

**LLA****City of Aurora, Illinois  
Local 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 5/1/2019License Year: 2019-2020New License:  Change in Ownership/Corporation:  Change in License Class: **APPLICANT INFORMATION**

A. Corporation name: <u>255 Group, LTD</u>		Class Applying For: <u>E</u>
B. Business name (dba): 		
C. Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <u>Corporation</u>		
C. Previous business name (if dba changed): 		
D. Corporate Mailing Address if different from the physical location address (city, state, zip code): <u>255 E. Indian Trail Rd, Aurora, IL 60505</u>		
E. Business telephone: <u>630-264-5022</u>	F. Business website: <u>Blackdoorpub.com</u>	G. Business Email: 
I. Owner or Manager contact name for license: <u>Jorge Pacheco</u>		
J. Contact telephone: 	K. Contact e-mail address: 	

**BUSINESS ESTABLISHMENT LOCATION INFORMATION**

A. Address applying for liquor license (exact street address): <u>255 E. Indian Trail Rd</u>		B. Zip code <u>60505</u>	C. # Parking Spaces <u>230</u>	
D. Total Building s.f. <u>4515</u>	E. Entertainment Area <u>1,000 sq ft</u>	F. Kitchen (Square Footage) <u>500</u>	G. Total Number of Seats <u>189</u>	H. Seating Area s.f. <u>2,500</u>
I. Number of bar seats <u>35</u>	J. Retail/public Area s.f.	K. Cooler s.f. <u>300</u>	L. Dry Storage s.f. <u>100</u>	M. Sale Counter s.f. <u>150</u>

**OFFICIAL USE ONLY** Approved  Denied Date Approved/Denied: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Mayor, Liquor Control Commissioner: \_\_\_\_\_

# Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input checked="" type="checkbox"/>	✓
Completed Local Liquor License Application (LLA).	<input checked="" type="checkbox"/>	✓
Completed Financial Disclosure Form (FDF) - for new establishments, expansion an existing establishment, or buying an existing business, when the business holds a Liquor License only.	<input type="checkbox"/> N/A	N/A
Copy of completed State Liquor License Application ( <a href="https://www2.illinois.gov/ilcc/Pages/Applications.aspx">https://www2.illinois.gov/ilcc/Pages/Applications.aspx</a> ) (in Section 3 do not include social security numbers or date of birth for local license application consideration)	<input checked="" type="checkbox"/>	✓
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input checked="" type="checkbox"/>	OK
Copy of the Articles of Incorporation	<input checked="" type="checkbox"/>	✓
Certificate of Good Standing from Illinois Secretary of State	<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 seating configurations.)	<input checked="" type="checkbox"/>	✓
Copy of Lease/Proof of Ownership.	<input checked="" type="checkbox"/>	✓
Proof of current Dram Shop Insurance Policy (Certificate of Liability Insurance) with City of Aurora listed as certificate holder at the maximum limit.	<input checked="" type="checkbox"/>	✓
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input checked="" type="checkbox"/>	✓
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	<input checked="" type="checkbox"/>	OK
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"/>	OK
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L, Class O, Class P, Class S and Class S-1))	<input checked="" type="checkbox"/>	✓
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input checked="" type="checkbox"/>	✓
Personal Information Form(s) (PIF) (one for each owner of 5% or owner, corporate officers to be listed on the license and on-site manager.)	<input checked="" type="checkbox"/>	✓
Current list of names, dates of birth and home addresses of all members (Class B)	<input type="checkbox"/> N/A	

## Corporation / Premises Questions

1.	<p>Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If, Yes state the parent corporation's name. _____</p>
2.	<p>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</p> <p>If Yes, explain. _____</p>
3.	<p>How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p> <p>5 years 10 months</p>
4.	<p>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 <input checked="" type="checkbox"/> No</p> <p>If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application. _____</p> <p>_____</p>
5.	<p>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 <u>Restaurant</u></p>
6.	<p>State the estimated value of goods, wares and merchandise to be used in the course of business.</p> <p>400,000</p>
7.	<p>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list each and every charge, the date of the charge, the eventual disposition of the charge, and the municipality or other jurisdiction bringing the charge. If no charges were filed, state the reason(s) for the investigation or hearing.</p> <p>7-27-18 (1) Battery (2) FAILURE TO REPORT - DISMISSED          11-28-18 (1) MINOR IN LOUNGE (2) INTOXICATED MINOR - GUILTY PLEA  <i>There have been no charges other than from the CITY OF AURORA</i></p>
8.	<p>Please list names and addresses of other establishments the business or partners owns and operates that have active licenses within the State of Illinois.</p> <p>No other liquor license. Jorge Pacheco owns Apache Service and Supply, Co. which has a business license with the city of Chicago.</p>
9.	<p>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>

