



# 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

*change in ownership*

LICENSE YEAR: 5 / 1 / 16 TO 4 / 30 / 17

**I. APPLICANT INFORMATION**

APPLICANT / CORPORATE NAME BRAHM INC

D/B/A NAME Yorkshire Liquors

BUSINESS LOCATION ADDRESS 4300 E New York St #B

BUSINESS PHONE (224) 548-7569 FAX NUMBER ( ) \_\_\_\_\_

APPLICANT'S REPRESENTATIVE PARAG PATEL

REPRESENTATIVE'S PHONE ( ) \_\_\_\_\_ CELL (224) 623-5048

E-MAIL ADDRESS FOR CONTACTING BUSINESS \_\_\_\_\_

### OFFICIAL USE ONLY

- REQUIREMENTS - NEW APPLICATIONS:**
- APPLICATION FEE 1250
  - BIS (BUSINESS INFORMATION SHEET)
  - FDF (FINANCIAL DISCLOSURE FORM)
  - CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX)
  - CERTIFICATE OF OCCUPANCY *existing bus.*
  - CERTIFICATE OF INCORPORATION
  - PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS) \$150 per owner/manager
  - 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 \_\_\_\_\_

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

DATE RECEIVED 12/23/15

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

*change in ownership to go thru May 2016*

*Item # 16-00044*

**II. BUSINESS INFORMATION**

Business Name Yorkshire liquor  
 Business Address 4300 E New York St #B  
 Employer Identification Number (EIN) 47-5349653  
 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
3750	N/A	N/A	N/A	N/A

**III. LIQUOR LICENSE CLASSIFICATION**

Select the classification of liquor license you are applying / re-applying for from the listing of classifications below. See Sec. 6-8 of the City of Aurora Liquor Ordinance for a description of each license classification and its particular requirements.

- CLASS A - Tavern . . . . . \$2,070.00
- CLASS B - Fraternal Society or Club . . . . . \$2,070.00
- CLASS C - Package Liquor . . . . . \$1,815.00
- CLASS D-1 - Metropolitan Exposition and Auditorium . . . . . \$1,815.00
- CLASS D-2 - Theatrical-Arts Facility . . . . . \$1,815.00
- CLASS E - Restaurant . . . . . \$2,070.00
- CLASS F - Beer and Wine Restaurant . . . . . \$1,815.00
- CLASS F-1 - Beer and Wine Restaurant with Package Sales . . . . . \$2,000.00
- CLASS G - Package Beer and Wine . . . . . \$1,650.00
- CLASS H - Golf Course / Club House . . . . . \$2,070.00
- CLASS I - Specialty Basket . . . . . \$550.00
- CLASS J - Hotel (Full Service) . . . . . \$2,070.00
- CLASS K - Catering . . . . . \$825.00
- CLASS L - Riverboat Facility . . . . . \$2,070.00
- Members-only Lounge\* . . . . .
- \$4,140.00
- CLASS M - Hotel (Limited Service) . . . . . \$2,070.00
- CLASS N - Specialty Package . . . . . \$1,815.00

**IV. PREVIOUS LIQUOR LICENSES**

**1. Starting with the most recent, list any business that was owned or operated by the applicant within the past ten (10) years that possessed a liquor license. If more space is needed, please attach a separate sheet.**

Business Name: Lisle liquor & Tobacco  
Address: 2801 Ogden Ave, Lisle, IL 60532  
Phone: \_\_\_\_\_ Date Owned (mm/yy - mm/yy) 5/14 - Present  
Liquor License Number: 1A-1122678  
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: Brahm Inc  
Corporate Registered Agent / Contact: Parag Patel  
Corporate Headquarters Address: 4300 E New York St #B, Aurora, IL 60504  
Corporate Phone: \_\_\_\_\_ Corporate Contact Cell Phone: 224-623-5048  
State of Incorporation: IL Date of Incorporation: 10/22/15

**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: Parag Patel  
Position with Business: owner % of Ownership: 100  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: 224-623-5048  
E-mail Address: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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:** \_\_\_\_\_  
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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**Cook / Chef's Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_

**VIII. CORPORATION / PREMISES QUESTIONS**

1. Have you attached a copy of your corporation's Certificate of Incorporation?  Yes  No

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.

2. Has the corporation ever been dissolved either voluntary or involuntary?  
 Yes  No If Yes, state of date of reinstatement.

