

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

。如果我们是我们就是我们就们的"特别的"(2016年)在我们的"我们"(2016年),我们们就是一个时间的"特别"(2016年),我们们就是我们的"特别"(2016年),他们们们就是	LICENSE YEAR: / / 1/5 TO / 1/6
REPRESENTATIVE'S PHONE (690) 518-5402 E-MAIL ADDRESS FOR CONTACTING BUSINESS	Ln., Autora, 11 (20506) FAX NUMBER ()
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 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 MAYOR / LIQUOR CONTROL COMMISSIONER	DATE RECEIVED <u>Re-submitted</u> (1/30/1) DATE ISSUED

	ress 710	imercado Foran		mra,	11 00	102
			-2427514	iora	1 (6)	1506
bsite	micauon Num	Del (CIN) 1	914 1911			
DSILE					Parameter and the second secon	
- w- continued of social continued in	**************************************	DESC	RIPTION OF BUSIN	ESS FACILI	ГҮ	
al Arca (feet)		ertainment Area (square feet)	Kitchen Area (square feet)	Number o	of Seats at Tables	Number of Parking Space
.000.	00 :			•		150
LIQUOR	LICENSE CL	ASSIFICATION				
ect the cla	sification of lig	uor license you a	re applying / re-appl	ving for from	the listing of da	assifications below. Se
c. 6-8 of the	e City of Aurora	Liquor Ordinano	e for a description of	each license	classification a	and its particular requir
nts.					ANGEL ANGEL	
	CLASS A -	Tavern				\$2,070.00
			ty or Club			[19] [19] [19] [19] [19] [19] [19] [19]
	CLASS C -	Package Liquo	r			\$1,815.00
		- Metropolitan	Exposition and Aud	ditorium		\$1.815.00
	CLASS D-1	- Wetropolitan	exposition and Add			
			ts Facility			
	CLASS D-2	? - Theatrical-Art				\$1,815.00
	CLASS D-2 CLASS E -	? - Theatrical-Art Restaurant	ts Facility	· · · · · · · · · · · · · · · · · · ·		\$1,815.00 \$2,070.00
	CLASS D-2 CLASS E - CLASS F -	? - Theatrical-Art Restaurant Beer and Wine	ts Facility	· · · · · · · · · · · · · · · · · · ·		\$1,815.00 \$2,070.00 \$1,815.00
	CLASS D-2 CLASS E - CLASS F - CLASS F-1	2 - Theatrical-Art Restaurant Beer and Wine - Beer and Win	ts Facility	Package Sa	les	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00
	CLASS D-2 CLASS E - CLASS F-1 CLASS G -	Restaurant Beer and Wine Beer and Wine Beer and Win	Restaurant	Package Sa	lles	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00
	CLASS D-2 CLASS E - CLASS F - CLASS F-1 CLASS G - CLASS H -	Restaurant Beer and Wine Beer and Win Package Beer a	Restaurant Restaurant with the land Wine	Package Sa	iles	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00 \$2,070.00
	CLASS D-2 CLASS E - CLASS F-1 CLASS G - CLASS H - CLASS I - S	Restaurant Beer and Wine - Beer and Win Package Beer a Golf Course / C	Restaurant Restaurant with the land Wine	Package Sa	les	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00 \$2,070.00 \$550.00
	CLASS D-2 CLASS F - CLASS F-1 CLASS G - CLASS H - CLASS J - I	Restaurant Beer and Wine Beer and Wine Beer and Win Package Beer a Golf Course / C Specialty Basket Hotel (Full Servi	Restaurant Restaurant with I and Wine	Package Sa	iles	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00 \$2,070.00 \$550.00 \$2,070.00
	CLASS D-2 CLASS F - CLASS F-1 CLASS G - CLASS H - CLASS I - S CLASS J - I CLASS K -	Restaurant Beer and Wine - Beer and Win Package Beer a Golf Course / C Specialty Baske Hotel (Full Servi	Restaurant Restaurant with the Restaurant with the land Wine Restaurant with the land Wine	Package Sa	lles	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00 \$2,070.00 \$550.00 \$2,070.00 \$825.00
	CLASS D-2 CLASS F - CLASS F-1 CLASS G - CLASS H - CLASS I - S CLASS J - I CLASS K -	Restaurant Beer and Wine - Beer and Win Package Beer a Golf Course / C Specialty Baske Hotel (Full Servi	Restaurant Restaurant with the Restaurant with the sand Wine Restaurant with the sand Wine	Package Sa	les	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00 \$2,070.00 \$550.00 \$2,070.00 \$825.00 \$2,070.00
	CLASS D-2 CLASS F - CLASS F-1 CLASS G - CLASS H - CLASS I - S CLASS J - I CLASS K -	Restaurant Beer and Wine - Beer and Win Package Beer a Golf Course / C Specialty Baske Hotel (Full Servi	Restaurant Restaurant with the Restaurant with the Restaurant with the sand Wine the sand Wine the sand with the sand wine the sand with the s	Package Sa	les	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00 \$2,070.00 \$550.00 \$2,070.00 \$825.00 \$2,070.00
	CLASS D-2 CLASS F - CLASS F - CLASS G - CLASS H - CLASS I - S CLASS J - I CLASS K - CLASS L -	Restaurant Beer and Wine Beer and Wine Beer and Wine Catering Riverboat Facili	Restaurant Restaurant with the Restaurant with the Restaurant with the sand Wine the sand Wine the sand with the sand wine the sand with the s	Package Sa	les	\$1,815.00 \$2,070.00 \$1,815.00 \$2,000.00 \$1,650.00 \$2,070.00 \$550.00 \$2,070.00 \$825.00 \$2,070.00

