

**LLA****City of Aurora, Illinois  
Liquor License Application**

Incomplete applications will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl.

Date Application Received

3-2-2020

License Year:

20-21

New License: ☐Change in Ownership/Corporation: ☒Change in License Class: ☐**APPLICANT INFORMATION**

A. Corporation name:

TORRESMANIA RESTAURANT NO3 INC.

Class Applying For:

E

B. Business name:

TORRESMANIA RESTAURANT NO3 INC.

C. Type of Business:

Sole Proprietor ☐Partnership ☐Corporation ☒LLC ☐Non-Profit ☐

C. Previous business name (if dba changed):

TORRESMANIA RESTAURANT NO3 INC.

D. Business address (city, state, zip code):

3 SOUTH LINCOLN AVENUE, AURORA IL. 60505

E. Business telephone:

630-301-6266

F. Business website:

WWW.TORRESMANIA  
MEXICAN RESTAURANT  
.COM

G. Business Email:

H. IL Tax ID Number

I. Owner or Manager contact name for license:

EVELYN HERNANDEZ

J. Business telephone:

630  
OR 301-6266

K. Email address:

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**

A. Address applying for liquor license (exact street address):

3 SOUTH-LINCOLN AVE, AURORA IL

B. Zip code

60505

C. # Parking Spaces

15

D. Total Building  
s.f.

1979

E. Entertainment  
Area

500

F. Kitchen  
(Square  
Footage)

425

G. Total Number of  
Seats

94

H. Seating Area s.f.

1319

I. Number of  
bar seats

3

J. Retail/public  
Area s.f.

N/A

K. Cooler s.f.

144

L. Dry Storage s.f.

N/A

M. Sale Counter s.f.

18

**OFFICIAL USE ONLY**

Approved



Denied

Date Approved/Denied:

Date Issued:

Mayor, Liquor Control Commissioner


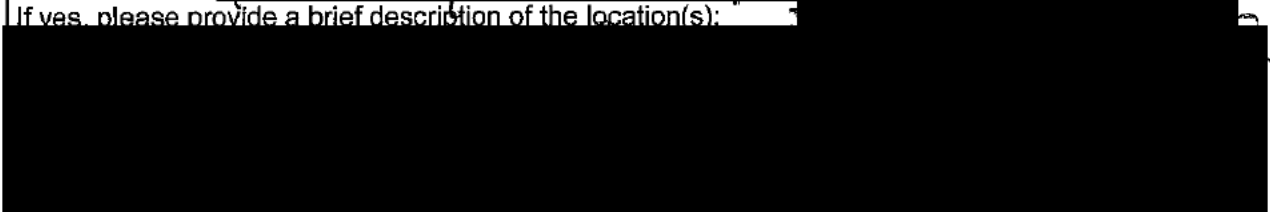
new phone:

## Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificate of Registration (Food & Beverage Tax— register with City of Aurora Revenue and Collections for liquor sales and payment of required bond)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits) <i>Already occupied</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of the Articles of Incorporation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Class O include all configurations.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>no change</i>
Copy of Lease/Proof of Ownership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <i>see</i>
Copy of State Liquor License (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>see</i>
Current list of names, dates of birth and home addresses of all members (Class B)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Corporation / Premises Questions