3. Is the corporation a subsidiary of a parent corporation?  
 Yes  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)? 0

6. Does the corporation own or lease the building or the space in which the business is located?  
 Own  Lease If you lease the premises, a copy of the lease must be attached to this application.

7. If the building is not owned, what is the expiration date of the lease?

10/31/19

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?

Yes  No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.

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?

Liquor

10. State the estimated value of goods, wares and merchandise to be used in the course of business.

\$100,000

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 expunged or not, and shall specifically include any orders 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  No If Yes, state the person's name, title and agency.

<p>13. Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>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.</b></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 to 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 checked="" type="checkbox"/> No</p>	
<p>16. Does your establishment have entertainment?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)</b></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><b>If Yes, do you:</b></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><b>If you hire a Private Security Company, please provide the company name and contact person.</b></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**

*Pavel A Patel*  
President

\_\_\_\_\_  
Signature

*Pavel A Patel*  
Secretary

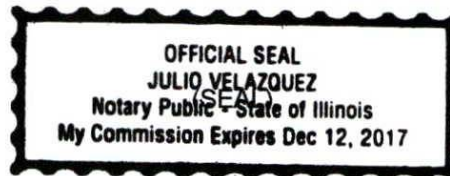
\_\_\_\_\_  
Signature

12/23/15  
Date

\_\_\_\_\_  
Date

Signed and sworn to before me this 23 day of  
December, 2015.

*[Signature]*  
Notary Public







**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
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from business accounts: **a** \$

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
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total dollar amount drawn from personal accounts: **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
					\$
					\$
					\$
					\$

Total dollar amount loaned by financial institutions: **c** \$

**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
				\$
				\$
				\$
				\$

Total dollar amount loaned by individuals: **d** \$

**e SECURITIES** Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2

Name of Security	Buy Date	Sell Date	# of Shares	Price	Ticker	Amount Invested
						\$
						\$
						\$
						\$

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

**f GIFTS FROM INDIVIDUALS** Identify any gifts from individuals used to fund Expenses, Part 2

Name of Giver	Date of Gift	Source of Funds or Gift	# Investment	Amount
				\$
				\$
				\$
				\$

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

**g GIFTS/GRANTS FROM INSTITUTIONS** Identify any gifts and/or grants from institutions used to fund Expenses, Part 2

Institution	Address (Street, City State)	Contact Name & Phone	Grant Date	Amount Gifted
				\$
				\$
				\$
				\$

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

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

Description of Financing	Amount Financed
	\$
	\$
	\$

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

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

Business Accounts	<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 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: Rosemary A. Patel Date: 12/23/15

Subscribed to and sworn to before me this 23 day of December, 2015.

Notary Public in and for Franklin County and State IL



# PA

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



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

(i) UPON APPROVAL OF THE APPLICATION AND ISSUANCE OF ANY NEW LIQUOR LICENSE, THE LICENSEE WILL BE PLACED ON A ONE-YEAR PROBATION PERIOD. DURING SAID PROBATIONARY PERIOD, IF THE LICENSEE VIOLATES ANY SECTION OF THE LIQUOR ORDINANCE, AS SPECIFIED IN A PROBATIONARY AGREEMENT THAT INCLUDES A MANAGEMENT PLAN PUT FORTH TO THE LICENSEE PRIOR TO THE ISSUANCE OF A LICENSE, A LIQUOR HEARING WILL BE CALLED AND THE LICENSE MAY BE REVOKED IMMEDIATELY, WITH NO PROGRESSIVE DISCIPLINE REQUIRED.

### PROBATIONARY AGREEMENT / MANAGEMENT PLAN

APPLICANT / CORPORATE NAME

Brahm Inc

D/B/A NAME

Yorkshire liquor

LOCATION ADDRESS

4300 E New York St #B

### PLANNED DAYS / HOURS OF OPERATION

<input checked="" type="checkbox"/>	SUNDAY	FROM	12	A.M. / P.M.	TO	9	A.M. / P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	10	A.M. / P.M.	TO	10	A.M. / P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	10	A.M. / P.M.	TO	10	A.M. / P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	10	A.M. / P.M.	TO	10	A.M. / P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	10	A.M. / P.M.	TO	10	A.M. / P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	10	A.M. / P.M.	TO	12	A.M. / P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	10	A.M. / P.M.	TO	12	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 checked="" type="checkbox"/>	FRIDAY	FROM		A.M. / P.M.	TO		A.M. / P.M.
<input checked="" 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.

