

**LLA****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 2/1/16 License Year: 2016

New License:  Change in Ownership/Corporation:  Change in License Class:

**APPLICANT INFORMATION**

A. Corporation name: <b>JTE FAMILY PROPERTIES, LLC SERIES E</b>		Class Applying For: <b>E-1</b>	
B. Business name: <b>SPARTAN HOUSE</b>			
C. Type of Business: Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/>			
C. Previous business name (if dba changed): <b>n/a</b>			
D. Business address (city, state, zip code): <b>1032 PRAIRIE STREET, AURORA, IL 60506</b>			
E. Business telephone: <b>630-892-5150</b>	F. Business website: <b>SPARTANHOUSE.COM</b>	G. Business Email: <b>Michael@mjplawoffice.com</b>	H. IL Tax ID Number <b>4208-1203</b>
I. Owner or Manager contact name for license: <b>MICHAEL POULAKIDAS</b>			
J. Business telephone: <b>630-892-5150</b>		K. Email address: <b>Michael@mjplawoffice.com</b>	

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**

A. Address applying for liquor license (exact street address): <b>1032 PRAIRIE STREET AURORA</b>		B. Zip code <b>60506</b>	C. # Parking Spaces <b>37</b>	
D. Total Building s.f. <b>4632</b>	E. Entertainment Area <b>80 s.f.</b>	F. Kitchen (Square Footage) <b>100 s.f.</b>	G. Total Number of Seats <b>91</b>	H. Seating Area s.f. <b>1732</b>
I. Number of bar seats <b>21</b>	J. Retail/public Area s.f. <b>2130 s.f.</b>	K. Cooler s.f. <b>250 s.f.</b>	L. Dry Storage s.f. <b>150 s.f.</b>	M. Sale Counter s.f. <b>80 s.f.</b>

**OFFICIAL USE ONLY**

Approved  Denied Date Approved/Denied: \_\_\_\_\_

\_\_\_\_\_  
 Mayor, Liquor Control Commissioner Date Issued: \_\_\_\_\_

16-60399

Spartan House, <sup>30320</sup>  
~~27645~~

## Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input checked="" 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"/>	<input checked="" type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	<input checked="" 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 checked="" type="checkbox"/>
Copy of State Liquor License (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> N/A
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input checked="" type="checkbox"/>	<input type="checkbox"/> OK need final
Current list of names, dates of birth and home addresses of all members (Class B)	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A
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)? <b>This is a new business. No sales to date</b>
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? Pharmacy
6.	State the estimated value of goods, wares and merchandise to be used in the course of business. <b>\$15,000.00</b>
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 checked="" type="checkbox"/> Yes <input 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:  Address:  Contact Information:
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 type="checkbox"/></p>
11.	<p>Does your establishment have entertainment? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Televised Sports</p> <p><input checked="" type="checkbox"/> Other: <b>Limited Live Acoustic Music</b></p>
12.	<p>Do you employ security?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only when entertainment is available.</p> <p>If Yes, do you: <input type="checkbox"/> Hire Private Security <input checked="" type="checkbox"/> Use On - Staff Employees</p> <p><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> Both</p> <p>If yes, please provide a brief description of the location(s):</p> <p><small>Security Cameras will be installed at each of the entrances and at points to be able to see the entire interior and exterior of the premises</small></p> <p>Security Cameras will be installed at each of the entrances and at points to be able to see the entire interior and exterior of the premises</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> <p><b>To Be Determined - has not been hired yet</b></p>
15.	<p>For <b>Class G-1</b>, check the retail item categories available for purchase at the location:</p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Baked Goods <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Groceries</p> <p><input type="checkbox"/> Snack Foods <input type="checkbox"/> Health Aids <input type="checkbox"/> Beauty Aids</p>
16.	<p>Has a <i>Personal Information Form</i> (PIF) been completed for each person holding (5%) or more stock in this corporation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

## Corporate Information

Name of Corporation/Partnership:  
**JTE Family Properties, LLC Series E**

Corporate Address:  
**346 N Lake Street, Aurora, IL 60506**

Corporate Ph #: 630-892-5150	Corporate Email: michael@mjplawoffice.com	FEIN: 47-4332256
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Corporate Registered Agent/Contact: Michael Poulakidas	Contact Ph #: 630-892-5150	Contact Email: michael@mjplawoffice.com
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Date Corporation/Partnership was Organized:	<b>June 22, 2015</b>
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State Articles of Incorporation/Organization filed:	<b>Illinois</b>
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Date Articles of Incorporation/Organization <b>filed</b> with Secretary of State:	<b>June 22, 2015</b>
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Date Certification of Incorporation/Organization was <b>issued</b> by Secretary of State:	<b>June 22, 2015</b>
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Has the corporation ever been dissolved either voluntary or involuntary? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If Yes, provide date of reinstatement)	Date of Reinstatement
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Are there any amendments to Articles of Incorporation? (if yes, provide date filed) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Amendment Filed
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What are the total shares of stock created by this Corporation? **N/A**

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

Name, Title	Percentage of Stock
<b>MICHAEL POULAKIDAS, MEMBER</b>	<b>100%</b>

Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date:  
**N/A**

What is the objective of Corporation?  
 The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act.



# 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 **JTE FAMILY PROPERTIES, LLC SERIES E**

The exact "legal name" as it appears in the official business formation documentation.

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.

