

LLA

City of Aurora, Illinois

2024 Initial Liquor License Application



Incomplete applications will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60505

APPLICANT: Nide Jardin LLC

License Year: 2025 to 2026

License Class D- Downtown Fringe

Official Use Only

☒ Date Complete Application Received 5.27.25

☒ Application Fee \$250.00

☒ Business Information Sheet and Probationary Agreement/Management Plan Complete (in application)

☒ Proof of Background Check for all Managers/Assistant Managers, Owners and Officers (receipts)

☒ Certificate of Good Standing from the State of Illinois

☒ Certificate of Registration for Aurora Food & Beverage Tax (contact Revenue & Collections at (630) 256-3564)

☒ Certificate of Occupancy at the Applicant's Business Location

☒ Maximum Occupancy Sign from City of Aurora Fire Marshal

☒ Copy of Articles of Incorporation or Articles of Organization

☒ Copy of Most Recent Annual Report Filed with the Illinois Secretary of State

☒ Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (if applicable)

☒ Copy of Lease/Proof of Ownership—Lease Expiration 2029

☒ Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration 6.26.25

☐ Copy of County Health Department Certificate

☐ Copy of State Liquor License (after local license is granted)

☒ Copy of State-Certified Beverage Alcohol Sellers/Servers Training Certificates for all employees (BASSET)

☒ Copy of Menu (if applicable)

☐ City of Aurora Business Registration Complete—Registration #BUSR-_____

☒ Appropriate Liquor Classification and Endorsement (if applicable)

☒ Yearly Fee (per license classification) \$ 2070

RECEIVED
JAN 23 2025
12:21pm DC

☐ Approved

☐ Denied

Date Approved/Denied: _____

Mayor

Liquor Control Commissioner

Date Issued: _____

Applicant Information

Applicant/Corporate Name: NIDE JARDIN LLC

d/b/a Name: Nide Jardin

Business Address: 140 S RIVER ST, Suite 106 Aurora, IL 60506
Street City/State Zip

Business Telephone #: 331-256-7346 Fax #: _____

Owner or Manager Contact: Nancy Martinez

Telephone #: _____ Email Address: Nmartinez@nidejardin.com

Additional Business Contact: Hector Martinez

Telephone #: _____ Email Address: martinezbuilth@gmail.com

Business Location Information

Business Name (dba): Nide Jardin

Business Address: 140 S RIVER ST, Suite 106, Aurora, IL 60506 Kane
Street City/State Zip County

Telephone #: 331-256-7346

Website: WWW.nidejardin.com

Are the premises owned or leased? Proof of ownership or lease must be provided.

☐ I hereby certify that the property is owned by the applicant.

☒ I hereby certify that the property is leased from the landlord.

☐ I hereby certify that the property is managed via an operating or management agreement.

Landlord name: Hector Martinez

Address: _____
Street City State Zip

Telephone #: _____ Email Address: martinezbuilth@gmail.com

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
2400	500 sq. ft.	N/A	30	15+ in library

Previous Liquor Licenses

Starting with the most recent, list any businesses owned or operated by the applicant within the past ten (10) years that held a liquor license. If more space is needed, please attach an additional sheet of paper.

Business Name: <u>n/a</u>		
Business Address: _____ Street	City/State _____	Zip _____
Business Telephone#: _____	Date Held: (mm/yy) _____	
Liquor License Number and State: _____		
Business Name: _____		
Business Address: _____ Street	City/State _____	Zip _____
Business Telephone#: _____	Date Held: (mm/yy) _____	
Liquor License Number and State: _____		

Have any liquor licenses issued to the applicant been revoked or suspended?
If yes, please fill out the area below.

☐ Yes

☒ No

Business Name: _____	
Business Address: _____ Street	City/State _____ Zip _____
Date Held (mm/yy): _____	Date of Revocation (mm/yy): _____
Reason for Revocation: _____	

Has any director, officer, shareholder, or any of your managers ever held a liquor license that was revoked by the local, state or federal government? ☐ Yes ☒ No If yes, please answer the questions below.