IV. PREVIOUS LIQUOR LICENSES	
1. Starting with the most recent, list any busin ten (10) years that possessed a liquor license.	ess that was owned or operated by the applicant within the past if more space is needed; please attach a separate sheet.
Business Name:	
Phone:	
Liquor License Number:	
Business Name:	
Phone:	Date Owned (mm/yy - mm/yy)
Liquor License Number:	
2. Have any liquor licenses issued to the application of the space of the second section 2A. If more space is the second section is the second	licant been revoked or suspended? 🌅 Yes 💢 No ace is needed, please attach a separate sheet.
2A. Name:	Name of Business:
	Date of Revocation:
Reason(s) for Revocation of License.	
retail) that was revoked by the federal, state	ny of your managers ever held a liquor license (wholesale or e, or local government? Yes No ice is needed, please attach a separate sheet.
	Name of Business:
Position with Business:	
	Date of Revocation:
Reason(s) for Revocation of License:	
jurisdiction? 🔲 Yes 🔀 No 🛮 If Yes, pr	y of your managers ever been denied a liquor license from any roceed to Question 4A. If more space is needed, please attach
	Name of Business:
••••	
Date of Denial	
Reason(s) for Denial of License:	

V. BUSINESS ORGANIZATION INFORMATION	<u></u>
TYPE OF BUSINESS: Sole Proprietor Par	rtnership LLC Corporation Non-Profit
For LLC, Corporation or Non-Profit organization	is, proceed to Question C.
A. Name of Sole Proprietor:	
D/B/A (Doing Business As) Name:	
· · · · · · · · · · · · · · · · · · ·	ed, please attach separate sheet):
B. Namo of All Farmore (in more opposite income	
C. Corporation Name: Carrerra In	10
Corporate Registered Agent / Contact: YO	and Zuna
Corporate Headquarters Address:	
•	
Corporate Phone: (630) 897-7612	Corporate Contact Cell Prione.
State of Incorporation:	Date of Incorporation: 11 25 2014
	_
/I. 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)	
f more space is needed, please attach a separate sh	
V 1 1 0	
Name: Yolanda Zuno	100
Position with Business: <u>President</u>	
Social Security Number:	Date of Birth:
Driver's License Number:	Place of Birth:
Home Address:	- (an) 120 22 IA
Home Phone:	Cell Phone: ((030) 779 - 33 10
E-mail Address: Info@autorajcuclry	inc. com
	* * *
Name:	
Position with Business:	% of Ownership:
Position with Business:Social Security Number:	% of Ownership:
Position with Business:Social Security Number:Driver's License Number:	% of Ownership: Date of Birth: Place of Birth:
Position with Business:Social Security Number:Driver's License Number:Home Address:	% of Ownership: Date of Birth: Place of Birth:
Position with Business:Social Security Number:Driver's License Number:Home Address:Home Phone:	% of Ownership: Date of Birth: Place of Birth: Cell Phone:
Position with Business:Social Security Number:Driver's License Number:Home Address:Home Phone:	% of Ownership: Date of Birth: Place of Birth:
Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address:	% of Ownership:
Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address:	% of Ownership:
Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name: Position with Business:	% of Ownership:
Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name: Position with Business: Social Security Number:	% of Ownership: Date of Birth: Place of Birth: Cell Phone: * * * % of Ownership: Date of Birth:
Position with Business:	% of Ownership: Date of Birth: Place of Birth: Cell Phone: * * * % of Ownership: Date of Birth: Place of Birth:
Position with Business:	% of Ownership: Date of Birth: Place of Birth: Cell Phone: * * * % of Ownership: Date of Birth: Place of Birth:

Name:	
Position with Business:	
Social Security Number:	
Driver's License Number:	Place of Birth:
Home Address:	<u> </u>
Home Phone:	
E-mail Address:	
Name	* * *
Name: Position with Business:	
Social Security Number: Driver's License Number:	
	Cell Phone:
	Gell Filolie.
E-man Address.	
ANAGER, ASSISTANT / SECONDARY	Nanager MUST Submit to a background check.
allage is alread in assistant of occordant in	allinger, was a capture to a satisfy some stress.
	Beer and Wine Restaurant applications, provide the name
s of the cook or chef responsible for duti	es as outlined in the City Liquor Ordinance.
s of the cook or chef responsible for duti	es as outlined in the City Liquor Ordinance.
Manager's Name: Bodrigo	ordoua
Manager's Name: Bodrigo C Position with Business: Manager	Or (buq % of Ownership:
Manager's Name: Bodrigo Position with Business: Manager Social Security Number:	Or OUQ % of Ownership: Date of Birth:
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number:	Or COUQ % of Ownership: Date of Birth: Place of Birth:
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address:	Or OUQ % of Ownership: Date of Birth: Place of Birth:
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address: Home Phone:	Or OUQ
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address: Home Phone:	Or OUQ % of Ownership: Date of Birth: Place of Birth:
Manager's Name: Bodrigo Position with Business:Manager's Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: E-mail Address:	Or OUQ
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Info @ Quroraject Manager's Name:	Or COUQ
Manager's Name: Bodrigo Position with Business:	Or OUQ
Manager's Name: Bodrigo Position with Business:Manager's Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address:Info @ Quroraject Manager's Name: Position with Business: Social Security Number:	Or OUQ
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Info @ Autorajcu Manager's Name: Position with Business: Social Security Number: Driver's License Number:	Or OUG
Manager's Name: Bodrigo Position with Business:	Or OUQ
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address: Info C aurorace Manager's Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Address: Home Phone:	Or OUG % of Ownership: Date of Birth: Place of Birth: Cell Phone: *** % of Ownership: Date of Birth: Place of Birth: Cell Phone: Cell Phone:
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Info C auroracco Manager's Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone:	Or OUQ
Manager's Name: Bodrigo Position with Business: Manager's Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Info C auroracco Manager's Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone:	Or OUG % of Ownership: Date of Birth: Place of Birth: Cell Phone: *** % of Ownership: Date of Birth: Place of Birth: Cell Phone: Cell Phone:
Manager's Name: Bodrigo Position with Business:Manager's Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Address: Home Phone: E-mail Address:	Or COUC

VIII. CORPORATION / PREMISES QUESTIONS	
Have you altached a copy of your corporation's Certificate of the state of the	in the State of Illinois, please attach a copy of the docu-
2. Has the corporation ever been dissolved either voluntary or involuntary? ———————————————————————————————————	
3. Is the corporation a subsidiary of a parent corporation? □ Yes □ X No If Yes, state the parent corporation's name.	
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? ☐ Yes ☒ No If Yes, explain.	
5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?	1 year
6. Does the corporation own or lease the building or the space Own Lease If you lease the premises, a copy of	
7. If the building is not owned, what is the expiration date of the lease?	11/30/2016
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? The property of the property	
Yes X No. If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.	
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?	Grocery Store
10. State the estimated value of goods, wares and merchan- dise to be used in the course of business.	•
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? Yes No If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilty,	
whether subsequently vacated or not, whether ex punged or not, and shall specifically include any or ders of court supervision, whether satisfactorily completed or not.	
12. Does the director, officer, shareholder, or any of your managers hold any law enforcement office? Yes X No If Yes, state the person's name, title and agency.	

13.	Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? Yes No If Yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the in vestigation or hearing.
14.	Is the premises within 100 feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? Yes X No
15.	If applicant is applying for a Class B - Fraternal Society or Club Liquor License: A. How many dues-paying members to you have? (Attach a listing of members' names and addresses.) B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance? Yes No
16.	Does your establishment have entertainment? Yes No If Yes, list each form of entertain- ment you will be holding (i.e. bands / solo acts, DJ's, etc.)
	Do you employ security? Yes No Only when entertainment is held If Yes, do you: Hire Private Security Company Use On-staff Employees Hire Off-duty Police Officers Combination of the Above If you hire a Private Security Company, please provide the company name and contact person.
18.	For Class E-Restaurant, Class F, and Class E-1-Beer and Wine Restaurant applications, provide a copy of menu- with application.
19.	For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a drawing, drawn to scale, of the layout of tables and chairs as they will be positioned in your restaurant. The drawing should include all bars, stages, dance floors, amusement devices, and kitchen area(s).
20.	Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises? [Yes (No) (If YES, please attach a copy of your current County Health Department Certificate)
21.	Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the Liquor License. Application. (Please attach a copy of the insurance policy to this application.)
22 .	Proof of satisfactory completion of a state-certified beverage alcohol sellers and service education and training program for all persons who serve or sell alcoholic beverages pursuant to your license is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of all employees' certificates, if you have not already submitted same to the City Clerk's Office.)
24.	Has the applicant completed and filed a Certificate of Registration Application and produced appropriate bond pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food & Beverage Tax)? Yes No
26.	All NEW applications received after June 8, 2010 are subject to the Liquor License Probationary Agreement / Management Plan. If this a NEW application, has the applicant read, signed, and kept a copy of said Probationary Agreement / Management Plan? Yes No (This requirement does not apply to renewal applications.)