1.	Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes state the parent corporation's name.
2.	Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain.
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? <b>JUNE 1, 2018</b>
4.	Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.
5.	If this is a new license application, what kind of business was previously conducted in the space in which you intend to operate your business? <b>RESTAURANT</b>
6.	State the estimated value of goods, wares and merchandise to be used in the course of business. <b>\$9000.00 monthly</b>
7.	Other than when making an initial application for a license, has your corporation or any predecessor to or subsidiary or parent of your corporation ever been subject to charges, hearing, or investigation by any jurisdiction with respect to a liquor license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the investigation or hearing.
8.	Does the corporation own the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please list the start and end date of the current lease. Start: to End: Name and full address of property owner: Name: Address: Contact Information:
9.	Is the premises within 100 Feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10.	<p>If applicant is applying for a <b>Class B - Fraternal Society or Club Liquor License</b>:</p> <p>A. How many dues-paying members do you have? _____ (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
11.	<p>Does your establishment have entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input type="checkbox"/> Televised Sports</p> <p><input checked="" type="checkbox"/> Other: <b>KAREOKE</b></p>
12.	<p>Do you employ security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is available.</p> <p>If Yes, do you: <input type="checkbox"/> Hire Private Security <input type="checkbox"/> Use On - Staff Employees</p> <p><input type="checkbox"/> Hire Off - Duty Police Officers <input type="checkbox"/> Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person.</p>
13.	<p>Do you have security cameras on premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are they: </p> <p>If yes, please provide a brief description of the location(s): </p>
14.	<p>For Classes required to serve food for consumption on the licensed premises, please list the name of the chef(s) for the location applying for a liquor license:</p> <p><b>ILDELFONSO HERNANDEZ</b></p>
15.	<p>For <b>Class G-1</b>, check the retail item categories available for purchase at the location:</p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Baked Goods <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Groceries</p> <p><input type="checkbox"/> Snack Foods <input type="checkbox"/> Health Aids <input type="checkbox"/> Beauty Aids</p>
16.	<p>Has a <i>Personal Information Form (PIF)</i> been completed for each person holding (5%) or more stock in this corporation? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## Corporate Information

Name of Corporation/Partnership:

TOKRESMANIA RESTAURANT NO 3 INC

Corporate Address:

3 SOUTH LINCOLN AVE. AURORA, IL. 60505

Corporate Ph #:

630-301-6266

Corporate Email:

FEIN:

Corporate Registered Agent/Contact:

AL OLIEH

Contact Ph #:

630-851-2330

Contact Email:

Date Corporation/Partnership was Organized:

6-7-10

6-7-10

State Articles of Incorporation/Organization filed:

IL

IL

Date Articles of Incorporation/Organization filed with Secretary of State:

6-7-10

Date Certification of Incorporation/Organization was issued by Secretary of State:

6-7-10

Has the corporation ever been dissolved either voluntary or involuntary? Yes ☐ No ☒

Date of Reinstatement

Are there any amendments to Articles of Incorporation? (if yes, provide date filed) Yes ☐ No ☒

Date Amendment Filed

What are the total shares of stock created by this Corporation?

1000

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

Name, Title	Percentage of Stock
EVELYN HERNANDEZ	100%

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

What is the objective of Corporation?

To Transact business according to Il. Laws.

# BIS

## 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.

TORRESMANIA RESTAURANT NO 3 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.

TORRESMANIA RESTAURANT NO3 INC

Sole Proprietors of Partnerships conducting business in Illinois under an assumed name (a name other than your own) are required to file for an Assumed Name Certificate with the Kane County Clerk's Office at 217 S.

☐ A State of Illinois File Number is **REQUIRED** for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corporations.

#### State of Illinois File #

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

www.cyberdriveillinois.com/departments/business\_services/

☐ A Federal Employer Identification Number (EIN) is **REQUIRED** for all business entity types except for Sole Proprietorships.

#### Employer Identification #

☐ 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 #

### Business Activity and Location

#### Business Activity

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

RESTAURANT  
FOOD AND DRINKS

#### Business Activity

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

Square footage used by the business:

2500

SQ. FT.

Number of employees at this site:

4

### Primary Contact Person

First Name

EVERLYN

Middle Name

Last Name

HERNANDEZ

Contact Phone #

Fax #

E-Mail Address

## Affidavit

I, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCX 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said applicable local laws.

I swear and affirm not to violate any of the relevant laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora in the conduct of the place of business described herein. I understand and agree that if I violate any local, state or federal laws regarding alcohol sales, consumption or possession, while I have a City of Aurora Liquor License, said license may be suspended or revoked.

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

I further certify that if any of the foregoing information changes during the course of the current license year, including, without limitation, changes to the status of the State liquor license, changes in the corporate stockholder shares or corporate officers, I will notify the City of Aurora, in writing, within seven (7) days of such change.

### Corporate/LLC Signatures

President

EVELYN HERNANDEZ

Secretary

EVELYN HERNANDEZ

Treasurer

EVELYN HERNANDEZ

Signed and sworn to before me this 30th day of

JULY

20 19

Notary Public

### Individual/Partnership Signatures

Signature

Signature

Signature