Poojey A Patel  
PRESIDENT / OWNER

12/18/15  
DATE

Poojey A Patel  
SECRETARY / OWNER

12/18/15  
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.

Poojey A Patel  
PRESIDENT / OWNER

12/18/15  
DATE

Poojey A Patel  
SECRETARY / OWNER

12/18/15  
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.

Brahm 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.

Yorkshire liquor  
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 # 70300931 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 # 47-5349653

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 # 4191-7227

## Business Activity and Location

### Business Activity

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

Liquor

### 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)

4300 E New York St #B  
Street Number(s) N/S/E/W Street Name Ave./St. Ste./Apt. #  
City State ZIP Code

Square footage used by the business: 3,750 SQ. FT. Number of employees at this site: 1

### Primary Contact Person

PARAG   
First Name Middle Name  
PATEL   
Last Name Jr./Sr.

### Contact Phone #

224-623-5048 Fax #

### Contact E-mail Address

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

**CASH RECEIPT**

Date 12/23/15

020618

Received From Yorkshire Liquor

Address 4300 E New York St. Aurora

For Two Thousand Dollars of Yorkshire Liquor Bond

ID: 41987327

ACCOUNT		HOW PAID	
AMT OF ACCOUNT		CASH	
AMT PAID		CHECK	<u>1013</u>
BALANCE DUE		MONEY ORDER	
		CREDIT CARD	
		BY	<u>me</u>

PARAG PATEL 04-11  
NAPERVILLE IL 60564-9348

1013  
70-480/819 IL  
91914

Pay City of Aurora  
to the order of  
Two thousand 400/100

12/22/15

Date

\$ 2000.00

Dollars

Bank of America

Ach Ref: 081504008

Advantage  
Receivng A Rtl

MP

# Certificate of Completion

**American  
Safety Council**

PARAG PATEL

---

Has diligently and with merit completed the  
Off-Premise BASSET Alcohol Certification on 1/3/2015

from the American Safety Council.

  
Jeff Pairan

---



7/3/14

## SECOND AMENDMENT TO LEASE

THIS SECOND AMENDMENT TO LEASE (this "Second Amendment"), is made, entered into, and effective as of this 7 day of July, 2014 (the "Effective Date"), by and between YORKSHIRE PLAZA PARTNERS, LLC, an Illinois limited liability company ("Landlord"), and ISH CO., an Illinois corporation (d/b/a "Yorkshire Liquor") ("Tenant").

### WITNESSETH:

WHEREAS, Landlord's predecessor-in-interest, Yorkshire Plaza, LLC ("Former Landlord"), and Tenant's predecessors-in-interest, Parag Patel and Mittal Patel (collectively, "Former Tenants") entered into that certain lease dated as of October 7, 2008, which lease was amended on June 2, 2009 (collectively, the "Lease") whereby Former Landlord leased to Former Tenants the premises described therein, containing approximately 3,750 square feet (the "Premises") in Yorkshire Plaza (the "Shopping Center") located in Aurora, Illinois; and

WHEREAS, Landlord succeeded to all Former Landlord's right, title and interest as landlord in and to the Lease; and

WHEREAS, Tenant succeeded to Former Tenants' right, title and interest as tenant in and to the Lease and Former Tenants simultaneously executed a Guaranty of the Lease; and

WHEREAS, the term of the Lease is set to expire on October 31, 2014; and

WHEREAS, the parties desire to extend the term and amend the Lease as provided in Section 1(G-1) and Rider "B", Article 37 of the Lease and as modified herein.

NOW, THEREFORE, in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Landlord and Tenant agree that the Lease shall be amended as follows:

Recitals; Incorporation of Lease Terms. Each of the foregoing recitals and representations form a material part of this Second Amendment and are incorporated herein by this reference. The terms, conditions and covenants of the Lease are incorporated herein by this reference except to the extent expressly modified herein.

Definitions; Rules of Usage. For purposes of this Second Amendment initially capitalized terms used herein and that are not otherwise defined herein shall have the same meanings as are ascribed to such terms in the Lease.

