

# LLA

## City of Aurora, Illinois

# 2026 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: Aurora-Boulevard, LLC

License Class

*D-Fansworthy  
Bitter Ent. Dist.  
Onsite Consumption  
+ Strolling*

### APPLICANT CHECKLIST:

- Date Complete Application was Received by the City Clerk's Office: April 27, 2026
- Application Fee \$250.00 (Checks made payable to: City of Aurora)
- Business Information Sheet and Probationary Agreement/Management Plan Complete (in application)
- Proof of Background Check for all 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 Date: November 26, 2031
- Copy of Dram Shop Insurance Policy (Liquor Liability Insurance) - Insurance Expiration: \_\_\_\_\_
- Copy of current 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 Business Number: BUSR-# 40676
- Appropriate Liquor Classification and Endorsement (if applicable) *CL. D-onsite*
- Yearly Fee (per license classification) \$ 2,070

*- Strolling + 250  
- Catering + 250  
- Perm. Outdoor Seating + 250*

Approved

Denied

Date Approved/Denied: \_\_\_\_\_

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

\_\_\_\_\_  
Mayor  
Liquor Control Commissioner

## Applicant Information

Applicant/Corporate Name: Aurora-Boulevard, LLC

d/b/a Name: Boulevard Food & Drink Hall - Aurora

Business Address: 2500 North Farnsworth, Suite 110 Aurora, IL 60502  
Street City/State Zip

Business Telephone#: 312-696-0900 Fax #: \_\_\_\_\_

Owner or Manager Contact: Richard Camarota

Telephone #: 312-802-2036 Email Address: richard@mchospitality.net

Additional Business Contact: Shawn McClain

Telephone #: 773-255-8049 Email Address: shawn@mchospitality.net

## Business Location Information

Business Name (dba): Boulevard Food & Drink Hall- Aurora

Business Address: 2500 North Farnsworth, Suite 110 Aurora, IL 60502 Kane  
Street City/State Zip County

Telephone #: 630-801-1234

Website: https://www.hollywoodcasinoaurora.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. Note: This is a sublease
- I hereby certify that the property is managed via an operating or management agreement.

Landlord name: GLPI, Inc. c/o Kevin P. Dermody, Deputy General Counsel

Address: 845 Berkshire Blvd Wyomissing PA 19610  
Street City State Zip

Telephone #: 484-336-5900 Email Address: kdermody@glpropinc.com

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
Restaurant is located within a casino. Restaurant area is 8700 sq/ft total	Dining area is 4800 sq/ft	3900 sq/ft	193	1,731

## 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: \_\_\_\_\_ N/A \_\_\_\_\_

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?  Yes  No  
If yes, please fill out the area below.

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: Aurora-Boulevard LLC \_\_\_\_\_

Corporate Registered Agent: Alastar McGrath \_\_\_\_\_

Corporate Headquarters Address: 2500 North Farnsworth, Suite 110 Aurora, IL 60502 \_\_\_\_\_

Corporate Telephone #: 312-696-0900 \_\_\_\_\_

Corporate Contact Name and Cell #: Richard Camarota, 312-802-2036; Shawn McClain 773-255-8049 \_\_\_\_\_

State of Incorporation: IL Date of Incorporation: November 22, 2024 \_\_\_\_\_

B. Name (first and last) of all Partners: See attached Supplement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Name of Sole Proprietor: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Provide a copy of your Articles of Incorporation or Organization along with the most recently filed Corporation or LLC Annual Report from the Secretary of State's Website.

## 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 and officers must have a background check for the CITY OF AURORA (good for 3 years).

