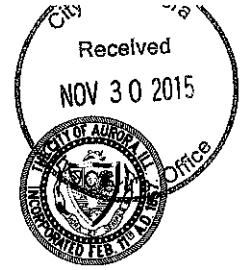




# CITY OF AURORA, ILLINOIS LIQUOR LICENSE APPLICATION



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: 4 / 30 / 16 TO 15 / 30 / 16

## I. APPLICANT INFORMATION

APPLICANT / CORPORATE NAME Carrera Inc

D/B/A NAME Supermercado Carrera

BUSINESS LOCATION ADDRESS 710 Foran Ln., Aurora, IL 60506

BUSINESS PHONE (630) 801-4160 FAX NUMBER ( ) \_\_\_\_\_

APPLICANT'S REPRESENTATIVE Israel Mejia CPA LTD.

REPRESENTATIVE'S PHONE (630) 518-5402 CELL (630) 518-5402

E-MAIL ADDRESS FOR CONTACTING BUSINESS ismejia@yahoo.com

## OFFICIAL USE ONLY

### REQUIREMENTS - NEW 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 \_\_\_\_\_

### REQUIREMENTS - NEW & RENEWAL APPLICATIONS:

- 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
- COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES
- OTHER \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- APPROVED
  - DENIED
- DATE OF APPROVAL / DENIAL \_\_\_\_\_

DATE RECEIVED Re-submitted 11/30/15

DATE ISSUED \_\_\_\_\_

\_\_\_\_\_  
MAYOR / LIQUOR CONTROL COMMISSIONER

**II. BUSINESS INFORMATION**

Business Name Supermercado Carrera

Business Address 710 Foran Ln. Aurora, IL 60506

Employer Identification Number (EIN) 47-2427514

Website \_\_\_\_\_

**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
25,000.00				150

**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) . . . . . \$825.00
- 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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Owned (mm/yy - mm/yy) \_\_\_\_\_

Liquor License Number: \_\_\_\_\_

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: Carrera Inc  
Corporate Registered Agent / Contact: Yolanda Zuno  
Corporate Headquarters Address: \_\_\_\_\_, Aurora, IL 60505  
Corporate Phone: (630) 897-7012 Corporate Contact Cell Phone: \_\_\_\_\_  
State of Incorporation: IL Date of Incorporation: 11/25/2014

**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: Yolanda Zuno  
Position with Business: President % of Ownership: 100  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ 7 Place of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: (630) 779-3310  
E-mail Address: info@aurorajewelryinc.com

\*\*\*

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: \_\_\_\_\_

**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: Rodrigo Corbua  
Position with Business: Manager % of Ownership: 100  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: info@aurorajewelryinc.com

\*\*\*

Manager's 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: \_\_\_\_\_

\*\*\*

Cook / Chef's Name: \_\_\_\_\_  
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)? <u>1</u></p>	<p><u>1 year</u></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><u>11/30/2016</u></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><u>Grocery store</u></p>
<p>10. State the estimated value of goods, wares and merchandise to be used in the course of business.</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>	

<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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p>	
<p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>15. 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>16. Does your establishment have entertainment?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)</p>	
<p>17. Do you employ security?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held</p> <p>If Yes, do you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hire Private Security Company</li> <li><input type="checkbox"/> Use On-staff Employees</li> <li><input type="checkbox"/> Hire Off-duty Police Officers</li> <li><input type="checkbox"/> Combination of the Above</li> </ul> <p>If you hire a Private Security Company, please provide the company name and contact person.</p>	
<p>18. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a copy of menu with application.</p>	
<p>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).</p>	
<p>20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, please attach a copy of your current County Health Department Certificate.)</p>	
<p>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.)</p>	
<p>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.)</p>	
<p>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 &amp; Beverage Tax)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This requirement does not apply to renewal applications.)</p>	

**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**

Yolanda Zuno  
President

\_\_\_\_\_  
Signature

Yolanda Zuno  
Secretary

\_\_\_\_\_  
Signature

11/24/15  
Date

\_\_\_\_\_  
Date

Signed and sworn to before me this 25 day of November, 2015.

(SEAL)

[Signature]  
Notary Public







**CITY OF AURORA, ILLINOIS  
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)		IDOR # (IL Dept. of Revenue - formerly IBT #)			IDOR # (IL Dept. of Revenue - formerly IBT #)		
47 - 2427514		4155 - 7786					
Legal Name of Applicant Entity				"Doing Business as Name" of establishment			
Carrera Inc				Supermercado Carrera			
First Name of Primary Business Contact		Middle Name		Last Name			
Yolanda				Zuno			
Home Street Address of Primary Business Contact			Suite/Apt.	City	State	Zip	
				Aurora	IL	60505	
Home Phone	Work Phone	Cell Phone	E-mail Address				
( )	(630) 897-7612	(630) 779-3310	info@aurorajewelryinc.com				