**SPARTAN HOUSE**

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 # 04432428**

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 # 47-4332256**

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 # 4208 - 1203**

## Business Activity and Location

<b>Business Activity</b>	Restaurant and Bar. We will be offering a food menu, full liquor
<small>List your business activities, including all products and/or services to be offered.</small>	bar along with video gaming terminals
<b>Business Activity</b>	
<small>List your business activities, including all products and/or services to be offered.</small>	

Square footage used by the business:	4,620	SQ. FT.	Number of employees at this site:	10 - 15
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## Primary Contact Person

First Name <b>Michael</b>	Middle Name <b>John</b>	Last Name <b>Poulakidas</b>
Contact Phone # <b>630-892-5150</b>	Fax # <b>630-892-5506</b>	E-Mail Address <b>michael@mjplawoffice.com</b>

# FDF

# 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 1		INFORMATION		PROVIDE THE FOLLOWING INFORMATION ABOUT THE LEGAL ENTITY APPLYING FOR THE LICENSE(S).				
FEIN# (IRS) 47-4332256		IDOR # (IL Dept. of Revenue— formerly IBT#) 4208-1203		IDOR # (IL Dept. of Revenue— formerly IBT#) 4208-1203				
Legal Name of Applicant Entity JTE FAMILY PROPERTIES, LLC SERIES E			"Doing Business as Name" of establishment SPARTAN HOUSE					
First Name of Primary Business Contact MICHAEL		Middle Name JOHN		Last Name POULAKIDAS				
Home Street Address of Primary Business Contact 346 N LAKE STREET			Suite/Apt.	City AURORA	State IL	Zip 60506		
Home Phone 630 962-0694	Work Phone 630-892-5150	Cell Phone 630-962-0694	E- mail Address michael@mjplawoffice.com					

PART 2		EXPENSES		ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION.			
Description of Expenses (start- up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory.			Amount of Expense				
Building Purchase			\$ 262,900.00				
Construction and Remodel			250,000.00				
Architectural Fees			23,000.00				
Parking Lot Improvements			\$ 25,000				
Landscaping			5,000.00				
Furniture			25,000.00				
Equipment			95,000.00				
Fixtures			52,000.00				
Location and Administration Expenses			27,500.00				
Starting Inventory			14,000.00				
Advertising and Promotional Expenses			10,000.00				
Start up Capital/Contingency Money			50,000.00				

**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
		June 2015	Michael Poulakidas	\$ 1,500.00	\$ 200,000.00
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **a** → \$ 200,000.00

Description of Source (identify the sources) of money in the accounts listed above Contribution Frequency Contribution Amount

Money saved from business earnings	one time	\$200,000.00
		\$
		\$
		\$

**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
n/a				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **b** → \$ 0.00

Description of Source (identify the sources) of money in the accounts listed above Contribution Frequency Contribution Amount

		\$
		\$
		\$
		\$



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	
		June 30, 2015	Six year	n/a	\$	640,000.00
					\$	
					\$	
					\$	
					\$	
Total dollar amount loaned by financial institutions:					<b>c</b> →	\$ 640,000.00
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 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 and Phone	Grant Date	Amount Gifted
n/a				\$
				\$
				\$
				\$
Total money received from institutional gifts and/or grants:				\$ 0.00

h OTHER FINANCING		Identify any financing (credit cards, etc.) used to fund Expenses, Part 2		
Description of Financing				Amount Financed
n/a				\$
				\$
				\$
				\$
Total money drawn from other financing:				\$ 0.00

= FINANCING TOTALS		Sub-total all funds (sections a-h) used to fund Part 2		
Business Accounts	a	\$ 200,000.00	Gifts from Individuals	0.00
Personal Accounts	b	\$ 0.00	Gifts/Grants from Institutions	0.00
Loans from Financial Institutions	c	\$ 640,000.00	Other Financing	0.00
Loans from Individuals	d	\$ 0.00	<b>TOTAL BUSINESS FINANCING (a-h)*</b>	<b>840,000.00</b>
Securities	e	\$ 0.00	*Should be equal or greater than total amount of expenses listed in part 2	

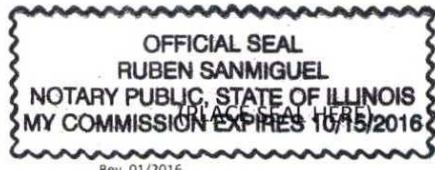
**PART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW**

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: [Signature] Date: 3/31/16

Subscribed to and sworn to before me this 31<sup>st</sup> day of March, 2016.

Notary Public in and for said County and State: [Signature]



# 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

JTE FAMILY PROPERTIES LLC, SERIES E

d/b/a Name

SPARTAN HOUSE

Location Address

1032 PRAIRIE STREET AURORA IL 60506

#### Planned Days / Hours of Operation

<input checked="" type="checkbox"/>	SUNDAY	FROM	9:00 am	A.M. /P.M.	TO	12:00 am	A.M. /P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	11:00 am	A.M. /P.M.	TO	1:00 am	A.M. /P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	11:00 am	A.M. /P.M.	TO	1:00 am	A.M. /P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	11:00 am	A.M. /P.M.	TO	1:00 am	A.M. /P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	11:00 am	A.M. /P.M.	TO	1:00 am	A.M. /P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	11:00 am	A.M. /P.M.	TO	2:00 am	A.M. /P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	9:00 am	A.M. /P.M.	TO	2:00 am	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 Live Acoustic Music

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 checked="" type="checkbox"/>	FRIDAY	FROM	Time not certain	A.M. /P.M.	TO		A.M. /P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	Time not certain	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

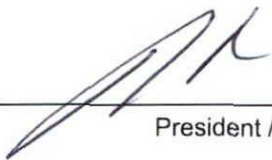
3/31/16  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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

3/31/16  
\_\_\_\_\_  
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.