10. If applicant is applying for a **Class B - Fraternal Society or Club Liquor License**:

A. How many dues-paying members do 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

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11. Does your establishment have entertainment?  Yes  No

If Yes, what form(s) of entertainment do you offer?  Bands/Solo  DJ  Televised Sports

Other: \_\_\_\_\_

Days and hours entertainment planned:

SUN	MON	TUES	WED	THUR	FRI	SAT
					10pm-1:30am	10pm-1:30am

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12. 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.

Individual 1099 independant contractors.

\_\_\_\_\_

\_\_\_\_\_

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13. Do you have security cameras on premise?  Yes  No

If yes, are they:  Indoor  Outdoor  Both

If yes, please provide a brief description of the location(s): The parking lot and interior premises

are recorded 24 hours per day

\_\_\_\_\_

\_\_\_\_\_

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14. 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:

Carlos Montoya

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15. For **Class G-1**, check the retail item categories available for purchase at the location:

Dairy  Baked Goods  Frozen Goods  Groceries

Snack Foods  Health Aids  Beauty Aids

# 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. If said violation occurs within the first year (probationary period) a liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.

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.

\_\_\_\_\_  
C Signatures

\_\_\_\_\_  
Individual/Partnership Signatures

Pre

\_\_\_\_\_  
Signature

Sec

\_\_\_\_\_  
Signature

Tre

\_\_\_\_\_  
Signature

Signed and sworn to before me this 30<sup>th</sup> day of

April, 2019



\_\_\_\_\_  
Notary Public

(SEAL)

LCC License



Settings

Home LCC: 1A-0110713 Request

Cancel Save Cancel

QUESTIONS OWNERS ATTACHMENTS

LICENSE INFORMATION

DISCLAIMER: If your license is delinquent for 30 days or more you will not be able to renew your license online. You will need to contact our offices at 312-814-2206 or 217-782-2136 for further instructions.

NOTE: If renewal is received late, an additional \$25.00 late filing fee will be applied.

License type	License source	License number
1A - RETAILER	MyTax	1A-0110713
Creation date	Expiration date	License fee
4/30/2019	5/31/2020	600.00

APPLICANT - CORPORATE INFORMATION

NOTE: Attachment required, if your DBA name or Retail type has changed.

Check here to update this information

Legal name  
255 GROUP LTD

DBA  
BLACK DOOR PUB

Retail type  
ON-PREMISES

Business type  
G. BAR/TAVERN

Business type - specify

APPLICANT CONTACT INFORMATION

Check here to update this information

Contact person  
JORGE PACHECO

Phone number (home, cell, etc) [Redacted] Ext. [ ]

Fax number [ ]

Business phone number  
(630)264-5022 Ext. [ ]

Email address  
BLACKDOORPUB@YAHOO.COM

BUSINESS PREMISES ADDRESS

NOTE: Attachment required, if your Business address has changed.

Check here to update this information

Street

255 E INDIAN TR

Street 2

Unit type

Unit

City

AURORA

State

ILLINOIS

Zip code

60505-

County

KANE

### MAILING ADDRESS

Check here to update this information

Check here if same as business premises address

Attention

Country

USA

Street

255 E INDIAN TR

Street 2

Unit type

Unit

City

AURORA

State

ILLINOIS

Zip code

60505-

County

Kane

### RIGHTS TO THE PROPERTY

Check here to update this information

I hereby certify that property is owned by applicant

I hereby certify that property is leased from landlord

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

### LANDLORD CONTACT INFORMATION

Check here to update this information

Name

EDGEMARK ASSET MANAGEMENT

Phone number (home, cell, etc) (630)264-5022

Ext.

Fax number

Email address

### LANDLORD ADDRESS

Check here to update this information

4/30/2019  
Attention

Street  
2215 YORK RD

Street 2

Unit type  
SUITE

State  
ILLINOIS

Unit

503

Zip code

60523-4016

City

OAK BROOK

County

DUPAGE

### LOCAL LIQUOR LICENSE INFORMATION

**DISCLAIMER:** If the jurisdiction has changed, you will be required to apply for a new Liquor License. You will not be able to continue with this renewal.