Extension of Term. Tenant hereby exercises its rights to extend the Term of the Lease as provided in Section 1(G-1) and Rider "B", Article 37, notwithstanding the timing of Tenant's exercise of such right. The term of the Lease is hereby extended for five (5) additional years (the "Extended Term"), commencing on November 1, 2014 and expiring on October 31, 2019 (the "Expiration Date"). For purposes of this Second Amendment, all references herein to the term "Extended Term" shall be deemed to refer to the "Additional Term" as defined in the Lease and modified in this Second Amendment.

## ASSIGNMENT AND ASSUMPTION OF LEASE

THIS ASSIGNMENT AND ASSUMPTION OF LEASE (this "Assignment") is made as of the 8 day of Dec, 2015 by and between ISH CO., an Illinois corporation (d/b/a "Yorkshire Liquor") ("Assignor"), and BRAHM INC., an Illinois corporation ("Assignee").

### RECITALS:

A. Landlord's (hereinafter defined) predecessor-in-interest, Yorkshire Plaza, LLC, a Delaware limited liability company ("Former Landlord"), and Tenant's predecessors-in-interest, Parag Patel and Mittal Patel (collectively, "Former Tenants" or "Guarantors") entered into that certain Shopping Center Lease dated as of October 7, 2008 (the "Original Lease"), whereby Former Landlord leased to Former Tenants certain premises described therein containing approximately 3,750 square feet (the "Premises") in Yorkshire Plaza Shopping Center located in Aurora, Illinois.

B. The Original Lease was amended by (a) that certain First Amendment to Lease dated as of June 2, 2009 between Former Landlord and Assignor (the "First Amendment") and (b) that certain Second Amendment to Lease dated as of July 7, 2014 between Yorkshire Plaza Partners, LLC, an Illinois limited liability company ("Landlord"), and Assignor (the "Second Amendment" and together with the Original Lease and the First Amendment, the "Lease").

C. By Assignment and Assumption of Lease, Assignor succeeded to all of Former Tenants' right, title and interest as tenant in and to the Lease, and Guarantors simultaneously executed a Guaranty of the Lease (the "Guaranty").

D. Landlord succeeded to all of Former Landlord's right, title and interest as landlord in and to the Lease.

E. Assignor desires to assign to Assignee all of Assignor's right, title and interest as tenant in, to and under the Lease, and Assignee desires to accept such assignment and assume all of the obligations of Assignor under the Lease.

NOW THEREFORE, for and in consideration of the mutual promises contained herein and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Assignor and Assignee hereby agree as follows:

### AGREEMENT:

1. Incorporation. The recital paragraphs above are incorporated herein and are made a part hereof by this reference as if fully set forth herein.

2. Definitions: Rules of Usage. For purposes of this Assignment initially capitalized terms used herein and that are not otherwise defined herein shall have the same meanings as are ascribed to such terms in the Lease.

3. Assignment. Assignor hereby assigns, transfers and sets over all of Assignor's right, title and interest in, to and under the Lease to Assignee.

4. Acceptance. Assignee acknowledges that it has read and reviewed the Lease and hereby accepts the foregoing assignment and assumes and agrees to perform, pay and discharge in full when due all of the duties, obligations, covenants, conditions and liabilities of Assignor as the tenant under the Lease, including, without limitation, using the Premises only for the Permitted Use.

5. No Release. Nothing herein contained shall, as between Landlord and Assignor and as between Landlord and Guarantors, release or relieve, or be deemed to release or relieve, Assignor or Guarantors from any obligations, liabilities or covenants under the Lease and the Guaranty. Moreover, Assignor and Guarantors shall continue to be and remain liable under the Lease and the Guaranty in all respects as though this Assignment had not been made. Assignor hereby waives any and all notice from Landlord of default of Assignee under any of the terms, provisions, covenants or conditions of the Lease, and Assignor hereby consents to the granting, without notice to Assignor, by Landlord to Assignee, of any waiver, indulgence or extension of time or any amendment to or modification of the Lease.

6. Accrued Obligations. Assignee acknowledges that certain Common Area Rent, Tax Rent and other obligations under the Lease may have accrued but have not been satisfied by Assignor and that, without releasing Assignor, Landlord will also look to Assignee for the payment and performance of all obligations under the Lease.

7. As-Is. Assignee shall accept possession of the Premises in an "as is," "where is" condition and acknowledges that Landlord is not obligated to perform any work whatsoever with regard to the Premises.