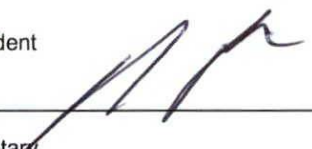
I further authorize the City of Aurora or any of its designated agents to contact any agency or individual named or referred to in this Application for the purpose of verifying and/or clarifying any information I have provided herein.

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

## Individual/Partnership Signatures

President



Signature

Secretary

Signature

Treasurer

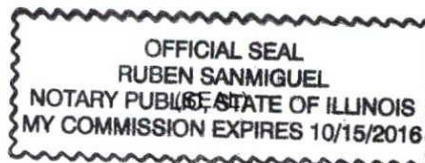
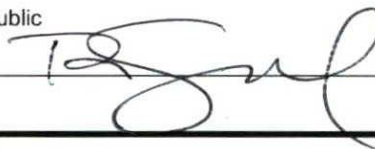
Signature

Signed and sworn to before me this 31<sup>st</sup> day of

March

, 20 16.

Notary Public



Verify that all of your Illinois Business Authorization information is correct.

If not, contact us immediately.

If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. **Do not discard** - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

## Illinois Business Authorization

JTE FAMILY PROPERTIES, LLC, SERIES E

Loc. Code: 045-0002-4-001

DBA: SPARTAN HOUSE

Aurora (Kane)

Kane County

1032 PRAIRIE ST  
AURORA IL 60506-5447

### Certificate of Registration

Expiration Date:

5/2/2021

Sales and use taxes and fees

(4208-1203)

  
Director  
DEPARTMENT OF REVENUE  
Issued Date: 05/02/2016

# ➤ Taxpayer Notification

## Business Authorization



\_\_\_\_\_ #BWNKMGV  
#CNXX XXX7 9218 5763#  
JTE FAMILY PROPERTIES, LLC, SERIES E  
SPARTAN HOUSE  
\_\_\_\_\_ 1032 PRAIRIE ST  
AURORA IL 60506-5447

March 4, 2016



**Letter ID:** CNXXXXXX792185763

**Account ID:** 4208-1203



## **We have enclosed your Illinois Business Authorization.**

### ***Welcome!***

We have enclosed your Illinois Business Authorization. Verify that all of the information is correct. If any corrections are needed you must contact us immediately at the telephone number listed below.

If all of the information is correct, your authorization must be visibly displayed at the address listed.

***Do not discard.*** Your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

**CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030  
SPRINGFIELD IL 62794-9030**

**217 785-3707**

**Enclosure(s)**

Form **LLC-5.5(S)**

May 2012

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois  
Limited Liability Company Act  
**Articles of Organization**



LC0004093

This space for use by Secretary of State.

Filing Fee: \$750  
Approved:

FILE #

This space for use by Secretary of State.

1. Limited Liability Company Name: JTE FAMILY PROPERTIES, L.L.C.

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC, and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership, or L.P.

2. Address of Principal Place of Business: (P.O. Box alone or c/o is unacceptable.)

346 N LAKE STREET

AURORA IL 60506

3. Articles of Organization effective on: (check one)

a.  the filing date

b.  another date later (not to exceed 60 days after the filing date): \_\_\_\_\_

Month, Day, Year

4. Registered Agent's Name and Registered Office Address:

Registered Agent: MICHAEL J. POULAKIDAS  
First Name Middle Initial Last Name

Registered Office: 346 NORTH LAKE STREET  
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #

AURORA IL 60506  
City ZIP Code

5. Purpose(s) for which the Company is Organized:

**The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act.**

(LLCs organized to provide professional services must list the address(es) from which those services will be rendered if different from Item 2. If more space is needed, use additional sheets of this size.)

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: \_\_\_\_\_

Month, Day, Year

7. The operating agreement provides for the establishment of one or more series. These Articles of Organization must be on file in accordance with Section 5-40 prior to the attestation and submittal of form LLC-37.40, Certificate of Designation. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations and expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.



LLC-5.5(S)

8. **Optional:** Other provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional sheets of this size.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The Limited Liability Company: (Check either a or b below.)

a.  is managed by the **manager(s)**. (List names and addresses.)

MICHAEL J. POULAKIDAS 346 N LAKE STREET AURORA, IL 60506

\_\_\_\_\_  
\_\_\_\_\_

b.  has management vested in the **member(s)**. (List names and addresses.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Name and Address of Organizer(s)**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated SEPTEMBER 5, 2013  
Month/Day Year

**Signature(s) and Name(s) of Organizer(s)**

**Address(es)**

1. \_\_\_\_\_  
Signature

MICHAEL J. POULAKIDAS  
Name (type or print)

\_\_\_\_\_  
Name if a Corporation or other Entity, and Title of Signer

2. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Name if a Corporation or other Entity, and Title of Signer

1. 346 N LAKE STREET  
Number Street

AURORA  
City

IL 60506  
State ZIP Code

2. \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State ZIP Code

**Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.**

Form **LLC-37.40**  
May 2012

Secretary of State  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois  
Limited Liability Company Act  
Certificate of Designation



This space for use by Secretary of State.