PART 2   EXPENSES		ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATOR.	
Description of Expenses (start-up, expansion, and/or business purchase costs only, construction, renovation, stock purchase, inventory, etc.)	Amount of Expense		
Down payment to purchase business including stock purchase and inventory.	\$ 90,000.00		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
<b>Total Expenses:</b> (Should be equal to or less than Total Business Financing Amount on Page 3)	\$ 90,000.00		

**PART 3 FINANCING**

**IDENTIFY THE SOURCE(S) OF THE FUNDS 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
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>Total dollar amount drawn from business accounts:</b>					<b>a</b> \$

Description of Source (Identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
		\$
		\$

**b PERSONAL SAVINGS & CHECKING** Identify any funds from personal accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
NIA				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>Total dollar amount drawn from personal accounts:</b>					<b>b</b> \$

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
					\$
					\$
					\$
					\$
<b>Total dollar amount loaned by financial institutions:</b>					<b>c</b> \$

**d LOANS FROM INDIVIDUALS** Identify any loans from individuals used to fund Expenses, Part 2

Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount
				\$
				\$
				\$
				\$
<b>Total dollar amount loaned by individuals:</b>				<b>d</b> \$

**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: **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
N/A				\$
				\$
				\$
				\$

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
N/A				\$
				\$
				\$
				\$

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

\*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 if 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: Yolanda Zuno

Date: 11/24/15

Subscribed to and sworn to before me this 25 day of November, 2015.

Notary Public in and for said County and State



# PA

## CITY OF AURORA, ILLINOIS PROBATIONARY AGREEMENT / MANAGEMENT PLAN



**FORM REQUIRED: CITY OF AURORA LIQUOR ORDINANCE SEC. 8-5. 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

Carrera Inc

D/B/A NAME

Supermercado Carrera

LOCATION ADDRESS

710 Foran Ln., Aurora, IL 60506

### PLANNED DAYS / HOURS OF OPERATION

<input checked="" type="checkbox"/>	SUNDAY	FROM	7:00	A.M. / P.M.	TO	10:00	A.M. / P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	7:00	A.M. / P.M.	TO	10:00	A.M. / P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	7:00	A.M. / P.M.	TO	10:00	A.M. / P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	7:00	A.M. / P.M.	TO	10:00	A.M. / P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	7:00	A.M. / P.M.	TO	10:00	A.M. / P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	7:00	A.M. / P.M.	TO	10:00	A.M. / P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	7:00	A.M. / P.M.	TO	10:00	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

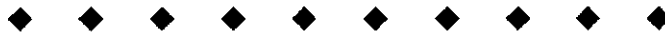
IF YES, WILL PRIVATE SECURITY BE HIRED ONLY WHEN ENTERTAINMENT IS HELD? YES  NO

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.

*Yolanda Zuno*  
\_\_\_\_\_  
PRESIDENT / OWNER

\_\_\_\_\_  
DATE

*Yolanda Zuno*  
\_\_\_\_\_  
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.

*Yolanda Zuno*  
\_\_\_\_\_  
PRESIDENT / OWNER

\_\_\_\_\_  
DATE

*Yolanda Zuno*  
\_\_\_\_\_  
SECRETARY / OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY CLERK'S OFFICE

\_\_\_\_\_  
DATE



# 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.

Carrera Inc  
For Sole Proprietors, this is the full name of the business owner as it appears on the Sole Proprietor's government-issued photo ID.

### "Doing Business As" Name

The exact "Doing Business As" (DBA) Name as it appears in the official business formation documentation.

Supermercado Carrera  
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 # 69905323 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 # 47-2427514

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 # 4155-7786

## Business Activity and Location

### Business Activity

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

Retail, grocery and prepared food

### 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)

710 Foran Ln  
Street Number(s) N/S/E/W Street Name Ave./St. Ste./Apt. #  
Aurora IL 60506  
City State ZIP Code

Square footage used by the business: 25,000 SQ. FT. Number of employees at this site: 15

### Primary Contact Person

YOLANDA   
First Name Middle Name

ZUNO   
Last Name Jr./Sr.

Contact Phone # 630-897-7612 Fax # 630-897-7617

Contact E-mail Address info@aurorajewelryinc.com

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

CARRERRA INC

DBA: SUPERMERCADO CARRERA

710 FORAN LN  
AURORA IL 60506-2709

Loc. Code: 045-0002-4-001

Aurora (Kane)  
Kane County

### Certificate of Registration

Expiration Date:

12/4/2019

Sales and use taxes and fees

(4155-7786)

  
Director  
DEPARTMENT OF REVENUE  
Issued Date: 01/08/2015



# City of Aurora

Division of Building and Permits - 65 Water Street - Aurora, Illinois 60505-3305 - Phone: (630) 256-3130 - Fax: (630) 256-3139

## DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF BUILDING AND PERMITS

### CERTIFICATE OF OCCUPANCY AND COMPLIANCE PERMANENT

Issue Date . . . . . 2/27/15

Parcel Number . . . . . 15-16-306-012

Property Address . . . . . 710 FORAN LN  
AURORA IL 60506

Subdivision Name . . . . .