Name: _____	Business Name: _____
Business Address: _____ Street	City/State _____ Zip _____
Date Held (mm/yy): _____	Date of Revocation (mm/yy): _____
Position with Business: _____	
Reason for Revocation: _____	

Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction? ☐ Yes ☒ No If yes, please answer the questions below.

Name: _____

Business Name: _____

Business Address: _____
Street City/State Zip

Position Held: _____ Date of Denial (mm/yy): _____

Reason for Denial: _____

BUSINESS INFORMATION

Type of Business Organization (check one):

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

If a Corporation or LLC:

Corporation or LLC Name: NIDE JARDIN LLC

Corporate Registered Agent: Nancy Martinez

Corporate Headquarters Address: _____

Corporate Telephone #: 331-256-7346

Corporate Contact Name and Cell #: Nancy Martinez

State of Incorporation: Illinois Date of Incorporation: 03-01-2021

B. Name (first and last) of all Partners: Nancy Martinez

C. Name of Sole Proprietor: n/a

Owner / Manager Information

For ALL businesses, list ALL persons or entities with ownership interest in the company as well as ALL persons serving as officers or managers of the company. For ALL businesses, list Managers of the business that will be licensed. Attach additional pages if needed. All owners, officers and managers must have a background check for the CITY OF AURORA (good for 3 years).

Name: MARTINEZ Nancy _____
Last First Middle
Position with Business: OWNER % of Ownership 100%
Email Address: nmartinez@nidejardin.com
Date of Birth: _____ Date of Fingerprints for City of Aurora 01/10/2025
MO Day YYYY
Home Address: _____ Aurora IL _____
Street City State Zip
Home Telephone#: _____ Cell Phone #: _____

Name: _____
Last First Middle
Position with Business: _____ % of Ownership _____
Email Address: _____
Date of Birth: _____ Date of Fingerprints for City of Aurora _____
MO Day YYYY
Home Address: _____
Street City State Zip
Home Telephone#: _____ Cell Phone #: _____

Name: _____
Last First Middle
Position with Business: _____ % of Ownership _____
Email Address: _____
Date of Birth: _____ Date of Fingerprints for City of Aurora _____
MO Day YYYY
Home Address: _____
Street City State Zip
Home Telephone#: _____ Cell Phone #: _____

Corporation Information

1.	Has any director, officer, shareholder, or any of your managers ever been found guilty of a felony or misdemeanor, including but not limited to any gambling offense and any alcohol related traffic offense? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilt, whether subsequently vacated or not, whether expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.
2.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? n/a
3.	Does the director, officer, shareholder, or any of your managers hold any law enforcement office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the person's name, title and agency. _____
4.	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.
5.	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 JS If yes, attach a document that answers the following: <ul style="list-style-type: none">• The type of activity to be conducted at the premises proposed to be licensed and the days and times during which such activity will take place;• The size of the applicant's business and the affected establishment;• The availability of adequate parking for patrons of both the applicant's business and the affected establishment;• Whether the applicant is seeking a license to permit consumption of liquor on premises or the sale of packaged goods;• Any police activity;• Relevant geography and location of applicant's business;• The legal nature and history of applicant;• Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.
6.	Do you have security cameras on the premises? [REDACTED] If yes, are they [REDACTED] If yes, please provide a brief description of the location(s) [REDACTED] [REDACTED] [REDACTED]

PA

City of Aurora

Probationary Agreement / Management Plan

FORM REQUIRED: City of Aurora Liquor Ordinance Sec. 6-5. Application for License.

