This requirement 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.

CORPORATE / LLC SIGNATURES

INDIVIDUAL / PARTNERSHIP SIGNATURES

EMM

President

N/A

Secretary

09-23-2015

Date

Signature

Signature

Date

Signed and sworn to before me this *23rd* day of *September*, 20*15*.

Linda L. Wheeler

Notary Public

LINDA L. WHEELER
Notary Public
State of Ohio
My Commission Expires
January, 14, ~~2020~~ *2021*



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.

Rise Pies, LLC
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.

~~Rise Pies~~ Rise Pies
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. Batavia 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 # 09219319

Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, 312.793-3380 or 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 # 46-9422488

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 # 4169-3982

Business Activity and Location

Business Activity

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

Restaurant serving pizza, ~~and~~ salad, and beverages

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)

1690	Premium Outlets	Blvd.	1700
Street Number(s)	N/S/E/W	Street Name	Ave./St. Ste./Apt. #
Aurora	IL		60902
City	State		ZIP Code

Square footage used by the business: 3,400 SQ. FT.

Number of employees at this site: 30

Primary Contact Person

EDWARD

First Name

DONALD

Middle Name

MURANSKY

Last Name

Jr./Sr.

Contact Phone #

330-919-1781 Fax #

Contact E-mail Address

EDDIE@MURANSKY.COM

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
						\$
						\$
						\$
						\$

Total dollar amount drawn from the sale of securities: **e** \$

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
				\$
				\$
				\$
				\$

Total financing from gifts: **f** \$

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
				\$
				\$
				\$
				\$

Total money received from institutional gifts and/or grants: **g** \$

h OTHER FINANCING Identify any other financing (credit cards, etc.) used to fund Expenses, Part 2

Description of Financing	Amount Financed
	\$
	\$
	\$

Total money drawn from other financing: **h** \$

= FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2

Business Accounts	a \$	Gifts from Individuals	f \$
Personal Accounts	b \$	Gifts/Grants from Institutions	g \$
Loans from Financial Institutions	c \$ 685,000	Other Financing	h \$
Loans from Individuals	d \$	TOTAL BUSINESS FINANCING (a-h)*	= \$ 685,000
Securities	e \$		

*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.

EMM
Signature of Applicant

10-02-2019
Date

Subscribed to and sworn to before me this 2nd day of October, 2015.

Linda L. Wheeler
Notary Public in and for said County and State

LINDA L. WHEELER
Notary Public
State of Ohio
My Commission Expires
January, 14, 2020

(PLACE SEAL HERE)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RISE PIES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2285115, was organized within the State of Ohio on April 7, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of September, A.D. 2015.