Legal Description . . . . . MAIN RECORD FOR THIS PIN IS  
710 FORAN LN  
ADDRESS RECORD FOR THIS PIN IS  
712 FORAN LN

Property Zoning . . . . . LOCAL RETAIL BUS DIST

Owner . . . . . VEGA PROPERTIES LTD

Contractor . . . . .

Application number . . . . . 15-00000003 000 000

Description of Work . . . . . \*\*CERTIFICATE OF OCCUPANCY (NO-WORK)


Construction type . . . . . 2B NONCOMBUSTIBLE

Occupancy type . . . . . M -MERCANTILE

Flood Zone . . . . .

Special conditions . . . . .  
Carrera Inc

Approved . . . . .

  
\_\_\_\_\_  
Building Official

VOID UNLESS SIGNED BY BUILDING OFFICIAL



# Kane County Health Department

Food Establishment Permit - 1453

## 2015

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

**SUPERMERCADO CARRERA  
YOLANDO ZUNO  
710 FORAN LN  
AURORA IL 60506**

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

Establishment # 04-1599  
Category I

This Permit is Not Transferable

**BASSET**  
**CERTIFIES THAT**

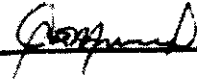


**RODRIGO CORDOVA**  
**HAS SUCCESSFULLY**  
**COMPLETED A BASSET PROGRAM**

  
\_\_\_\_\_

**Expires: 02/05/18**

**THIS CARD CERTIFIES SUCCESSFUL**  
**COMPLETION OF A BASSET TRAINING**  
**WHICH COMPLIES WITH SECTION**  
**3600 OF TITLE 77 CHAPTER XVI**  
**OF ILLINOIS RULES AND REGULATIONS**  
**INSTRUCTOR: CARLOS MORALES**  
**PHONE: (630) 640-2711**  
**E-MAIL: BASSETTRAINING@COMCAST.NET**  
**ILCC LICENSE # 5A-93674**

  
\_\_\_\_\_

**BASSET  
CERTIFIES THAT**



**YOLANDA ZUNO**  
HAS SUCCESSFULLY  
COMPLETED A BASSET PROGRAM

*Yolanda Zuno*  
\_\_\_\_\_

**Expires: 02/05/18**

**THIS CARD CERTIFIES SUCCESSFUL  
COMPLETION OF A BASSET TRAINING  
WHICH COMPLIES WITH SECTION  
3500 OF TITLE 77 CHAPTER XVI  
OF ILLINOIS RULES AND REGULATIONS  
INSTRUCTOR: CARLOS MORALES  
PHONE: (630) 640-2711  
E-MAIL: [BASSETTRAINING@COMCAST.NET](mailto:BASSETTRAINING@COMCAST.NET)  
ILCC LICENSE # 5A-93674**

*Carlos Morales*  
\_\_\_\_\_

CITY OF AURORA  
44 E. DOWNER PL.  
AURORA, IL 60507

CPRE 0112

**CASH RECEIPT**

Date 1-2-15

018209

Received From Supermercado Carrera

Address 710 Foran LN

Five Hundred <sup>00</sup>/<sub>100</sub>

Dollars \$ 500.00

For F & B Tax Bond

CK# 1015

ID # 4155-7786

ACCOUNT		HOW PAID	
AMT OF ACCOUNT		CASH	
AMT PAID		CHECK	500.00
BALANCE DUE		MONEY ORDER <input type="checkbox"/>	
		CREDIT CARD <input type="checkbox"/>	

By Ag

**CARRERRA INC**  
710 FORAN LN  
AURORA, IL 60506

1015

DATE 1-2-15

70-76-719

PAY TO THE ORDER OF

CITY OF AURORA

\$ 500.00

FIVE HUNDRED AND

00 100 DOLLARS



FOR

Yolanda Zuno



Form **BCA-4.15/4.20**

**Illinois**  
**Application to Adopt an**  
**Assumed Corporate Name**  
Business Corporation Act

FILE # **69905323**

Secretary of State  
Department of Business Services  
Springfield, IL 62756  
217-782-9520  
www.cyberdriveillinois.com

Filing Fee: **30.00**  
Approved: **JXR**

**FILED**  
**Dec 23, 2014**  
**Jesse White**  
Secretary of State

1. Corporate Name: CARRERRA, INC.

2. State of Incorporation: ILLINOIS

3. Date Incorporated/Qualified: 11/25/2014

4. Corporation intends to adopt and to use the assumed corporate name of:

SUPERMERCADO CARRERA

5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until 11/01/2015, the first day of the corporation's anniversary month in the next year evenly divisible by five.

6. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Date: Dec 23, 2014

Exact Name of the Corporation:  
CARRERRA, INC.

YOLANDA ZUNO  
Authorized Officer's Name

PRESIDENT  
Title