п	Χ.	ΑF	1	٠.	/-
п	ж	\sim			486

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
Molanda Zuno President	Signature
Secretary	Signature
1124 [S Date	Date
Signed and sworn to before me this 25 day of November, 2015.	(SEAL)
Notary Public	

"OFFICIAL SEAL"
ISRAEL MEJIA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5/28/2018



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. Iisled with the Department of Business Affairs & Consumer Protection. PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION.

PART 1 INFORMATION	PROVIDE	HE FOLLOWING INF	ORMATION ABOUT TH	E LEGAL ENTIT	T APPLING F	JK INE LICE!	100(0).
FEIN#(IRS)	Į.	# (IL Dept. of Reveni	ue - formerly IBT #)	IDOR # (IL	Dept. of Reven	ue - formerly la	3T #)
47 -2427514		11 <i>5</i> 5 -	7786		The state of the s	entricia de la composição	olessee to the process of the proces
Legal Name of Applicant Entity	_		"Doing Business as	•	/	C 0 / C 0 1	
	<u> </u>	1	Supermer		<u>un</u>	rera	
First Name of Primary Business Co	ontact	Middle Name		ast Name			
Tolanda				Zuno			
Home Street Address of Primary i	Business Contact	Sul	te/Apt. City		Sta	ite	Zip
			HU	rora		IL I	60505
Home Phone	Work Phone (630 897 - 7	Cell Phot	770 2010	-mail Address		1	
	WD0 0-1 1 1	010 (00)	1 M -2010	infoe au	morden	<u>elry in</u>	c. com
PART 2 EXPENSES	ITEMIZE AL	L EXPENSES FOR T	HE FUNDING OF THE B	USINESS OR OV	VNERSHIP CHA	ANGE AT THIS	LOCATON.
Description of Expenses (start-up, e	xpansion, and/or busin	iëss purchase costs o	nly; construction; renoval	ion, slock purcha	se, inventory,	Атоил	t of Expense
Druss ocument bo	asuch as a	pozinezz	including	Stock	purc has	s 91	1.000 00
Bown payment to		CONTEST	ructoomg	<u> </u>	POILIBLE	5	1000 00
and inventory		· · · · · · · · · · · · · · · · · · ·				\$	
						\$	
	-	<u></u>				\$	
						\$	
						\$	
The state of the s						\$	
/#i-1944		and the second of the second o	(A)			\$	
						\$	
THE RESIDENCE OF THE PROPERTY		encentrementale cross-core controls to money and with the desire core				5	
	Administration of the second s		na era erana mer erana ambarra felir filo biranda bilikul elektrik pi gapuna eras san ambar bas san am				
	and the second section of the sectio				يون شام در خوبون ما ودن پاديان شيخه بينو مهمون پاديان و شود و خوبون د	Ş.,	
					***********************	\$	
						Š	
						\$	
						\$	
				····		\$	
						\$	
						\$	
				·		\$	
						S	
otal Expenses: (Should be	equal to or less th	an Total Busines	s Financing Amount	on Page	3)	\$ 90.	000 00