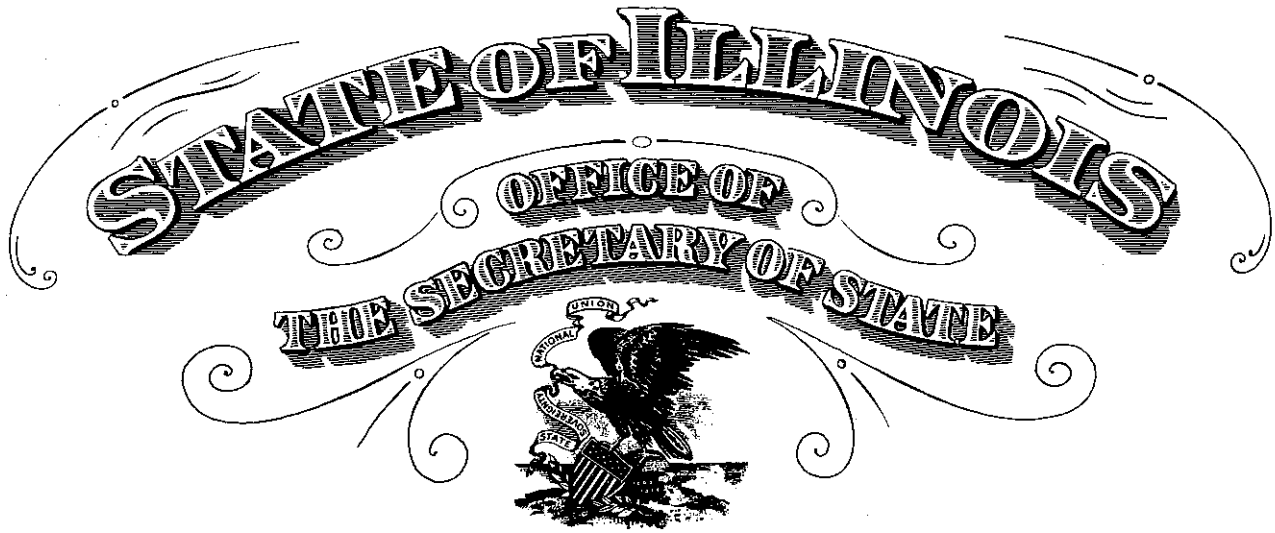
Jon Husted

Ohio Secretary of State

Validation Number: 201525801676

File Number

0521531-5



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

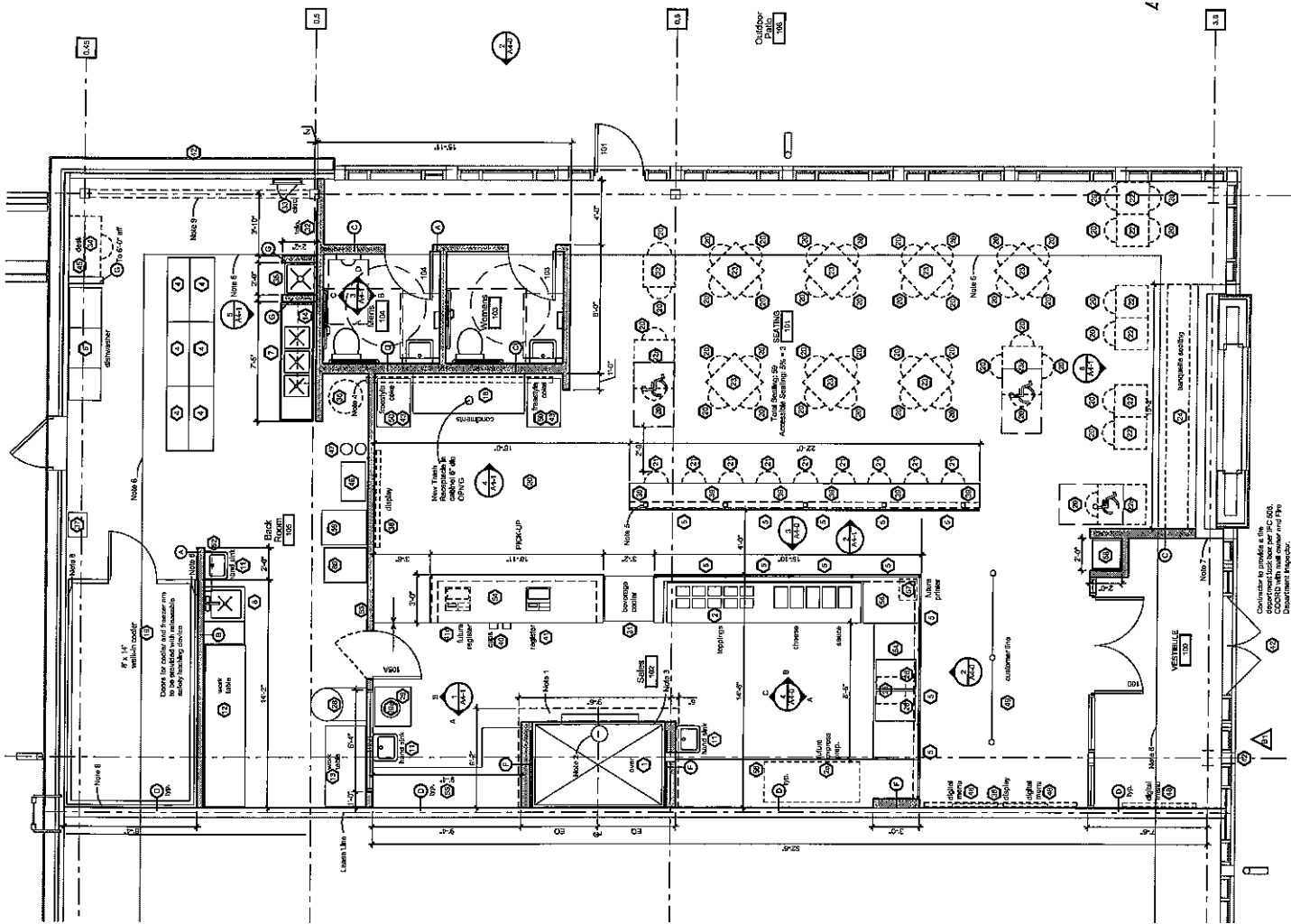
RISE PIES, LLC, AN OHIO LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 14, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 30TH day of SEPTEMBER A.D. 2015 .

