

# 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: WHITNEY'S LOVE LLC

License Year: 2024 to 2025

License Class: C-Salon

### Official Use Only

- Date Complete Application Received \_\_\_\_\_
- 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 June 30<sup>th</sup> 2025
- Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration \_\_\_\_\_
- 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-00008
- Appropriate Liquor Classification and Endorsement (if applicable)
- Yearly Fee (per license classification) \$ 350/yr

Approved

Denied

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

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

Mayor

Liquor Control Commissioner

### Applicant Information

Applicant/Corporate Name: WHITNEY'S LOVE LLC

d/b/a Name: WHITNEY'S LOVE NAIL & BEAUTY BAR

Business Address: 302 W. INDIAN TRL STE. A AURORA/IL 60506

Street

City/State

Zip

Business Telephone#: 331-575-0826

Fax #: n/a

Owner or Manager Contact: WHITNEY FOSTER

Telephone #: [REDACTED]

Email Address: [REDACTED]

Additional Business Contact: n/a

Telephone #: n/a

Email Address: n/a

### Business Location Information

Business Name (dba): WHITNEY'S LOVE NAIL & BEAUTY BAR

Business Address: 302 W. INDIAN TRL STE. A AURORA/IL 60606 KANE

Street

City/State

Zip

County

Telephone #: 331-575-0826

Website: WWW.WHITNEYSLOVE.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: MICHELLE MORGAN

Address: 37 S. RIVER ST. AURORA IL 60506

Street

City

State

Zip

Telephone #: 630-844-3222

Email Address: MMORGAN@OLDSECOND.COM

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
<del>1,600</del> 1,600	N/A	N/A	10	14

## 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:** WHITNEYS LOVE LLC dba HIDDEN BEAUTY SALON

**Business Address:** 110 JOHN ST. NORTH AURORA/IL 60542  
Street City/State Zip

**Business Telephone#:** 331-454-0568 **Date Held: (mm/yy)** 11/13/23

**Liquor License Number and State:** 1A-1155796 IL

**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: WHITNEY'S LOVE LLC

Corporate Registered Agent: WHITNEY FOSTER

Corporate Headquarters Address: 302 W. INDIAN TRL AURORA, IL 60506

Corporate Telephone #: 331-454-0568

Corporate Contact Name and Cell #: WHITNEY FOSTER

State of Incorporation: IL Date of Incorporation: 3-2-21

B. Name (first and last) of all Partners: N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

## 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: FOSTER WHITNEY S  
Last First Middle

Position with Business: CEO % of Ownership 100

Email Address: [REDACTED]

Date of Birth: [REDACTED] Date of Fingerprints for City of Aurora \_\_\_\_\_  
MO Day YYYY

Home Address: [REDACTED]  
Street City State Zip

Home Telephone#: [REDACTED] Cell Phone #: [REDACTED]

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>1 YEAR</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? [REDACTED]</p> <p>If yes, are they: [REDACTED]</p> <p>If yes, please provide a brief description of the location(s): [REDACTED]</p>

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## 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 **WHITNEY'S LOVE LLC**

d/b/a Name **WHITNEY'S LOVE NAIL & BEAUTY BAR**

Location Address **302 W. INDIAN TRL STE. A AURORA, IL 60506**

### Planned Days / Hours of Operation

<input checked="" type="checkbox"/>	SUNDAY	FROM	9AM	A.M. /P.M.	TO	10pm	A.M. /P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	9AM	A.M. /P.M.	TO	10pm	A.M. /P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	9AM	A.M. /P.M.	TO	10pm	A.M. /P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	9AM	A.M. /P.M.	TO	10pm	A.M. /P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	9AM	A.M. /P.M.	TO	10pm	A.M. /P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	9AM	A.M. /P.M.	TO	10pm	A.M. /P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	7AM	A.M. /P.M.	TO	10pm	A.M. /P.M.

### Entertainment

Entertainment will be held on the premises. Yes  No

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

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		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	FRIDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input 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 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

09-17-24

\_\_\_\_\_  
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

09-17-24

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary / Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk's Office

\_\_\_\_\_  
Date





City of Aurora, Illinois  
Business Information Sheet

Business Entity Information

Type of Business  Sole Proprietor  Partnership  LLC  Corporation  Non-Profit

Legal Name of Business

WHITNEY'S LOVE 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

WHITNEY'S LOVE NAIL & BEAUTY BAR

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 #

[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/](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 #

[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

FULL SERVICE NAIL AND BEAUTY SALON

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

OFFERING GEL NAILS, PEDICURES, WAXING, HAIR STYLING

Business Activity

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

Square footage used by the business:

1,400

SQ. FT.

Number of employees at this site:

13

Primary Contact Person

First Name WHITNEY	Middle Name	Last Name FOSTER	Jr./Sr.
Contact Phone # [Redacted]	Fax #	E-Mail Address [Redacted]	

# 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.

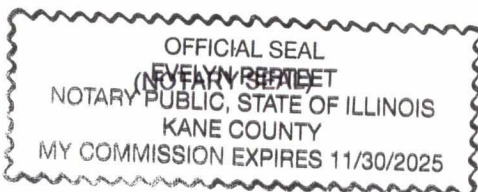
### Corporate/LLC Signatures

Whitney Love, LLC  
\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

Signed and sworn to before me this 2 day of  
November, 2024.  
[Signature]  
\_\_\_\_\_  
Notary Public



### Individual/Partnership Signatures

[Signature]  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

### Government Entity Signatures

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

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