Filing Fee: \$50

Approved:

FILE # 04432428

This space for use by Secretary of State.

**FILED**  
**JUN 22 2015**  
**JESSE WHITE**  
**SECRETARY OF STATE**

SKM

1. Limited Liability Company Name: JTE FAMILY PROPERTIES, L.L.C.

2. State or Country under the laws of which the Company is Organized: (check one)

Illinois (Domestic)

Foreign (Specify): \_\_\_\_\_

3. Name of Series: JTE FAMILY PROPERTIES, L.L.C., SERIES E

Must begin with the entire name of the Limited Liability Company and be distinguishable from other names in the Series.

4. With the filing of this document:

the existence of the Series shall begin.

the name of the Series shall be changed to: \_\_\_\_\_

the Member or Manager information for the Series is different from the Limited Liability Company.

the Member or Manager information for the Series is hereby changed.

this Series shall be dissolved.

KM

5. Complete only if Member or Manager information is different from the Limited Liability Company or is changed, for this Series:


a.  This Series is managed by the manager(s) (List names and business addresses.)

b.  This Series has management vested in the member (s) (List names and addresses.)

6. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Certificate of Designation is to the best of my knowledge and belief true, correct and complete.

Dated: JUNE 22, 2015

Month, Day, Year

  
\_\_\_\_\_  
Signature (Must comply with Section 5-45 of ILLCA.)

MICHAEL J. POULAKIDAS, MANAGER  
\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
If applicant is a company or other entity, state Name of Company and whether it is a member or manager of the LLC.

**NOTE:** This document may be executed by a manager or member of the LLC, or by any other person or entity designated with such authority in the operating agreement. Unless the manager or member is another business entity using the appropriate titles, the only acceptable titles to appear are manager, member, or designee.

The Registered Agent and Registered Office appointed by the Limited Liability Company in Illinois shall also serve as the agent and office for each Series.



## OFFICE OF THE SECRETARY OF STATE

---

JESSE WHITE • Secretary of State

0443242-8

06/22/2015

MICHAEL J POULAKIDAS  
346 LAKE ST  
AURORA, IL 60506-0000

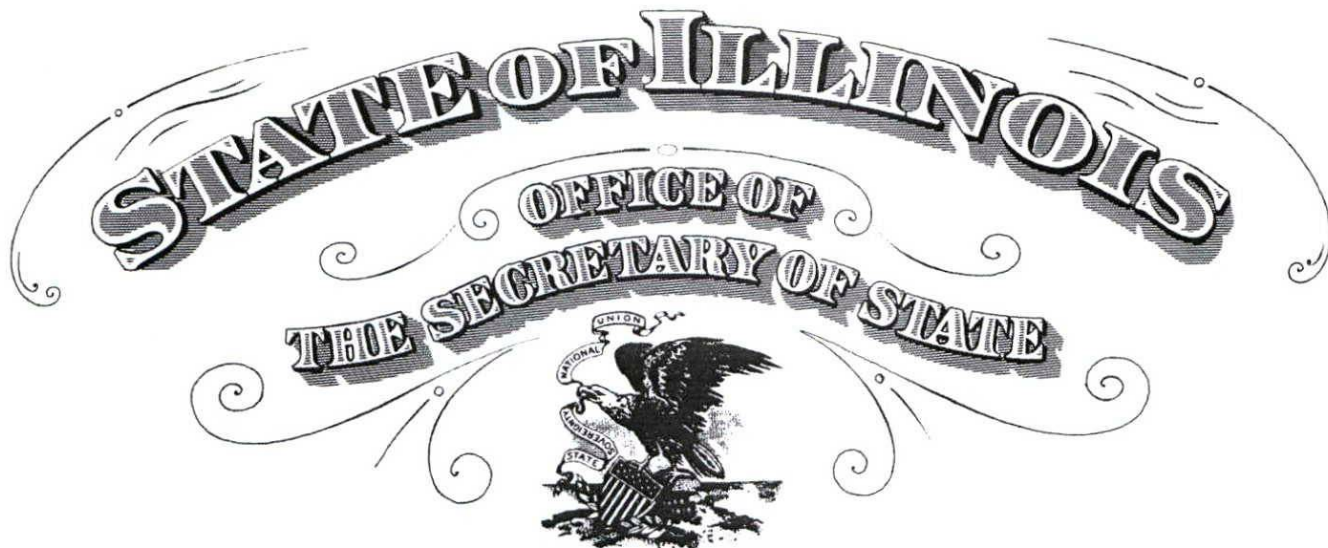
RE JTE FAMILY PROPERTIES, L.L.C.

DEAR SIR OR MADAM:

CERTIFICATE OF DESIGNATION HAS BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FEE.