PART 3 FINANCING IDENT	IFY THE SOURCE(S) OF THE FUNDS USED TO PAY	FOR THE EXPENSES LISTE	D IN PART 2
a BUSINESS SAVINGS & CHECKING	Identify any funds from business account	nts used to fund Expenses	, Part 2
Account Number Financial Institution	Date Opened Signatories on Account	Current Balance	Drawn for Business
энри	2.5. 2.1 2.1. 2.1. 2.1. 2.1. 2.1. 2.1. 2.1.	\$	S
THE SECTION OF THE SE	a gland international is as a manufacture of the control of the co	\$	[\$
200 (1) O. L. 1100 (1100		5	\$
uis a uma serium reservamente de l'Albani di de la seria de l'accepta de la companie de la companie de la comp E E		5 30 00 00 00 00 00 00 00 00 00 00 00 00	
	Total dollar amount drawn from bu	**************************************	\$
scription of Source (Identify the sources) of mon		Contribution Frequency	Contribution Amount
	a. Kiristoti untaanitiis ja eeta ja kaasi kiristoimista kiristo yn maasi eraataa kiristosia kiristosia.	Commission of the state of the	rdrigger) in west stein beginn i Wilder u. F. Stein S. (2. 1856) E. (2. 18
A 1 decision pressurante com Junior 1884 A ANTICO (1885 1) LICENCY CONTROL (1885 1) LICENCY CO	The second of th	स.च्याच्याच्याच्याच्याच्याच्याच्याच्याच्या	
en in Grand The Mark that and the second	Identify any funds from personal accour	ate used to fund Evpenses	Port 2
PERSONAL SAVINGS & CHECKING Count Number Financial Institution	Date Opened Signatories on Account	Current Balance	, rait 2 Drawn foi Business
count Number Financial Institution		E DE STATE DE LE MAN DE STATE COMMUNICATION DE LA STATE DE CONTRACTOR DE LA STATE DE LA STATE DE LA STATE DE L La state de la communicación de la state de la sta La state de la	
And the second section of the second	Comment of the commen		
	NO CONTRACTOR CONTRACT		S
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Trans and the state of the stat			§
	Total dellar amount drawn from per	rsonal accounts: 5	\$
ription of Source (identity the sources) of mone	ey in the accounts listed above 🖃 💮 💮	Centribution Frequency	Contribution Amount
			5
. III. III. III. III. III. III. III. I		000000 4000-10000007)	
) 500-000-7-7-0-000-000-7-000-000-000-000-		e Transacta I d'orna arrestation de de de actives e sa escen	\$
COME NOT CONTROL OF A CANAL SECURIC NAME OF COMES PERSONNESS PROF. (** 1757 - 19 Abre-4024 Provided Africa 45 A 1-40-480 Abre-404	Orbitos especial especial experience and the experience of the exp	odiedikki za rodk traut z koka t wa effektor ef kod etk i tikket meker een etermil kurane e	\$
LOANS FROM FINANCIAL INSTITUTI	Identify any loans from financial institution	ons used to fund Expense	Pi Boda s Krit di bodi Dood Lifert Modiff Affic di biscii
count Number Financial Institution		signers of Lean	Loan Amount
			services in the entire and of the figure propagations of pages the administration of
如今大学的政治发现的行列(1980年) 1985年 1月 1月 1月 1月 1日		200	C Carallander
THE COLLEGISTRESS OF THE THEORY OF THE PROPERTY OF THE SHAPE SHAPE AND THE SAME OF THE SAM		one successful to the control of the	
		Section and the section of the secti	
		DETERM BY ATHEOREM THE PRINCIPLE SERVICES AND A	
LOANS FROM INDIVIDUALS	Iotal collar amount loaned by finan	DETERM BY ATHEOREM THE PRINCIPLE SERVICES AND A	\$ 100 (100 (100 (100 (100 (100 (100 (100
LOANS FROM INDIVIDUES	KOLONIONES NEODENE DESPENYTS ON REGER PROTESTATION CONTINUES NEODE PROTESTATION CONTINUES AND CONTINUES AND CO APPRINTALISMOSTATION	DETERM BY ATHEOREM THE PRINCIPLE SERVICES AND A	\$ 100 (100 (100 (100 (100 (100 (100 (100
erik Ser, derdem sem er megeldige Søkedelskok Oktobil (Claus Distribution distribution) et en megeldi	Identify any loans from individuals used	to fund Expenses, Part 2	\$ \$ \$ \$ Loan Amount
oriester productivater a reception sometime of West School Co. White the School	Identify any loans from individuals used	to fund Expenses, Part 2	Coan Amount Loan Amount Supering the property of the propert
and which contribution are not recognized by November 2000 A 2000 and a 1000 and a 1000 and a 1000 and a 1000 a	Identify any loans from individuals used	to fund Expenses, Part 2	S Con Amount S S
o sincial constituent in the presenting Sangle (1800) of Section (1800) of Authority (1801) in the present of	Identify any loans from individuals used	to fund Expenses, Part 2	Coan Amount