**See Attached Supplement**

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 #: \_\_\_\_\_

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.	<p>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?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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.</p>
2.	<p>How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p> <p>N/A - New Business</p>
3.	<p>Does the director, officer, shareholder, or any of your managers hold any law enforcement office?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the person's name, title and agency. _____</p>
4.	<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 type="checkbox"/> Yes <input checked="" 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>
5.	<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> <p>If yes, attach a document that answers the following:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The size of the applicant's business and the affected establishment;</li> <li>• The availability of adequate parking for patrons of both the applicant's business and the affected establishment;</li> <li>• Whether the applicant is seeking a license to permit consumption of liquor on premises or the sale of packaged goods;</li> <li>• Any police activity;</li> <li>• Relevant geography and location of applicant's business;</li> <li>• The legal nature and history of applicant;</li> <li>• Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.</li> </ul>
6.	<p>Do you have security cameras on the premises? _____</p> <p>If yes, are they _____</p> <p>If yes, please provide a brief description of the location(s) _____</p>

# 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

Aurora-Boulevard LLC

d/b/a Name

Boulevard Food & Drink Hall - Aurora

Location Address

2500 North Farnsworth, Suite 110  
Aurora, IL 60502

### Planned Days / Hours of Operation

	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input checked="" type="checkbox"/> SUNDAY	FROM	6:00 a.m.		TO	1:00 a.m.	
<input checked="" type="checkbox"/> MONDAY	FROM	6:00 a.m.		TO	1:00 a.m.	
<input checked="" type="checkbox"/> TUESDAY	FROM	6:00 a.m.		TO	1:00 a.m.	
<input checked="" type="checkbox"/> WEDNESDAY	FROM	6:00 a.m.		TO	1:00 a.m.	
<input checked="" type="checkbox"/> THURSDAY	FROM	6:00 a.m.		TO	1:00 a.m.	
<input checked="" type="checkbox"/> FRIDAY	FROM	6:00 a.m.		TO	1:00 a.m.	
<input checked="" type="checkbox"/> SATURDAY	FROM	6:00 a.m.		TO	1:00 a.m.	

### Entertainment

Entertainment will be held on the premises. Yes  No

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

The entertainment identified below is regarding hours for gambling. Other forms of entertainment may also take place. The Food Hall itself will not have entertainment, but the casino will have entertainment

Please specify the dates and times that entertainment is planned.

	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input checked="" type="checkbox"/> SUNDAY	FROM	24/7		TO		
<input checked="" type="checkbox"/> MONDAY	FROM	24/7		TO		
<input checked="" type="checkbox"/> TUESDAY	FROM	24/7		TO		
<input checked="" type="checkbox"/> WEDNESDAY	FROM	24/7		TO		
<input checked="" type="checkbox"/> THURSDAY	FROM	24/7		TO		
<input checked="" type="checkbox"/> FRIDAY	FROM	24/7		TO		
<input checked="" type="checkbox"/> SATURDAY	FROM	24/7		TO		

**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:

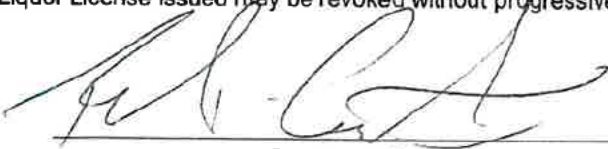
Address of Private Security Company:

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  
*Managing partner*

*4/27/26*

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  
*Managing Partner*

*4/27/26*

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

Aurora-Boulevard LLC

The exact "legal name" as it appears in the official business formation documentation.

For Sole Proprietors, this is the full name of the business owner as it appears on the Sole proprietor's government-issued photo ID.

#### "Doing Business As" Name

Boulevard Food & Drink Hall - Aurora

The exact "Doing Business As" (DBA) Name as it appears in the official business formation documentation.

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 #

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 #

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

<b>Business Activity</b> List your business activities, including all products and/or services to be offered.	Restaurant food service on premises of casino. Business intends to sell alcohol on premises			
<b>Business Activity</b> List your business activities, including all products and/or services to be offered.				
Square footage used by the business:	8700	SQ. FT.	Number of employees at this site:	40

### Primary Contact Person

First Name Shawn	Middle Name Kenneth	Last Name McClain	Jr./Sr.
Contact Phone # 773-255-8049	Fax # N/A	E-Mail Address shawn@mchospitality.net	

**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

Individual/Partnership Signatures

*[Handwritten Signature]*  
\_\_\_\_\_  
President *Managing Partner*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Signature

*[Handwritten Signature]*  
\_\_\_\_\_  
Treasurer  
*State of Nevada County of Clark*

\_\_\_\_\_  
Signature

Signed and sworn to before me this 27 day of April, 2026.