**NOTE:** Attachment required

Issuing county / city / village	License number	Date issued	Expiration date
	Required	Required	Required

### CERTIFICATE OF INSURANCE

**NOTE:** Attachment required

Provider	Coverage		
ESSER HAYES INSURANCE GROUP	1,000,000.00		
Effect date	Expiration date	Policy number	Phone
12/20/2018	12/20/2019	1020146074	(630) 355-2077

### AUTHORIZED HOURS

These hours must be the hours authorized by the local municipality.

Check here to update this information

Monday				<input checked="" type="checkbox"/> Closed	
Tuesday	04:00	PM	01:00	AM	<input type="checkbox"/> Closed
Wednesday	04:00	PM	01:00	AM	<input type="checkbox"/> Closed
Thursday	04:00	PM	01:00	AM	<input type="checkbox"/> Closed
Friday	11:00	AM	02:00	AM	<input type="checkbox"/> Closed
Saturday	04:00	PM	02:00	AM	<input type="checkbox"/> Closed
Sunday	04:00	PM	01:00	AM	<input type="checkbox"/> Closed

### AVAILABLE HOURS

These hours will be when a representative is available for our inspectors.

Check here to update this information



4/30/2019

MyTax Illinois

Monday

Closed

Tuesday

04:00

PM

-

01:00

AM

Closed

Wednesday

04:00

PM

-

01:00

AM

Closed

Thursday

04:00

PM

-

01:00

AM

Closed

Friday

11:00

AM

-

02:00

AM

Closed

LCC License

Settings

Logout

Home

LCC: 1A-0110713

Request

Submit Save Cancel

MAIN QUESTIONS OWNERS ATTACHMENTS

ELIGIBILITY QUESTIONS

NOTE: The questions below pertain to the applicant and any other person listed in the "OWNERS" tab.

Yes No

- Are you delinquent in the payment of any Illinois Business taxes (sales tax, withholding taxes, etc.) ? [235 ILCS 5/6-3]
- Are you delinquent under the cash beer law?
- If retailer, are you delinquent under the 30 day credit law?
- Have you ever made application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
- Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
- Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
- Have you ever been convicted of a gambling offense as defined under Section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a), 11, "Gambling"; 720 ILCS 5/28-1, 1(a)-(d) "Syndicated Gambling"; and 720 ILCS 5/28-3 "Keeping a Gambling Place"?
- Do you possess a current Federal Wagering Stamp?
- Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
- Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- Are you or any other person having a direct interest in you place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
- Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(a) of the Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
- If a corporate license, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(10) and 6-2(10A)]

If any of the above questions are answered with a "Yes" include a full written explanation below.

Do you possess a current "Illinois Video Gaming License? If answer is "Yes" please provide the information below:

Video gaming license number

130705250

Have you made an application for a Video Gaming License that is currently pending? If answer is "Yes" please provide the information below:

Video gaming application number

Date applied

LCC License



Home LCC: 1A-0110713 Request

Cancel Save Cancel

MAIN QUESTIONS OWNERS ATTACHMENTS

OWNERS

DISCLAIMER: If you have obtained a new FEIN Number and Illinois Sales Tax Number, then you must apply for a new liquor license instead of submitting this renewal application. If you are a Sole-Proprietor and will be changing the 100% ownership of your business, then you must apply for a new liquor license instead of submitting this renewal application.

NOTE: Attachment(s) required, if there are any changes in corporate officers, owners, members, managers, directors, etc.

- Check here to add or delete corporate officers, owners, members, managers, directors, etc.
Click icon to see detailed instructions.
Check here to change information for current corporate officers, owners, members, managers, directors, etc.

I hereby certify that our entity is a Not For Profit (Educational, Fraternal, Political, Civic, Religious, or Other) with no ownership interest among our members.

Go back to previous screen

Record 1

OWNER / OFFICER / MEMBER INFORMATION

Change Name Change SSN Change % owned Change Date of birth Other Changes
Last name: PACHECO First name: JORGE M.I.: A
SSN: [Redacted] % owned: 100.00 Date of birth: [Redacted] Sex: Male Effective date: 4/30/2019
Address: [Redacted]
City: [Redacted] State: [Redacted] Zip code: [Redacted] Country: USA
Phone: [Redacted] Ext.: [Redacted] Title: PRESIDENT Title - specify: [Redacted]

Go back to previous screen

Table with columns: Name, FEIN, Foreign, % owned, Effective date. Includes 'Add a Record' button.