e securities	Identify	any securities (stocks,	bonds, CODs, etc.) sold to fu	nd Expenses, Part 2
. Name of Security	Вну Факе	Sell Date # of S	hares Price Tie	ker Amount Invested
NIA			U.E. Market	
			~ 19 19 14 14 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	
ha Salahaya jej je popretne tjer otrovnjega, eta je njenji (40-a abija di 6000 ka 2000	- EXHIBITION HAND	### ### ### ### ### ### ### ### ### ##		Š
And the state of t				
	Total d	lollar amount drawn fr	om the sale of securities:	e 🗦 \$
f GIFTS FROM INDIVIDUALS	Provide the Company of the Company o	en en la companya de	lls used to fund Expenses, Pa	
Name of Giver	Date	of Gift Source	of Funds or Gift # Investr	nerit Amount
and the second s		~~.~		an remodel 10 and 10 an
DETECTION OF THE SEMENTIAL	; rasmas i a come the clade as mathale is secured grown a complex who, if their missions is at the so	والمعارضة والمعارفة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة والمعارضة	indeminant and the party and a suggestion of	
	on one of the second section of the second o	1000 C 1000 B 1000 C 17 (2000 C 10 (1000 B 100 C 10 (100 C 10) (100 C 10 (100 C 10) (100 C 10 (100 C 10 (100 C 10 (100 C 10 (100 C 10) (100 C 10 (100 C 10 (100 C 10) (100 C 10 (100 C 10) (100 C 10	o esconsi escola escola del que que proprio que forma especia escola escola escola escola escola escola escola	
	is poste (1900), suit suit sultante et l'anne			S
		(See Section 1)	otal financing from gifts:	f > \$
g GIFTS/GRANTS FROM INST	313112113	COLOR DEPOSA DEPOSA POR DE OS DE CONTROL DE	from institutions used to fund	Communication of the Communica
Institution	Address (Street, City State)	Gontact N	ame & Phone Grant D	ate : Amount Gitted
NIA				
NOTE: 10 MARKS 10 MAY 1			PHYMOS COMPONE SOR STUDIOS SOR SON TO ANY SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD	S
a minus www.aanaanaanaanaanaanaanaanaanaanaanaanaan				
	A SAME TO SAME			(5) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		CHAPTER CONTRACTOR STATES STATES TAXABLE	ional gifts and/or grants:	g * \$
h OTHER FINANCING	Identify	any other financing (cr	edit cards, etc.) used to fund I	
Description of Financing				Amount Financed
Эмир в начиния чироворический мироворический в начинательного в читального в в читального в полительного п	ристипа и при типе в мероперател ну Ау Афайнуй-и нас «Депасно «фессо» в обестью да из	co-covers taxe, i mesus resistors has mand frei frei resistent er er effentere.		\\$
en en manutivo en communa paren se successor concentrativo de la presidente de mede el pel del cita de la comm	AND CONTROL OF LIFE CONTROL AND CONTROL AND ANALYSIS OF A PERSONNEL AND A STATE OF A STA		рим (2000 рг Съмя н филомом ф. МС на ток объектиченны 1000000 не моне экономом (0.10 г.С.). С	
		alle de la company de la c	wn from other financing.	
	Sub-tot	al all funds (sections a-	NC INJORNOS MUDINIFIS SPERMIN DER HIRMSTILKI	
= FINANCING TOTALS Business Accounts		ai aii idiida (sections a-	Gifts from Individuals f	
Personal Accounts	a S	ei#		
Loans from Financial Institutions	b /\$		9	
		TOTAL BUSIN		THE COLUMN
	d S	TOTAL BUSIN	ESS FINANCING (a-h)* ==	3
	e _ \$		al to or greater than total amou	
PART 4 ACKNOWLEDGEMEN	CANADAN SILARAN SERVICE SERVIC	AND THE STATE OF THE PROPERTY OF THE STATE O	GN YOUR ACKNOWLEDGEMEN	AND HAVE FOUR STREET AND AND THE PROPERTY OF T
I hereby certify, under penalty of perjury correct. I certify that I understand that a				
request any and all documentation it det	ornines necessary to perform	n this verification. I and	or my representativa will have	three business days to meet such
requests, and failure to do so may result back of this information is grounds for red		iea ilcense application. I	uggersiang and accept that ar	y reisincenon or purposety moiding

Signature of Applicant

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

Notary Publichm and for said County and State

"OFFICIAL SEAL"
ISRAEL MEJIA
NOTARY PUBLIC, STATE OF ::..INOIS
MY COMMISSION EXPIRES :/28/2018
(PLACE SEAL HERE)



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 LIGENSE, 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 DISPLICINE REQUIRED.