Jesse White

SECRETARY OF STATE



1
 0' 2" = 1'-0"
 Scale: 1/4" = 1'-0"



Consultant to provide a site plan showing the location of the building on the site. The site plan shall be prepared by the Department Inspector.

PA

CITY OF AURORA, ILLINOIS PROBATIONARY AGREEMENT / MANAGEMENT PLAN



FORM REQUIRED: CITY OF AURORA LIQUOR ORDINANCE SEC. 6-5. APPLICATION FOR LICENSE.

(i) 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

Rise Pies, LLC

D/B/A NAME

LOCATION ADDRESS

1650 Premium Outlets Blvd., Aurora, Suite 1700, Aurora, IL 60902

PLANNED DAYS / HOURS OF OPERATION

		FROM	A.M. / P.M.	TO	A.M. / P.M.
<input checked="" type="checkbox"/>	SUNDAY	10	A.M.	7	P.M.
<input checked="" type="checkbox"/>	MONDAY	10	A.M.	9	P.M.
<input checked="" type="checkbox"/>	TUESDAY		A.M. / P.M.		A.M. / P.M.
<input checked="" type="checkbox"/>	WEDNESDAY		A.M. / P.M.		A.M. / P.M.
<input checked="" type="checkbox"/>	THURSDAY		A.M. / P.M.		A.M. / P.M.
<input checked="" type="checkbox"/>	FRIDAY		A.M. / P.M.		A.M. / P.M.
<input checked="" type="checkbox"/>	SATURDAY		A.M. / P.M.		A.M. / P.M.

ENTERTAINMENT

ENTERTAINMENT WILL BE HELD ON THE PREMISES. YES NO

IF YES, WHAT TYPE(S) OF ENTERTAINMENT WILL BE HELD (LIVE MUSIC, D.J., DANCING, COMEDY CLUB, ETC.):

PLEASE SPECIFY 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.

SECURITY

WILL PRIVATE SECURITY BE HIRED FOR YOUR BUSINESS? YES NO

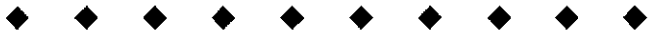
IF YES, WILL PRIVATE SECURITY BE HIRED ONLY WHEN ENTERTAINMENT IS HELD? YES NO

NAME OF PRIVATE SECURITY COMPANY TO BE HIRED

ADDRESS OF PRIVATE SECURITY COMPANY

CONTACT PERSON FOR PRIVATE SECURITY COMPANY

CONTACT PERSON PHONE NUMBER FOR PRIVATE SECURITY COMPANY



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.

EHL M

PRESIDENT / OWNER

09-23-15

DATE

N/A

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 AGREEMENT WILL BE PLACED IN THE LICENSEE'S FILE IN THE CITY CLERK'S OFFICE.