SINCERELY YOURS,

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
LIMITED LIABILITY DIVISION  
(217) 524-8008



**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*

JTE FAMILY PROPERTIES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 27, 2013, 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 DOMESTIC LIMITED LIABILITY COMPANY 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 31ST day of MARCH A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



2015K041410  
SANDY WEGMAN  
RECORDER - KANE COUNTY, IL

RECORDED: 8/3/2015 03:26 PM  
REC FEE: 48.00 RHSPS FEE: 9.00  
STATE TAX: 248.00 C  
COUNTY TAX: 124.00 C  
PAGES: 2



Chicago Title Insurance Company

**SPECIAL WARRANTY DEED**  
(Corporation to Individual)

15 WSA 370046 AU 683

**THIS INDENTURE**, made this 1st of June, 2015 between DanSuRealEstate, LLC, a corporation created and existing under and by virtue of the laws of the State of Illinois and duly authorized to transact business in the State of Illinois, party of the first part, and *J. T. E. Family Properties, L.L.C. Series E, of Aurora Illinois, party of the second part,*

(GRANTEE'S ADDRESS) 346 N. Lake Street, Aurora, IL 60506

WITNESSETH, that the said party of the first part, for and in consideration of the sum of TEN & 00/100 DOLLARS, and other good and valuable consideration in hand paid by the party of the second part, the receipt whereof is hereby acknowledged, and pursuant to authority of the Board of Directors of said corporation, by these presents does **REMISE, RELEASE, ALIEN AND CONVEY** unto the said party of the second part, and to their heirs and assigns, FOREVER, all the following described land, situate in the County of KANE and State of Illinois known and described as follows, to wit:

PARCEL 1:

LOT 1 IN BLOCK 6 OF HERCULES PARK ADDITION TO AURORA, IN THE CITY OF AURORA, KANE COUNTY, ILLINOIS.

PARCEL 2:

LOT 2 IN BLOCK 6 OF HERCULES PARK ADDITION TO AURORA, IN THE CITY OF AURORA, KANE COUNTY, ILLINOIS.

PARCEL 3:

LOT 3 IN BLOCK 6 OF HERCULES PARK ADDITION TO AURORA, IN THE CITY OF AURORA, KANE COUNTY, ILLINOIS.

**SUBJECT TO:** Covenants, conditions and restrictions of record, Private, public and utility easements and roads and highways, General taxes for the year 2014 and subsequent years including taxes which may accrue by reason of new or additional improvements during the years

Permanent Real Estate Index Number(s): 15292260090000, 15292260110000, 15292260120000  
Address(es) of Real Estate: 1030-1034 Prairie Street Aurora, IL 60506

Together with all the singular and hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim or demand whatsoever, of the said party of the first part, either in law or equity, of, in and to the above described premises, with the hereditaments and appurtenances: **TO HAVE AND TO HOLD** the said premises as above described, with the appurtenances, unto the said party of the second part, their heirs and assigns forever.

And the said party of the first part, for itself and its successors, does covenant, promise and agree, to and with said party of the second part, their heirs and assigns, that it has not done or suffered to be done, anything whereby the said premises hereby granted are, or may be, in any manner incumbered or charged, except as herein recited; and that the said premises, against all persons lawfully claiming, or to claim the same, by, through or under it, it **WILL WARRANT AND FOREVER DEFEND**.

Chicago Title Insurance Company  
1795 West State Street  
Geneva, IL 60134

57

2

In Witness Whereof, said party of the first part has caused its corporate seal to be hereunto affixed, and has caused its name to be signed to these presents and attested by its Manager, the day and year first above written.

DanSuRealEstate, LLC

By DanSu Real Estate, LLC

Attest Daniel J. Stanciu  
Daniel J. Stanciu  
Manager

STATE OF ILLINOIS, COUNTY OF KANE ss.

I, the undersigned, a Notary Public in and for said County and State aforesaid, **DO HEREBY CERTIFY**, that Daniel J. Stanciu is personally known to me to be the Manager of the DanSuRealEstate, LLC and personally known to me to be the Daniel J. Stanciu, of said corporation, and personally known to me to be the same person(s) whose name(s) are subscribed to the forgoing instrument, appeared before me this day in person and severally acknowledged that as such Manager has signed and delivered the said instrument and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said corporation, as their free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and official seal, this 23<sup>rd</sup> day of June 2015  
Dianne Hurrell (Notary Public)

Prepared By: Dianne Hurrell  
38 Windwood Drive  
Sugar Grove, IL 60554

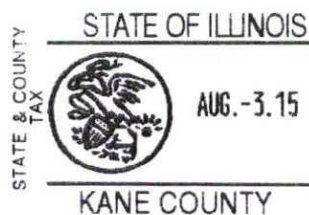
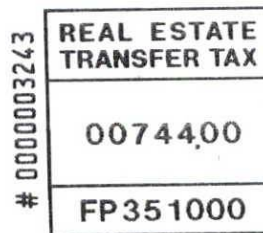
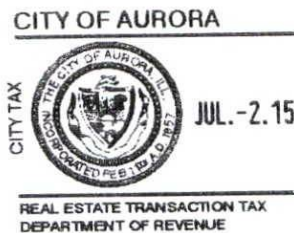


Mail To:

Michael J. Poulakidas  
346 N. Lake Street  
Aurora, IL 60506

Name & Address of Taxpayer:

Michael J. Poulakidas  
346 N. Lake Street  
Aurora, IL 60506





# CERTIFICATE OF LIABILITY INSURANCE

SPART-1 OP ID: MS

DATE (MM/DD/YYYY)  
02/17/2016

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 <b>Cacciatore Insurance-Hinsdale</b> 45 South Washington St Hinsdale, IL 60521 Professional Consultants Inc.	CONTACT NAME: <b>Professional Consultants Inc.</b> PHONE (A/C, No, Ext): <b>630-557-1760</b> E-MAIL ADDRESS:	FAX (A/C, No): <b>630-557-1761</b>
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Specialty Risk Of America</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED <b>JTE Family Properties, LLC</b> <b>dba Spartan House</b> <b>1032 Prairie</b> <b>Aurora, IL 60504</b>		