Upon approval of the application and issuance of any new liquor license, the licensee will be placed on a one-year probation period unless an additional period of probation is recommended. 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

NIDE JARDIN LLC

d/b/a Name

NIDE JARDIN

Location Address

140 S River St, Suite 106 Aurora, IL 60506

Planned Days / Hours of Operation

<input checked="" type="checkbox"/> SUNDAY	FROM	9	A.M. / P.M.	TO	3	A.M. / P.M.
<input type="checkbox"/> MONDAY	FROM		A.M. / P.M.	TO		A.M. / P.M.
<input checked="" type="checkbox"/> TUESDAY	FROM	9	A.M. / P.M.	TO	3	A.M. / P.M.
<input checked="" type="checkbox"/> WEDNESDAY	FROM	9	A.M. / P.M.	TO		A.M. / P.M.
<input checked="" type="checkbox"/> THURSDAY	FROM	9	A.M. / P.M.	TO	3	A.M. / P.M.
<input checked="" type="checkbox"/> FRIDAY	FROM	9	A.M. / P.M.	TO	3	A.M. / P.M.
<input checked="" type="checkbox"/> SATURDAY	FROM	9	A.M. / P.M.	TO	6	A.M. / P.M.

Entertainment

Entertainment will be held on the premises. Yes ☒ No ☐

If yes, what type(s) of entertainment? (Please list)

Paint & Sip Workshop, Self Empowerment Workshops, Planting & Gardening Classes, DIY Workshops, First Fridays, and private networking events.

Please specify the dates 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	6	A.M. / P.M.	TO	8	A.M. / P.M.
<input type="checkbox"/> FRIDAY	FROM	6	A.M. / P.M.	TO	9	A.M. / P.M.
<input type="checkbox"/> SATURDAY	FROM	6	A.M. / P.M.	TO	9	A.M. / P.M.

Security

Will private security be hired for your business? Yes ☐ No ☒

If yes, will private security only be hired when entertainment is offered? Yes ☐ No ☐

Name of Private Security Company to be Hired:

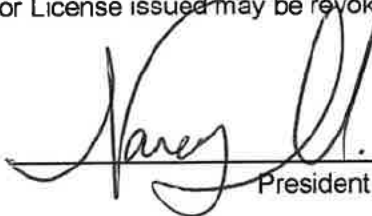
Address of Private Security Company:

Contact Person: for Security Company:

Security Contact Person's Phone Number: (Please provide two options)

Affidavit

By signing this Probationary Agreement, the undersigned affirms that he/she understands if the business is found to be in violation of any section of the liquor ordinance within the first year of operation, a Liquor Hearing may be held and the Liquor License issued may be revoked without progressive discipline being instituted.



President / Owner



Date

Secretary / Owner

Date

Receipt

I have received a copy of the Probationary Agreement / Management Plan that has been signed by the President and Secretary / Owner(s) of the business. One copy of the agreement will be placed in the Licensee's file in the City Clerk's Office.

President / Owner

Date

Secretary / Owner

Date

City Clerk's Office

Date

BIS

City of Aurora, Illinois

Business Information Sheet**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.

NIDE JARDIN LLC

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.

NIDE JARDIN

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. 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 #[REDACTED]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 #[REDACTED]

- ☒ 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 #[REDACTED]**Business Activity and Location****Business Activity**

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

Retail, workshops, small classes, plants, self-care items**Business Activity**

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

Retail, workshops, classes, plants & herbs, sustainable self care items, cultural items, and plant based beauty products.

Square footage used by the business:	<u>2400</u>	SQ. FT.	Number of employees at this site:	<u>6-10</u>
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Primary Contact Person

First Name <u>Nancy</u>	Middle Name	Last Name <u>Martinez</u>	Jr./Sr.
Contact Phone # <u>[REDACTED]</u>	Fax #	E-Mail Address <u>nmartinez@nidejardin.com</u>	

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 ILCS 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.

By signing this application, I agree to cooperate fully with the Aurora Police Department in providing all video pursuant to any police investigation during the term of any liquor license granted.

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

Nancy Martinez

President

Secretary

Treasurer

Signed and sworn to before me this _____ day of _____, 20____.

Notary Public

(NOTARY SEAL)

Individual/Partnership Signatures

Nancy Martinez

Signature

Signature

Signature

Government Entity Signatures

Signature - Manager on Behalf of Government Entity

Signature - Governmental Officer