

LLA

City of Aurora, Illinois 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

Official Use Only

License Year: 5/1/20 to 4/30/21

License Class: D-Fox Valley Mall
Entertainment District

- Date Application Received (pending)
- Application Fee
- Business Information Sheet (BIS)
- Proof of Background Check for all Managers/Assistant Managers/Owners (receipts)
- Probationary Agreement/Management Plan
- Certificate of Good Standing from the State of Illinois
- Certificate of Registration (Food & Beverage Tax) Registered - needs to update pmt.
- Certificate of Occupancy
- Copy of Articles of Incorporation
- Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (If applicable)
- Copy of Lease/Proof of Ownership—Lease Expiration 5-1-2035
- 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)
- Appropriate Liquor Classification and Endorsement (endorsement if applicable)
- Other: _____
- Notes: _____

Approved Denied Date Approved/Denied: _____

Date Issued: _____

Mayor
Liquor Control Commissioner

Applicant Information

Applicant/Corporate Name: THE COMEDY SHRINE THEATER LLC.

d/b/a Name: _____

Business Address: 195 FOX VALLEY CENTER DR. AURORA, IL. 60504
Street Zip

Business Telephone#: (630) 585-0300 Fax #: _____

Owner or Manager Contact: DAVID SINKER

Telephone #: _____ Email Address: _____

Additional Business Contact: PATRICK SINKER

Telephone #: _____ Email Address: _____

Business Location Information

Business Name (dba): THE COMEDY SHRINE THEATER LLC

Business Address: 195 FOX VALLEY CENTER DR. AURORA IL. 60504
Street Zip County DUPAGE

Telephone #: (630) 585-0300

Website: WWW.COMEDYSHRINE.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: FOX VALLEY MALL LLC.

Address: 195 FOX VALLEY CENTER DR. AURORA IL. 60504
Street City State Zip

Telephone #: (630) 851-3000 Email Address: FOX VALLEY MALL @ CENTENNIAL REC. .COM

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
	14,000 sq. ft.		670 seats	500+

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: THE COMEDY SHRINE THEATER LLC

Business Address: 4034 FOX VALLEY CENTER DR. AURORA, IL. 60504
Street State Zip

Business Telephone#: (630) 585-0300 Date Held: (mm/yy) 06/2011 - 07/2020

Liquor License Number and State: _____

Business Name: _____

Business Address: _____
Street 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 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 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 State Zip

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

Reason for Denial: _____

Business Organization Information

Type of Business:

Sole Proprietor Partnership Corporation LLC Non-Profit Government

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

A. Name of Sole Proprietor: _____

d/b/a: _____

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

C. Corporation Name: THE COMEDY SHRINE THEATER LLC.

Corporate Registered Agent / Contact: _____

Corporate Headquarters Address: _____

Corporate Telephone #: (630) 585-0300

Corporate Contact Name and Cell #: DAVID SINKER _____

State of Incorporation: 2005 IL. Date of Incorporation: 2005

Owner / Manager Information

Sole Proprietors or Partnerships - All Owner(s) and All Partner(s)
Corporations - All Director(s) and Officer(s)
All Managers and Assistant Managers

Name: SINKER PATRICK ROBERT
Last First Middle

Position with Business: GENERAL MGR. % of Ownership 0

Email Address: _____

Date of Birth: _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone # _____

Name: KROCHMAN ALEX F.
Last First Middle

Position with Business: BAR MANAGER % of Ownership 0

Email Address: ALEX@COMEDYSHRINE.COM

Date of Birth: _____
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: _____
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><u>15 YEARS 6 MONTHS</u></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">• 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.	<p>Do you have security cameras on the premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> Both</p> <p>If yes, please provide a brief description of the location(s): _____</p> <p><u>MALL HAS SECURITY CAMERAS FOR PARKING LOT.</u></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. 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

DAVID SINKER / THE COMEDY SHRINE THEATER LLC.

d/b/a Name

Location Address

195 FOX VALLEY CENTER DR. AURORA, IL. 60504

Planned Days / Hours of Operation

Day	FROM	TO	A.M. / P.M.
<input checked="" type="checkbox"/> SUNDAY	12	10	A.M. / P.M.
<input checked="" type="checkbox"/> MONDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> TUESDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> WEDNESDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> THURSDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> FRIDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> SATURDAY	10	12	A.M. / P.M.

Entertainment

Entertainment will be held on the premises. Yes No

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

COMEDY PERFORMANCES

Please specify the dates and times that entertainment is planned.

Day	FROM	TO	A.M. / P.M.
<input checked="" type="checkbox"/> SUNDAY	12	10	A.M. / P.M.
<input checked="" type="checkbox"/> MONDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> TUESDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> WEDNESDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> THURSDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> FRIDAY	10	12	A.M. / P.M.
<input checked="" type="checkbox"/> SATURDAY	10	12	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.

[Redacted Signature]

President / Owner

6-24-2020

Date

[Redacted Signature]

Secretary / Owner

6-24-2020

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