**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	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$	
<b>A</b>	<b>Liquor Liability</b>			<b>10-2016-0212</b>	<b>02/17/2016</b>	<b>02/17/2017</b>	<b>cs1</b>	<b>1,000,000</b>

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

**CERTIFICATE HOLDER**

ILLIQRC

State of Illinois  
 Liquor Control Commission  
 Insurance Department  
 101 W. Jefferson, Ste. 3-525  
 Springfield, IL 62702

**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  
 Professional Consultants Inc.

© 1988-2014 ACORD CORPORATION. All rights reserved.



---

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

**Trainee Name:** Michael Poulakidas  
**Date of Completion:** 03/31/2016

**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 you official card in the mail. Please forward all questions to [support@360training.com](mailto:support@360training.com).



learn<sup>2</sup>  
serve

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149

---

# Illinois BASSET On-Premise SELLER / SERVER CERTIFICATION

Trainee Name: Ronald Woerman  
Date of Completion: 02/29/2016

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](mailto:support@360training.com).



Learn2  
serve

Corporate Headquarters  
13801 Burnet Rd., Suite 100  
Austin, Texas 78727  
P: 800-442-1149



State of Illinois 2125120  
 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LA MAR HASBROUCK, MD, MPH  
 DIRECTOR

Issued under the authority of  
 The State of Illinois  
 Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
01/14/2018	055	01593623
RONALD L WOERMAN IS CERTIFIED IN FOOD SERVICE SANITATION BY EXAM ON 01/14/13  ISSUED 03/09/13		

BUSINESS ADDRESS

RONALD L WOERMAN  
 471 GLORIA LANE  
 OSWEGO IL 60543

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

**ServSafe**  
National Restaurant Association

EXAM FORM NO. 4863  
CERTIFICATE NO. 10337391

# ServSafe® CERTIFICATION

TO  
**JOHN FLORES**

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination,  
which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

08/20/2013

DATE OF EXAMINATION

08/20/2018

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



Paul Hineman  
Executive Vice President, National Restaurant Association



#0655

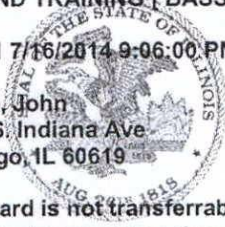
©2012 National Restaurant Association Educational Foundation (NRAEF). All rights reserved. ServSafe is a registered trademark of the NRAEF, used under license by National Restaurant Association Solutions, LLC.  
This document cannot be reproduced or altered.  
12100701

v1210

**ILLINOIS LIQUOR CONTROL COMMISSION**  
100 W. Randolph Street, Suite 7-801 – Chicago, IL 60601  
**BEVERAGE ALCOHOL SELLERS AND SERVERS**  
**EDUCATION AND TRAINING [ BASSET ] CARD**

Trainer: 5A-0062851 7/16/2014 9:06:00 PM Date Issued:  
7/23/2014

Card Holder: Flores, John  
8547 S. Indiana Ave  
Chicago, IL 60619



**\*\*\*This card is not transferrable\*\*\***  
\$15 Replacement Fee if Lost

**JTE FAMILY PROPERTIES, LLC**

346 N. Lake Street \* Aurora \* IL 60506

Phone (630) 892-5150

Fax (630) 892-5506

[michael@mjplawoffice.com](mailto:michael@mjplawoffice.com)

**ORGANIZATIONAL CHART**  
**OF JTE FAMILY PROPERTIES, LLC SERIES E**  
**D/B/A SPARTAN HOUSE**

**SOLE MEMBER AND MANAGING MEMBER**



**MICHAEL JOHN POULAKIDAS**

## Spartan House Food Menu

- Menu style is on one flat sheet
  - Drinks and desserts on back

### A. Appetizers

1. Fiesta Nachos \$9
  - i. Black Olives, green onions, tomatoes, refried beans, cheddar - jack cheese, nacho cheese, jalapenos, sour cream, guacamole, pico de gallo - Add Chicken or Beef \$3.50
2. Fresh Jalapeno Popper Dip \$ 9
  - i. Fresh Jalapenos, bacon, cream cheese, cheddar cheese, topped with bread crumbs, served with Tortilla Chips
3. Homemade Chips and Fresh Guacamole \$ 8
4. Homemade Chips and Pico de gallo \$5
5. Hummus Platter \$8
  - i. Served with pita bread and dipping vegetables
6. Corned Beef Quesadilla \$9
  - i. Corned beef, lettuce, cheddar- jack cheese, and tomato. Served with spicy brown mustard aioli.
7. Fresh Mozzarella Sticks \$9
8. Cheese curds \$7
  - i. Served with Chipotle Ranch
9. Pretzels Logs \$6.50
  - i. Served with Beer cheese and a mustard sauce
10. Mini Burgers(3) – \$12 (Add additional burgers for \$4)
  - i. Pick from BBQ Bacon, Plain, Cheese

