

10.	<p>If applicant is applying for a Class B - Fraternal Society or Club Liquor License:</p> <p>A. How many dues-paying members do you have? _____ (Attach a listing of members' names and addresses.)</p> <p>B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Liquor Ordinance?: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
11.	<p>Does your establishment have entertainment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input type="checkbox"/> Televised Sports</p> <p><input type="checkbox"/> Other:</p>
12.	<p>Do you employ security?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Only when entertainment is available.</p> <p>If Yes, do you: <input type="checkbox"/> Hire Private Security <input checked="" type="checkbox"/> Use On - Staff Employees</p> <p> <input type="checkbox"/> Hire Off- Duty Police Officers <input type="checkbox"/> Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person.</p>
13.	<p>Do you have security cameras on premise? <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): Covers entire inside and outside</p> <p>Covers entire inside and outside</p>
14.	<p>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:</p> <p>Arnold Vega</p>
15.	<p>For Class G-1, check the retail item categories available for purchase at the location:</p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Baked Goods <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Groceries</p> <p><input type="checkbox"/> Snack Foods <input type="checkbox"/> Health Aids <input type="checkbox"/> Beauty Aids</p>
16.	<p>Has a <i>Personal Information Form</i> (PIF) been completed for each person holding (5%) or more stock in this corporation? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART 3 FINANCING IDENTIFY THE SOURCE(S) OF THE FUND USED TO PAY FOR THE EXPENSES LISTED IN PART 2

a BUSINESS SAVINGS & CHECKING Identify any funds from business accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
		8/1/17	Mefmet Ahmeti	\$ \$ 400,000.00	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total dollar amount drawn from business accounts:					\$ 0.00

Description of Source (Identify the sources) of money in the accounts listed above Contribution Frequency Contribution Amount

Description of Source (Identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
Business	Monthly	\$ 10,000.00
		\$
		\$
		\$

b PERSONAL SAVINGS & CHECKING Identify any funds from personal accounts used to fund Expenses, Part 2

Account Number	Financial Institution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
		11/1/10	Mefmet Ahmeti	\$ 250,000.00	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total dollar amount drawn from business accounts:					\$ 0.00

Description of Source (Identify the sources) of money in the accounts listed above Contribution Frequency Contribution Amount

Description of Source (Identify the sources) of money in the accounts listed above	Contribution Frequency	Contribution Amount
Business	Weekly	\$ 1,000.00
		\$
		\$
		\$

c LOANS FROM FINANCIAL INSTITUTIONS		Identify any loans from financial institutions used to fund Expenses, Part 2				
Account Number	Financial Institution	Loan Date	Loan Term	Co-signers of Loan	Loan Amount	
					\$	
					\$	
					\$	
					\$	
					\$	
Total dollar amount loaned by financial institutions:						\$ 0.00

d LOANS FROM FINANCIAL INSTITUTIONS		Identify any loans from individuals used to fund Expenses, Part 2				
Name of Individual	Loan Date	Source of Funds for Loan	% Investment	Loan Amount		
				\$		
				\$		
				\$		
				\$		
				\$		
Total dollar amount loaned by individuals:						\$ 0.00

e SECURITIES		Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2					
Name of Security	Buy Date	Sell Date	# of Shares	Price	Ticker	Amount Invested	
						\$	
						\$	
						\$	
						\$	
						\$	

Total dollar amount drawn from the sale of securities:						\$ 0.00
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f GIFTS FROM INDIVIDUALS		Identify any gifts from individuals used to fund Expenses, Part 2				
Name of Giver	Date of Gift	Source of Funds or Gift	# Investment	Amount		
				\$		
				\$		
				\$		
				\$		

Total financing from gifts:						\$ 0.00
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g GIFTS/GRANTS FROM INSTITUTIONS	Identify any gifts and/or grants from institutions used to fund Expenses, Part 2			
Institution	Address (Street, City State)	Contact Name and Phone	Grant Date	Amount Gifted
				\$
				\$
				\$
				\$

Total money received from institutional gifts and/or grants:			\$	0.00
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h OTHER FINANCING	Identify any financing (credit cards, etc.) used to fund Expenses, Part 2			
Description of Financing	Amount Financed			
	\$			
	\$			
	\$			
	\$			

Total money drawn from other financing:			\$	0.00
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= FINANCING TOTALS	Sub-total all funds (sections a-h) used to fund Part 2			
Business Accounts	\$	0.00	Gifts from Individuals	\$ 0.00
Personal Accounts	\$	0.00	Gifts/Grants from Institutions	\$ 0.00
Loans from Financial Institutions	\$	0.00	Other Financing	\$ 0.00
Loans from Individuals	\$	0.00	TOTAL BUSINESS FINANCING (a-h)*	\$ 0.00
Securities	\$	0.00	*Should be equal or greater than total amount of expenses listed in part 2	

PART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW

I hereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on this form is complete, true, and correct. I certify that I understand that all information provided on this Financial Disclosure Form will be corroborated. The City of Aurora reserves the right to request any and all documentation it determines necessary to perform this verification. I and/or my representative will have three business days to meet such requests, and failure to do so may result in a disapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this information is grounds for recalling the license(s) issued.

Signature of Applicant _____
Date

Subscribed to and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for said County and State (PLACE SEAL HERE)

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
451 Commons Co

d/b/a Name
Bulldog Ale House

Location Address
451 N. Commons Dr Aurora, IL 60504

Planned Days / Hours of Operation

<input checked="" type="checkbox"/>	SUNDAY	FROM	11:00am	A.M. /P.M.	TO	1:00am	A.M. /P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	11:00am	A.M. /P.M.	TO	1:00am	A.M. /P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	11:00am	A.M. /P.M.	TO	1:00am	A.M. /P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	11:00am	A.M. /P.M.	TO	1:00am	A.M. /P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	11:00am	A.M. /P.M.	TO	1:00am	A.M. /P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	11:00am	A.M. /P.M.	TO	2:00am	A.M. /P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	11:00am	A.M. /P.M.	TO	2:00am	A.M. /P.M.

Entertainment

Entertainment will be held on the premises. Yes No

If yes, what type(s) of entertainment? (Please list) Bands/Solo DJ Televised Sports
Other

Please specify the days 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.