

LRA

City of Aurora, Illinois Liquor License Renewal Application



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

Official Use Only

License Year: ___/___/___ to 4/30/2021

Date Application Received 4-6-20 (Renewal)

License Class new cl. A
new cl. B
corp. ownership change

Application Renewal Fee

Background Check for all Officers, Members, Owners, and Managers (if not done within the past (3) years)

Addendum - Owner/Manager Information

Certificate of Good Standing from the State of Illinois

Floorplan Certification (If any changes have been made, a new to scale floor plan must be provided.)

Location Certification or Lease/Proof of Ownership

Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)

Copy of State Liquor License

Copy of State-Certified Beverage Alcohol Sellers/Servers Training (BASSET) Certificates (for all employees serving alcohol and all Managers and Assistant Managers). Certificates are good for three (3) years.

Copy of Menu (If applicable)

Audit form for Video Gaming Terminal Establishments (Class N)

Appropriate Liquor Classification and Endorsement (endorsement if applicable)

Copy of County Health Department Certificate

Class B License Holders Only—Current List of Names, Dates of Birth, and Addresses of Officers.

Other: corporation ownership change * (js)

Notes: _____

Approved

Denied

Date Approved/Denied: _____

Date Issued: _____

Mayor
Liquor Control Commissioner

Form: 2020

Applicant Information

Applicant/Corporate Name: Casa Blanca Supermercado, Inc.

d/b/a Name: _____

Business Address: 770 Claim St. 60505
Street Zip

Business Telephone #: (630) 851-7777 Fax #: _____

Owner or Manager Contact: Martina Cardenas

Telephone #: [REDACTED] Email Address: [REDACTED]

Additional Business Contact: _____

Telephone #: _____ Email Address: _____

Business Location Information

Business Name (dba): _____

Business Address: _____
Street Zip County

Telephone #: _____

Website: _____

Are the premises owned or leased?

- 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: VCAT Investment, Inc.

Address: 770 Claim St. Aurora IL. 60505
Street City State Zip

Telephone #: (815) 641-6493 Email Address: [REDACTED]

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
	0		13	27

*↑
 tables for
 prog. listed
 76 seats*

Is the current business floorplan the same as previously submitted?

I hereby certify that the business floorplan has not changed.

The business floorplan has changed. Attached is an updated floorplan.

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]

How long is your security camera footage retained? [REDACTED]

Business Organization Information

Type of Business:

Sole Proprietor Partnership Corporation LLC Non-Profit

For LLC, Corporation or Non-Profit Organizations, proceed to Question C.

A. Name of Sole Proprietor: _____

d/b/a: _____

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

C. Corporation Name: Casa Blanca Supermercado, Inc.

Corporate Registered Agent / Contact: Donald L. Cordano

Corporate Headquarters Address: _____

Corporate Telephone #: _____

Corporate Contact Name and Cell #: _____

State of Incorporation: Illinois **Date of Incorporation:** 12/01/2000

D. Have there been any changes to your Business Structure, Ownership, or Management since your last Application? If yes, specify changes: _____

Prior/Current Manager Information

All Managers and Assistant Managers Listed on Most Recent Renewal Application

Name: Cardenas Martina
Last First Middle

Position with Business: 100 % of Ownership shareholder

Email Address: [REDACTED]

Date of Birth: [REDACTED] Date of Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

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

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ Date of Last Fingerprints _____
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 Last Fingerprints _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

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.

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

Martina Cardenas

President

Martina Cardenas

Secretary

Martina Cardenas

Treasurer

Signed and sworn to before me this 27 day of

March, 2020.

Lynn A. Chemelewski-Flores
Notary Public

Individual/Partnership Signatures

[Redacted Signature]

[Redacted Signature]

Signature

(SEAL)