### B. Breakfast – On Saturday and Sundays Only

1. Eggs – with breakfast potatoes, sausage, and option of toast or pancakes
  - i. 2 eggs \$6
  - ii. 3 eggs \$7.50
2. Omelets – three egg omelet served with breakfast potatoes & toast. Egg whites extra
  - i. Cheese only
  - ii. Create your own: Toppings include – cheese, tomatoes, onions, green peppers, mushrooms, jalapenos, avocado, corned beef hash, bacon, sausage
3. Pancake
  - i. Classic \$6
  - ii. Short stack \$5
  - iii. Chocolate chip \$7.50
  - iv. Strawberry or Blueberry \$8
4. Waffles
  - i. Belgium \$6.5
    1. Add Strawberry or Blueberry \$1.50
  - ii. Nutella \$8.50
    1. Pecans and hazelnut spread
5. Homemade Corned Beef Hash \$10

- i. Served with toast and 2 eggs cooked your way
  - 6. Biscuits and Gravy \$8
    - i. Half Order \$4
  - 7. Breakfast Sides and substitutes
    - i. Sausage links \$4
    - ii. Bacon \$4
    - iii. Home cooked breakfast potatoes \$3.50
    - iv. Pancakes(2) \$2
    - v. Toast \$2
      - 1. Greek, Wheat, Rye, White
- C. Burgers - Grass Fed and locally sourced Burgers are served on a Pretzel Bun and your choice of side. Lettuce, Tomato, Onion and Pickle available upon request
  - 1. Classic Cheeseburger \$10
  - 2. Stuffed Chipotle Cheddar \$11.50
  - 3. BBQ Bacon \$11.50
    - i. Bacon, Cheddar cheese, Shoestring onions, and BBQ Sauce
  - 4. Black and Blue \$11.50
    - i. Blue Cheese Crumbles, Blackened seasoning, and shoestring onions
- D. Pizza

BUILD YOUR OWN PIZZA:

	SMALL 12"	LARGE 16"
Thin Crust Cheese	\$10.95	\$15.49
Double Dough Cheese	\$12.49	\$17.99

ADDITIONAL TOPPINGS:

EXTRA TOPPINGS (Each):	Add \$1.95	Add \$2.95
Extra cheese, extra sauce, sautéed onions, jalapenos, hot giardiniera, black olives, green olives, green peppers, tomatoes, mushrooms, BBQ sauce, bacon, sausage, pepperoni, ham, *grilled chicken, *Italian beef		

*\*Counts as a double topping*

SPECIALTY PIZZAS:

	SMALL 12" Serves 2-3	LARGE 16" Serves 4-6
Meatlovers – Pepperoni, Sausage, Bacon, Ham and Cheese	\$16.95	\$23.95
Combo – Pepperoni, Sausage, Black Olives, Green Peppers, Onions and Cheese	\$15.95	\$22.95
Vegetarian – Mushrooms, Green Peppers, Black Olives, Onions, Tomatoes and Cheese	\$15.95	\$22.95



BLT – Bacon and mozzarella cheese topped with lettuce and tomatoes spun in mayonnaise	\$15.95	\$22.95
Italian Beef – Thinly sliced Italian beef topped with mozzarella cheese and hot giardiniera	\$16.95	\$23.95
SOB – Sausage, onions, bacon and extra cheese	\$16.95	\$23.95

E. Sandwiches / Wraps - Served with your choice of side:

1. Chicken Sandwich \$9
  - i. Chicken breast, cheddar cheese, lettuce, tomato, and mayo
2. Club Sandwich \$9
  - i. Turkey, ham, cheddar cheese, swiss cheese, lettuce, tomato, and Mayo
3. Reuben Sandwich \$10
  - i. Corned beef, Swiss cheese, sauerkraut, thousand island, served on Rye bread
4. Southwest Chicken Wrap \$10
  - i. Grilled chicken, cayenne ranch, cucumbers, tortilla strips, pico de gallo, cheddar and jack cheese
5. Italian Beef \$9
  - i. Sliced beef, swiss cheese, served with a side of au jus dipping sauce

F. Sides

1. Steamed Veggies, Fresh Cut Fries, Fresh Fruit, Homemade Chips & Salsa, Macaroni and Cheese, Mixed Greens Salad

G. Salads – all salads made with organic ingredients

1. Southwest \$11
  - i. Chicken, spring mix, cayenne ranch, guacamole, tortilla strips, pico de gallo, cucumbers, cheddar- jack cheese
2. Caesar \$7 – (add chicken \$3.50)
3. Romaine, Caesar dressing, parmesan cheese, and croutons
4. House \$7 – (add chicken \$3.50)
  - i. Spring mix, tomato, cucumber, cheddar- jack cheese, and your choice of dressing
5. Chicken Salad \$12
  - i. Chicken, bacon, spring mix, tomatoes, cucumber, cheddar- jack cheese
- 6.