APP				of a transfer of the second se				
(LICANT / CORPORATE I	NAME	epologije prajatije oda. Polografije president					12 14 14
D/B/	A NAME			editaha barta wasan	ecaraperoperator	orograficación de la company de la compa		nnu
	oupermerca	<u>do (</u>	arrera	rgerak ara a				
23	ATION ADDRESS	an e l egge		ing disperie	100			
iii ii	10 Forar	antiures es a ele	Huma	Secretaria de la Composição de	605		MANAGEMENT OF THE DESIGNATION OF THE PROPERTY	(A) (B)
PLA	NNED DAYS / H	OURS OF	OPERATION					
X	SUNDAY	FROM	E 0.0	(A.M.) P.M.	TO	10:00	A.M. (A.M.)	
X	MONDAY	FROM	F-00	A.M.)/ P.M.	ТО	101.00	A.M. / E.M.)	
X	TUESDAY	FROM	F2:60	(A.M). / P.M.	TO	10100	A.M. /P.M.)	
X	WEDNESDAY	FROM	+400	(M) P.M.	TO	0:00	A.M. / (M.) 1982 1983 1983 1983 1984 1984 1984 1984 1984 1984 1984 1984	
X	THURSDAY	FROM	7:00	(.M.) P.M.	TO	10000 F	A.M. (P.M.)	
X	FRIDAY	FROM	100	(A.M.) P.M.	TO	10:60	A.M. (P.M.)	. 1
X	SATURDAY	FROM	E # 4 E (0)0 = 0	(A.M.) P.M.	TO	10:00	A.M. / (E.M.)	
L								
ENT	ERTAINMENT							
	ERTAINMENT RTAINMENT WILL B	E HELD ON TH	HE PREMISES.	YES N	o X			
ENTE	<u>.</u>		///			EDY CLUB, ETC.):		
ENTE	RTAINMENT WILL B		///			EDY CLUB, ETC.):		
ENTE	RTAINMENT WILL B		///			EDY CLUB, ETC.):		
ENTE IF Y	RTAINMENT WILL B	NTERTAINMENT	WILL BE HELD (LIVE	MUSIC, D.J., DA	NCING, COME	EDY CLUB, ETC.):		
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SE SPECIFY DAYS A	NTERTAINMENT	WILL BE HELD (LIVE	MUSIC, D.J., DAI	NCING, COME			
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SESPECIFY DAYS A SUNDAY	AND TIMES TH	WILL BE HELD (LIVE	MUSIC, D.J., DAI	NCING, COME	EDY CLUB, ETC.):	A.M. / P.M.	The state of the s
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SE SPECIFY DAYS A	AND TIMES TH	WILL BE HELD (LIVE	MUSIC, D.J., DAI ENT IS PLANN A.M. / P.M.	ED. TO		A.M. / P.M.	
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SESPECIFY DAYS A SUNDAY MONDAY TUESDAY	AND TIMES TH FROM FROM	WILL BE HELD (LIVE	MUSIC, D.J., DAI ENT IS PLANN A.M. / P.M. A.M. / P.M.	ED. TO TO		A.M. / P.M.	CONTROL OF THE PROPERTY OF THE
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SE SPECIFY DAYS A SUNDAY MONDAY	AND TIMES TH FROM FROM FROM	WILL BE HELD (LIVE	MUSIC, D.J., DAI ENT IS PLANN A.M. / P.M. A.M. / P.M. A.M. / P.M.	ED. TO TO TO		A.M. / P.M. A.M. / P.M.	
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SESPECIFY DAYS A SUNDAY MONDAY TUESDAY	AND TIMES TH FROM FROM	WILL BE HELD (LIVE	MUSIC, D.J., DAI ENT IS PLANN A.M. / P.M. A.M. / P.M. A.M. / P.M. A.M. / P.M.	ED. TO TO TO TO TO		A.M. / P.M. A.M. / P.M. A.M. / P.M.	
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SE SPECIFY DAYS A SUNDAY MONDAY TUESDAY WEDNESDAY	AND TIMES TH FROM FROM FROM	WILL BE HELD (LIVE AT ENTERTAINME	MUSIC, D.J., DAI ENT IS PLANN A.M. / P.M. A.M. / P.M. A.M. / P.M. A.M. / P.M.	ED. TO TO TO TO TO		A.M. / P.M. A.M. / P.M. A.M. / P.M. A.M. / P.M.	
ENTE IF Y	RTAINMENT WILL B ES, WHAT TYPE(S) OF E SE SPECIFY DAYS A SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY	AND TIMES THE FROM FROM FROM FROM	WILL BE HELD (LIVE	MUSIC, D.J., DAI ENT IS PLANN A.M. / P.M. A.M. / P.M. A.M. / P.M. A.M. / P.M.	ED. TO TO TO TO TO		A.M. / P.M. A.M. / P.M. 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 I	IS HELD?	YES	NO 🔠	
NAME OF PRIVATE SECURITY COMPANY TO BE HIRED				
ADDRESS OF PRIVATE SECURITY COMPANY		en androna 1930/445		
CONTACT PERSON FOR PRIVATE SECURITY COMPANY				
CONTACT PERSON PHONE NUMBER FOR PRIVATE SECURITY COMPANY				
	• •	•		
		•		
AFFIDAVIT				
BY SIGNING THIS PROBATIONARY AGREEMENT, THE UNDERSIGNED AFFIRM FOUND TO BE IN VIOLATION OF ANY SECTION OF THE LIQUOR ORDINANCE HEARING MAY BE HELD AND THE LIQUOR LICENSE ISSUED MAY BE REVOKE TUTED.	E WITHIN T	HE FIRST YI	EAR OF OPERA	ATION, A LIQUOR
Molanda Ben				
PRESIDENT DWNER		DA	ГЕ	
SECRETARY OWNER		DAT	ſE	
<u>-</u>				
RECEIPT				
I HAVE RECEIVED A COPY OF THE PROBATIONARY AGREEMENT / MANAGE DENT AND SECRETARY / OWNER(S) OF THE BUSINESS. ONE COPY OF AGRI THE CITY CLERK'S OFFICE.				
Malanda Zun				
PRESIDENT OWNER	<u> </u>	DAT	E.	
Malanda Zuna SECRETARY/OWNER		DAT	·E	
V				, and the second
CITY CLERK'S OFFICE	18.5	DA	TE.	