8. Landlord's Consent. The consent of Landlord to this Assignment ("Landlord's Consent") is an express condition precedent hereof. Notwithstanding anything to the contrary contained herein, if Landlord's Consent is not obtained, then this Assignment shall automatically be null and void ab initio and of no effect. To induce Landlord to grant Landlord's Consent, Assignor and Assignee each hereby agrees, represents and warrants that it has no claim against Landlord with respect to the Lease and no default on the part of Landlord exists under any of the terms or conditions of the Lease.

9. Entire Agreement. This Assignment sets forth the entire agreement between the parties relating to the subject matter hereof, and all prior proposals, discussions or writings are superseded hereby. The terms of this Assignment shall be binding upon and shall inure to the benefit of the parties and their successors and assigns.

10. Severability. If any term or provision of this Assignment shall to any extent be held invalid or unenforceable, the remaining terms and provisions of this Assignment shall not be affected thereby, but each term and provision of this Assignment shall be valid and enforced to the fullest extent permitted by law.

11. No Brokers. Each party represents and warrants that it has caused or incurred no claim for brokerage commissions or finder's fees in connection with the execution of this

Assignment, and each party shall defend, indemnify and hold the other and Landlord harmless against and from all liabilities, costs, and expenses arising from any such claims caused or incurred by it.

12. Applicable Law. This Assignment shall be construed and enforced in accordance with the laws of the State of Illinois, without giving consideration to any conflicts of law provisions.

13. Authority. This Assignment has been duly executed by, and constitutes the valid and binding obligations of, Assignor and Assignee. The persons executing this Assignment on behalf of Assignor and Assignee represent that they have the authority to bind their respective entities. The provisions of this Assignment shall be binding upon the parties and their successors and permitted assigns under the Lease.

14. Counterparts. This Assignment may be executed in any number of counterparts and by each of the parties hereto in separate counterparts, all of which together shall form a single document. To facilitate execution of this Assignment, the parties may execute and exchange counterparts of signature pages by telephone facsimile or portable document format (.pdf).

[Signature page follows]

IN WITNESS WHEREOF, the parties have executed this Assignment and Assumption of Lease as of the date first written above.

**ASSIGNOR:**

ISH CO., an Illinois corporation

By: Mittal P Patel

Name: MITTAL P. PATEL

Title: President

**ASSIGNEE:**

BRAHM INC., an Illinois corporation

By: Parag A Patel

Name: PARAG A PATEL

Title: President

**GUARANTY**

The undersigned, as guarantors of the Lease under the Guaranty dated as of June 2, 2009 hereby consent to the execution of this Assignment, which shall become part of the Lease and the obligations guaranteed under the Guaranty, and agree that nothing herein shall release or discharge the undersigned from their irrevocable, absolute, present, continuing and conditional obligations under such Guaranty. The undersigned hereby RATIFY and CONFIRM that the Guaranty remains in full force and effect to secure all obligations of Tenant under the Lease.

**GUARANTORS:**

Parag A Patel  
Parag Patel

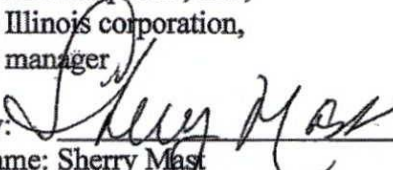
Mittal P Patel  
Mittal Patel

**LANDLORD'S CONSENT**

In reliance upon the agreements and representations contained in the foregoing Assignment and Assumption of Lease (the "Assignment"), Yorkshire Plaza Partners, LLC, an Illinois limited liability company ("Landlord"), hereby consents to the Assignment and the transactions contemplated therein. Landlord's consent herein shall not constitute a waiver of the obligation of the tenant under the Lease to obtain the Landlord's consent to any subsequent assignment, sublease or other transfer under the Lease.

YORKSHIRE PLAZA PARTNERS, LLC,  
an Illinois limited liability company

By: GK Development, Inc.,  
an Illinois corporation,  
its manager

By:   
Name: Sherry Mast  
Title: Sr. Vice President



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

OCTOBER 22, 2015

7030-093-1

PARAG PATEL  
4300 E NEW YORK ST #B  
AURORA, IL 60504

RE BRAHM INC.

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF INCORPORATION THAT CREATED YOUR CORPORATION. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF INCORPORATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ, FOR FURTHER INFORMATION CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

MANY SERVICES ARE NOW AVAILABLE ON-LINE AT [WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM). YOU MAY CHECK THE STATUS OF THIS CORPORATION, PURCHASE A CERTIFICATE OF GOOD STANDING OR FILE AN ANNUAL REPORT WHEN IT IS DUE.