H. Wings - Sauces: Garlic Parmesan, Sweet BBQ, Sweet Asain, Buffalo, Hot

1. Grilled or Traditional \$10 – add a pound \$6
  - i. One pound of wings, carrots, celery, and your choice of ranch or bleu cheese
2. Boneless \$9

- i. Hand battered chicken breast cutlets, carrots, celery, and your choice of ranch or bleu cheese

I. Entrees

1. Fish Tacos \$11
  - i. Two flour tortillas filled with locally sourced sustainable grilled cod and topped with pico de gallo, cabbage, cheddar-jack cheese with a side of cilantro-lime sauce.
2. Fish and Chips \$11
  - i. Two 5 ounce portions of locally sourced sustainable haddock (grilled or fried). Served with tartar sauce and lemon wedge
3. Grilled Chicken Dinner \$12
  - i. Grilled chicken breast served with steamed vegetables and garlic mashed potatoes
4. Pot Roast \$12
  - i. Tender pot roast in a brown gravy with roasted carrots and onions. Served with garlic mashed potatoes.
5. Chicken Florentine Pasta \$12
  - i. Grilled chicken breast tossed with penne pasta with spinach and tomatoes. Topped with parmesan cheese

J. Cheese options

1. Cheddar
2. Pepper Jack
3. Provolone
4. American
5. Nacho Cheese
6. Cheddar – Jack
7. Blue cheese crumbles

K. Kids menu - All kids' meals served with choice of organic fruit snack or French fries

1. PB&J \$3
2. Salad \$3.75
  - i. Spring mix, tomato, cucumber
3. Mini Burgers \$8
4. Mac 'n Cheese

L. Soups –

1. Soup of the day – rotating
2. Chili
3. French Onion

M. Desserts

1. John's Squares – “good for sharing” \$6
  - i. Fried dough tossed in Powdered Sugar and Cinnamon
  - ii. Dipping Sauces
    1. Chocolate, Caramel, Strawberry, or Raspberry
2. Chocolate Chip Cookie with Ice Cream \$6
  - i. Drizzled with chocolate sauce and dusted with powdered sugar

N. Drinks

1. Coke Products \$2.50
2. Fresh Brewed Iced Tea \$2.50
3. Organic Milk \$1
4. Coffee \$2.50
5. Hot Tea \$2
6. Smoothies – \$4
  - i. Strawberry, Blueberry, Banana
  - ii. Mango and Strawberry



**Kane County  
Health Department**

Barb Jeffers, MPH  
Executive Director

www.kanchealth.com

Public Health Center  
1240 N. Highland Avenue  
Aurora, Illinois 60506  
630.208.3801

Public Health Center  
1750 Grandstand Place  
Aurora, Illinois 60123  
847.608.2850

January 12, 2016

Spartan Ale House  
Attn: Michael Poulakidas  
346 N Lake St.  
Aurora IL, 60506

Re: Plan Approval – Spartan Ale House  
1032 Prairie St. Aurora IL, 60506

Dear Mr. Poulakidas,

The revised plans submitted for the above establishment on 1/8/2016 have been reviewed and approved by this Department.

General Reminders:

- Caulk and seal all mounted equipment to the walls and floors.
- Self-closing faucets shall hold on for a minimum of 15 seconds.
- All potable water lines leading to equipment shall have protective backflow devices. (Ice, soda, etc.)
- Fluorescent vapor proof light fixtures are required in walk-in refrigeration units.

**All changes in the plans or menu must receive prior approval from the Kane County Health Department, Environmental Health Section. Plan approval will expire if construction does not begin within 6 months and plan resubmission fees will be assessed to reapprove plans.**

To avoid any problems with the underground plumbing as it pertains to public health, you should call the appropriate plumbing inspector to schedule an inspection of the plumbing before covering the underground lines.

***Two inspections by the health department are required prior to opening your establishment.***

A pre-opening inspection of the total establishment should be performed after the equipment, walls, floors, and plumbing have been installed/completed, and an opening inspection prior to the opening date must be scheduled. Schedule all inspections at least two days ahead to avoid scheduling conflicts. Please contact me to arrange a time for these inspections.

Your manager at this location must be an Illinois Food Service Sanitation Manager from the initial day of operation or provide documentation of enrollment in an approved course to be completed within three months of opening. A list of classes in the area can be provided upon request or found on [www.kanehealth.com](http://www.kanehealth.com). In addition, beginning July 1, 2014, any person who handles, prepares, serves, or sells food is required to complete a basic food service workers sanitation course within 30 days of hire.

If you have any questions please contact me at (630) 208-5148.

Sincerely,

A handwritten signature in black ink, appearing to read "Neal Molnar", with a horizontal line extending to the right.

Neal Molnar  
Licensed Environmental Health Practitioner

cc: Aurora Building Department  
Fox Metro Water Reclamation Department  
Establishment File

# JTE FAMILY PROPERTIES, LLC

346 N. Lake Street \* Aurora \* IL 60506

Phone (630) 892-5150

Fax (630) 892-5506

[michael@mjplawoffice.com](mailto:michael@mjplawoffice.com)

March 31, 2016

City of Aurora  
Attention: City Clerk  
44 E. Downer Place  
Aurora, IL 60505

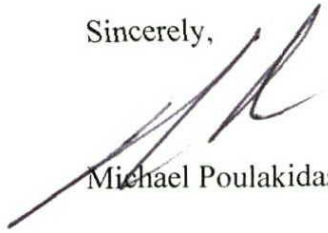
RE: Spartan House Liquor License Application  
1032 Prairie Street

Dear Clerk

Attached you will find a copy of our completed application for the above referenced establishment. The only items outstanding are the Certificate of Occupancy and the final Kane County Health Department Certificate (I have attached the approval letter). It is my hope to obtain a liquor license subject to these final remaining items so that I may apply as soon as possible for our State of Illinois Liquor license and Video Gaming Terminals.

Thank you for your time and please contact me if you have any questions or need any further information.

Sincerely,



Michael Poulakidas

MJP  
Enclosures