CITY OF AURORA, ILLINOIS BUSINESS INFORMATION SHEET



Type of PRE-Application	X Liquor 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.	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.	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
O A State of Illinois File Number is REQUIRED to	or all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corporations
State of Illinois File # 6	Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240; 312.793-3380 or www.cyberdriveillinois.com/departments/business_services/
A Federal Employer Identification Number (EIN	I) is REQUIRED for all business entity types except for Sole Proprietorships.
Employer Identification # 니글	24275114
O 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 # 💾 🚺	55-7786
Business Activity and Location	1
Business Activity List your business activities, including all products and /or services to be offered.	Betail, grocery and prepared food
Business Site Address Provide the full business location	710 Foran Ln Street Number(s) N/S/E/W Street Name Ave./St. Ste./Apt. #
address where the business transactions and /or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main Street)	Aurora IL 60506 City State ZIP Code
Square footage used by the business: 2	S,OOO SQ FT. Number of employees at this site:
Primary Contact Person	YOLANDA
	Z U N O
Contact Phone #	630-897-7612 Fax #630-897-7617
Contact E-mail Address	INFO@QUCOCQQUEUCYUNC.Cor

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

Certificate of Registration

CARRERRA INC

DBA: SUPERMERCADO CARRERA

.

710 FORAN LN AURORA IL 60506-2709

Expiration Date:

12/4/2019

Sales and use taxes and fees

Loc. Code: 045-0002-4-001

Aurora (Kane) Kane County

(4155-7786)

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) 256-3130

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF BUILDING AND PERMITS

CERTIFICATE OF OCCUPANCY AND COMPLIANCE

PERMANENT

Issue Date	2/27/15
Parcel Number Property Address	
Subdivision Name Legal Description	MAIN RECORD FOR THIS PIN IS 710 FORAN LN ADDRESS RECORD FOR THIS PIN IS 712 FORAN LN
Property Zoning	
Owner	VEGA PROPERTIES LTD
Contractor	
Application number Description of Work Construction type Occupancy type Flood Zone Special conditions Carrerra Inc	**CERTIFICATE OF OCCUPANCY (NO-WORK) 2B NONCOMBUSTIBLE
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 mainfaining the certificate rests with the operator.

SUPERMERCADO CARRERA YOLANDO ZUNO 710 FORAN LN AURÒRA 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 - 11.5.30 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.



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

This Permit is Not Transferable

Health Department

Establishment # 04-1699

BASSET CERTIFIES THAT



RODRIGO CORDOVA

HAS SUCCESSFULLY
COMPLETED A BASSET PROGRAM

Die

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

BASSET CERTIFIES THAT



YOLANDA ZUNO

HAS SUCCESSFULLY COMPLETED A BASSET PROGRAM

- Albuda Zu

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
ILCC LICENSE # 5A-93674

	CONT. Catherine Contraction of the Contraction of t	CASH RECEPT Date -2 /-2-/5 018209
	-	Associved From Super mercado Carrena
	JROR ER PL. 60507	Address 710 Foran LN
	AURORA WER PL.	Fine Hull 1
	->	For F & B Ton Bond
	CITY OF 44 E. DO AURORA,	CF# 1015
GP8 111.2	0,	AMI OF 10 # 4155-7786
Ē	-	ACCOUNT CASH
	ĺ	ANT PAID CHECK 500 00

CARRERRA INC 710 FORAN EN AURORA IL 60506					1015
PAY TO THE ORDER OF CITY OF	가장하다 수 있는 사람들은 바쁜 이 문에 되는 때 때문		DATE I J	\$ 50 \$ 50	70-76-719 DO:00
FOR	CONC.	Solan	ida Zu	10	

Κ.

Form BCA-4.15/4.20

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

Illinois Application to Adopt an Assumed Corporate Name Business Corporation Act

Filing Fee: 30.00

Approved: JXR

FILE # 69905323

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, the first day of the corporation's anniversary
	month in the next year evenly divisible by five.
3.	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