SINCERELY,

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/04/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Dasco Insurance Agency, Inc. 628 Academy Dr Northbrook, IL 60062 Dasco Insurance Agency, Inc.	<b>CONTACT NAME:</b> Mary Vodicka <b>PHONE (A/C, No, Ext):</b> 847-291-0660 <b>E-MAIL ADDRESS:</b> maryv@dascoins.com	<b>FAX (A/C, No):</b> 847-480-9889
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Brahm, Inc. dba Yorkshire Liquors 4300 E New York Aurora, IL 60504	<b>INSURER A :</b> Hanover Insurance Company	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</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 SUBR INSD 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 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A 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>OCCA673138</b>	<b>07/01/2015</b>	<b>07/01/2016</b>	<b>CSL</b> <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 4300 E. New York  
 Aurora IL 60504

<b>CERTIFICATE HOLDER</b>  <b>AURORAC</b>  City of Aurora City Hall 44 East Downer Place Aurora, IL 60507	<b>CANCELLATION</b>  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 



FORM **BCA 2.10** (rev. Dec. 2003)  
**ARTICLES OF INCORPORATION**  
 Business Corporation Act

Secretary of State  
 Department of Business Services  
 501 S. Second St., Rm. 350  
 Springfield, IL 62756  
 217-782-9522  
 217-782-6961  
 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary of State.

FILED: 10/22/2015 JESSE WHITE SECRETARY OF STATE

See Note 1 on back to determine fees.

Filing Fee: \$150 Franchise Tax \$ 25.00 Total \$ 175.00 File # 7030-093-1 Approved: JR

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. Corporate Name: Brahm Inc.



JR

The Corporate Name must contain the word "Corporation," "Company," "Incorporated," "Limited" or an abbreviation thereof.

2. Initial Registered Agent: Parag Patel

First Name Middle Initial Last Name

Initial Registered Office: 4300 E New York St #B

Number Street Suite No. (P.O. Box alone is unacceptable)

Aurora IL 60504 Dupage 022  
 City ZIP Code County

3. Purposes(s) for which the Corporation is Organized:

If more space is needed, attach additional sheets of this size. 044

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.  
 Liquor Store

4. Paragraph 1 — Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Thereof
<u>1 common</u>	<u>1000</u>	<u>1000</u>	
			\$ <u>1000</u>
<b>TOTAL = \$</b>			<b>1000</b>

Paragraph 2 — The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

If more space is needed, attach additional sheets of this size.

(cont. on back)

**ITEMS 5, 6 AND 7 ARE OPTIONAL**

5. a. Number of Directors constituting the initial board of directors of the corporation: \_\_\_\_\_  
 b. Names and Addresses of persons serving as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP

6. a. It is estimated that the value of the property to be owned by the corporation for the following year wherever located will be: \$ \_\_\_\_\_  
 b. It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ \_\_\_\_\_  
 c. It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ \_\_\_\_\_  
 d. It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ \_\_\_\_\_

7. Other Provisions: Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation (e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.).

**NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

8. The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated oct 15, 2015  
Month & Day                      Year

Signature and Name	Address
1. <u><i>Parag A Patel</i></u> <small>Signature</small> <u>Parag Patel</u> <small>Name (type or print)</small>	1. <u>4204 Champion Rd</u> <small>Street</small> <u>Naperville IL 60564</u> <small>City/Town                      State                      ZIP Code</small>
2. _____ <small>Signature</small> _____ <small>Name (type or print)</small>	2. _____ <small>Street</small> _____ <small>City/Town                      State                      ZIP Code</small>
3. _____ <small>Signature</small> _____ <small>Name (type or print)</small>	3. _____ <small>Street</small> _____ <small>City/Town                      State                      ZIP Code</small>

**Signatures must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.**  
**NOTE:** If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature.

**Note 1 – Fee Schedule:**  
 • The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state. (The minimum initial franchise tax is \$25.)  
 • The filing fee is \$150.  
 • The **minimum total due** (franchise tax + filing fee) is \$175.

**Note 2 – Return to:**  
Brahm Inc  
Firm name  
 \_\_\_\_\_  
Attention  
4300 E New York St #B  
Mailing Address  
Aurora, IL, 60504  
City, State, ZIP Code