EHL M

PRESIDENT / OWNER

09-23-15

DATE

N/A

SECRETARY / OWNER

DATE

CITY CLERK'S OFFICE

DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
9/16/2015

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 MCBRIDE INSURANCE 7421 Madison St Forest Park, IL 60130		CONTACT NAME: PHONE (A/C, No. Ext): (708) 366-0001 FAX (A/C, No.): (708) 366-0336 E-MAIL ADDRESS: wcloudm@sbcglobal.net	
INSURED THE STADIUM, LLC THE WILD RAM 1555 BUTTERFIELD ROAD, UNIT 119&123 AURORA, IL 60502 630.205.7330		INSURER(S) AFFORDING COVERAGE INSURER A: BADGER MUTUAL INSURANCE CO. 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			685-31726	3/19/15	3/19/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ N/A
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>			685-31726	3/19/15	3/19/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY			685-31726	5/7/15	3/19/16	\$1,000,000 C.S.I.

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

INSURED OPERATES PUB STYLE RESTAURANT W/ LIQUOR SALES

CERTIFICATE HOLDER

CITY OF AURORA
44 E. DOWNER PLACE
AURORA, IL 60505

CANCELLATION

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

Kane County Health Department

Food Establishment Permit - 1905

2015

This permit is to be conspicuously displayed at the place of business.
The responsibility for maintaining the certificate rests with the operator.

**RISE PIES
RISE PIES LLC
1650 PREMIUM BLVD, STE 1700
AURORA IL 60502**

The Kane County Health Department inspects the Establishment at the address above and finds it to be in substantial compliance with the provision of Chapter 11.5, Article III, Food Sanitation, Sections 11.5.26 - 11.5.50 of the Kane County Code. This permit is valid from January 1 through December 31 for the year noted above. This permit must be posted.




**Kane County
Health Department**

Barbara J. Jeffers, MPH
Executive Director
Kane County Health Department

This Permit Is Not Transferable

Establishment # 04-1621
Category III



RISE PIES
HANDCRAFTED PIZZA

KNEAD IT BAKE IT LOVE IT
PIZZA PERFECTION
IN 160 SECONDS

1650 PREMIUM OUTLETS BLVD / AURORA, IL 60502

ORDER ONLINE

RISEPIES.COM OR RISE PIES IN THE APP STORE

BUILD YOUR OWN


RISE PIE	\$5.69	LE S O O T H	DOUGH
california plum tomato sauce and shredded bacio mozzarella cheese			SAUCE
ONE TOPPING	\$6.95		CHEESE
dough, sauce, cheese and 1 topping			TOPPINGS
TWO TOPPING	\$7.95		SEASONINGS
dough, sauce, cheese and 2 toppings			
THREE TOPPING	\$8.95		
dough, sauce, cheese and 3 toppings			

THE BIG ED **\$9.95**
dough, sauce, cheese and unlimited toppings

- DOUGH:** Classic, Whole Wheat, Gluten-Free (+\$1.99)
- SAUCE:** California Plum Tomato, Diavolo, Pesto, Garlic & Olive Oil, Barbecue, Buffalo, Balsamic Glaze
- CHEESE:** Shredded Bacio Mozzarella, Fresh Mozzarella, Ricotta, Bleu Cheese, Cheddar, Goat Cheese, Feta, Shaved Parmigiano, Grated Romano, Vegan (+\$2.49)
- VEGETABLE TOPPINGS:** Artichokes, Banana Peppers, Fresh Basil, Bell Peppers, Black Olives, Bruschetta Tomatoes, Caramelized Onions, Chopped Garlic, Diced Tomatoes, Green Peppers, Jalapenos, Kalamata Olives, Mushrooms, Pineapple, Rise Hot Peppers in Oil, Roasted Broccoli, Roasted Garlic, Roasted Red Peppers, Red Onions, Roasted Zucchini, Spinach, Sundried Tomatoes
- PROTEIN TOPPINGS:** Anchovies, Bacon, Fresh Sliced Parma Prosciutto, Italian Sausage, Meatballs, Pepperoni, Roasted All Natural Chicken Breast, Shrimp (+\$1.99)
- SEASONINGS (free):** Black Pepper, Crushed Red Pepper, Oregano, Sea Salt