*[Handwritten Signature]*  
\_\_\_\_\_  
Notary Public

Government Entity Signatures

\_\_\_\_\_  
Signature - Manager on Behalf of Government Entity

\_\_\_\_\_  
Signature - Governmental Officer





77 West Wacker Drive – Suite 4500  
Chicago, IL 60601

1251 N. Eddy Street, Suite 200  
South Bend, IN 46617

400 Renaissance Center, Suite 2600  
Detroit, MI 48243

342 N. Water Street, Suite 600  
Milwaukee, WI 53202

April 27, 2026

Liquor Commission  
Aurora, Illinois

To Whom It May Concern:

This document is intended to supplement the ownership information on page 5 of 10 for Aurora-Boulevard, LLC's liquor license application with the City of Aurora. Aurora-Boulevard, LLC has one member, which is Boulevard Social Hall, LLC. Boulevard Social Hall, LLC has two members, The McClain Group, LLC and Camarota, LLC. In order to allow this process to be as transparent as possible, Aurora-Boulevard, LLC wanted to provide the additional information below on behalf of its single member, Boulevard Social Hall, LLC, and additional information on behalf of its two members, The McClain Group, LLC and Camarota, LLC:

**Boulevard Social Hall, LLC:**

**A) Managers:**

The McClain Group, LLC

MI

Camarota, LLC

NV

**The McClain Group, LLC:**

**A) Members:**

Name: Shawn McClain  
Position: Managing Member  
Address:

DOB:  
Date of Fingerprints: 04-14-2026  
Phone Number:

Email: shawn@mchospitality.net

Name: Holly McClain

Position: Member

Address:

DOB:

Phone Number:

Email:

**B) Sharing Ratios**

Shawn McClain 90%

Holly McClain 10%

**Camarota, LLC:**

**A) Members:**

Name: Richard Camarota, Jr.

Position: Manager

Address:

DOB:

Date of Fingerprints: 04-14-2026

Phone Number:

Email: richard@mchospitality.net

Name: Sarah Camarota

Position: Manager

Address:

DOB:

Phone Number:

Email:

**B) Units**

Sarah Camarota

Units: 400

Richard Camarota, Jr.  
Units: 600

If you have any questions about this supplement, or the application in general, please do not hesitate to contact me. We look forward to working with you.

Respectfully,

/s/ Madeline Penn

CC: Caitlin Brown  
Alastar McGrath

**LEA**

**City of Aurora, Illinois**  
**Liquor License Endorsement Application 2026**



Incomplete applications will not be accepted.  
Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60507

License Year: May 1, 2026 – April 30, 2027

Applicant Business Aurora Boulevard, LLC Current License Class B

Date Application Submitted April 27, 2026 Endorsement Fee (per endorsement) —\$250.00

Endorsement(s) Requested: (check all that apply)

- Package Sales—(Classes B, C, D)
- Catering
- Permanent Outdoor Seating—(Classes B, C, D)
- BYOB
- Self-Service (Class D)\*\*     Strolling (Class D)\*\*     Drive-Thru—(Class A)\*\*

Other Specialty:  Early Sunday Service of Alcohol for a Breakfast and Lunch Only Restaurant  
 Early Sunday Service of Alcohol for a Golf Course

**\*\*Requires City Council Approval through Committee Review Process**

Description of how your business plans to utilize the endorsement(s): Restaurant will have outdoor seating, may provide catering within the premises, and will allow people to purchase alcohol from Boulevard and walk around the remainder of the indoor property with the alcohol.

A new Liquor License Endorsement Application must be submitted each year along with the applicant's Liquor License Renewal Application. Endorsement fees must be paid at the time of application. Please carefully review Chapter 6 of the City of Aurora Code of Ordinances as it pertains to the requirements of your liquor license and endorsement.

Submitted by: *Richard Camrock* Printed Name: Richard Camrock

Title: Partner Date: 4/27/26

Application Approved (Date) : \_\_\_\_\_

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

Mayor  
Liquor Control Commissioner

Form: (Updated 01/22/2026) Endorsement—2026