FOUNTAIN DRINK	\$2.79
ACQUA PANNA	\$3.99
SAN PELLEGRINO	\$2.99

Coca-Cola freestyle

RISE PIES
HANDCRAFTED PIZZA

KNEAD IT BAKE IT LOVE IT
PIZZA PERFECTION
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PIES
HANDCRAFTED PIZZA

KNEAD IT BAKE IT LOVE IT
PIZZA PERFECTION
IN 160 SECONDS

CLASSIC PIZZAS \$6.95

GRANDMA

Grated Romano Cheese, Bell Peppers, California Plum Tomato Sauce

BIANCA

Olive Oil, Rise Hot Peppers in Oil, Shredded Bacio Mozzarella Cheese

VERNON

Vernon's Meatballs and California Plum Tomato Sauce with Ricotta Cheese

(add Rise Hot Peppers in Oil for \$.99)

72 BLUE

Buffalo Chicken, Shredded Bacio Mozzarella

MARGHERITA

California Plum Tomato Sauce, Fresh Mozzarella and Fresh Basil

SPECIALTY PIZZAS \$8.95

SOUTH SIDE

BBQ Chicken, Caramelized Onions, Bell Peppers, Cheddar Cheese

MY BIG FAT GREEK PIZZA

Pesto, Diced Tomatoes, Red Onions, Feta and Kalamata Olives

L.A. SHOWTIME

Arugula, Fresh Sliced Parma Prosciutto, Shaved Parmigiana, Olive Oil, Balsamic Glaze

DA BEARS

Italian Sausage, Meatballs, Pepperoni, Shredded Bacio Mozzarella, California Plum Tomato Sauce

HAWAIIAN SHIRT DAY

Pineapple, Bacon, Caramelized Onions, Diavolo Sauce, Shredded Mozzarella, BBQ Drizzle

BUILD YOUR OWN SALADS

SIDE SALAD \$4.49

Unlimited Veggies

Cheeses and Proteins \$1 each

THE BIG SALAD \$8.49

Unlimited Veggies, Cheeses, and Proteins

Choose from loads of fresh options and create your perfect salad in seconds!

VERNON'S MEATBALLS \$4.49

Two Meatballs Slow Cooked in Vernon's Classic Sauce with Ricotta Cheese (add Rise Hot Peppers in Oil \$.99)

Prices and Availability are Subject to Change

Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions

RISE
PIES
HANDCRAFTED PIZZA

KNEAD IT BAKE IT LOVE IT
PIZZA PERFECTION
IN 160 SECONDS

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Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Frank Chihowski
Date of Completion: 09/11/2015

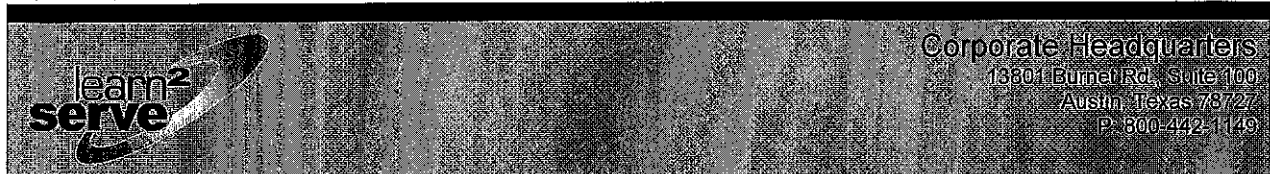
School Name:
360training.com dba Learn2Serve

I, 

certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.



Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Danielle Sass
Date of Completion: 11/16/2015

School Name:
360training.com dba Learn2Serve

I, 

certify that the above named person
successfully completed an approved
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Corporate Headquarters
13801 Burnet Rd., Suite 100
Austin, Texas 78727
P: 800-442-1149

Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Kwelli Cheek
Date of Completion: 10/15/2015

School Name:
360training.com dba Learn2Serve



I, _____
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

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