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



City of Aurora

Financial Disclosure Form

FORM REQIRED: Used to document the source of all money invested or spent to fund a new establishment, expand an existing establishment, or buy an existing business, when the business holds one of the following licenses; Liquor, Amusement, Hotel, or Day Care.

INSTRUCTIONS: Complete the four (4) parts below, being sure to follow all printed instructions carefully. If a section does not apply, <u>mark it "N/A"</u>. If more room is needed to complete any of the following sections, <u>include an attachmet</u>. This form must be signed and notarized in Part 4 by an owner or officer listed with the <u>Department of Business Affairs & Consumer Protection</u>. PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION.

| EEIN# (IRS) 81-1765286 Legal Name of Applicant Entity 451 Commons Co Bulldog Ale House First Name of Primary Business Contact Middle Name Mefmet Home Street Address of Primary Business Contact More Phone Work Phone () Cell Phone E-mail Address ITEMIZE ALL EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (start-up, expension, and/or business purchase costs only; construction, renovation, stack purchase, inventory. Food Inventory Equipment 50,000 00 10 11 11 11 11 11 11 11 11 11 11 | PART 1 INFORMA | PROVIDE THE FOLLO | WING INFORMATION ABOUT TH | E LEGAL ENTITY APPLYING FOR THE | LICENSE(S). | |
|--|---------------------------|--------------------------------------|--|--|------------------|-------|
| ## About the First Name of Primary Business Contact | | IDOR#(ILD | ent of Revenue-formerly IBT | # IDOR # (IL Dept. of Reve | nue formerly IB | 3T# |
| First Name of Primary Business Contact Middle Name Ahmeti Home Street Address of Primary Business Contact Sulte/Apt. City State Zip Home Phone Work Phone Cell Phone E-mail Address () PART 2 EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (start- up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout Licenses 4,500,000 Food Inventory 30,000 Liquor Inventory \$20,000 | Legal Name of Appl | icant Entity | "Doing Busine | ss as Name" of establishment | | |
| Mefmet Home Street Address of Primary Business Contact Suite/Apt. City State Zip Home Phone () E- mail Address () EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (startup, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout Licenses 4,500,000 Food Inventory 30,000,000 Liquor Inventory \$ 20,000 | 451 Commo | | | | | |
| Home Phone Work Phone Cell Phone E-mail Address TEMIZE ALL EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (start—up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout \$250,000.00 Licenses 4,500.00 Liquor Inventory \$30,000.00 | First Name of Prima | ary Business Contact | Middle Name | Last Name | | |
| Home Phone Work Phone Cell Phone E-mail Address PART 2 EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (start-up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout \$250,000.00 Licenses 4,500.00 Food Inventory 30,000.00 Liquor Inventory \$20,000 | Mefmet | | | Ahmeti | | |
| PART 2 EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (start—up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout \$250,000.00 Licenses 4,500.00 Food Inventory 30,000.00 Liquor Inventory \$20,000 | Home Street Addre | ss of Primary Business Cont | act Suite/Apt. (| City State | Zip | |
| PART 2 EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (start—up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout \$250,000.00 Licenses 4,500.00 Food Inventory 30,000.00 Liquor Inventory \$20,000 | | | | | | |
| PART 2 EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATION. Description of Expenses (startup, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout \$250,000.00 Licenses 4,500.00 Food Inventory 30,000.00 Liquor Inventory \$20,000 | Home Phone | Work Phone | Cell Phone | E– mail Address | | |
| Description of Expenses (start- up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory. Construction Buildout \$250,000.00 Licenses 4,500.00 Food Inventory 30,000.00 Liquor Inventory \$20,000 | () | () | | | | |
| Construction Buildout \$ 250,000.00 Licenses 4,500.00 Food Inventory 30,000.00 Liquor Inventory \$ 20,000 | PART 2 EXPENSES | ITEMIZE ALL EXPENS | ES FOR THE FUNDING OF THE BU | SINESS OR OWNERSHIP CHANGE | AT THIS LOCATION | |
| Licenses 4,500.00 Food Inventory 30,000.00 Liquor Inventory \$ 20,000 | Description of Expenses (| start – up, expansion, and/or busine | ess purchase costs only; construction, | renovation, stock purchase, inventory. | Amount of Ex | pense |
| Food Inventory 30,000.00 Liquor Inventory \$20,000 | | Cons | truction Buildout | | \$ 250,000 | .00 |
| Liquor Inventory \$ 20,000 | | | Licenses | | 4,500 | .00 |
| | | Fo | ood Inventory | | 30,000 | .00 |
| Equipment 50,000 00 | | Lic | quor Inventory | | \$ 20,000 | , |
| | | | Equipment | | 50,000 | .00 |
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| PART 3 FINANCING IDENTIF | FY THE SOURCE(S) OF T | HE FUND USED TO PAY FOR | THE EXPENSES LISTED IN | PART 2 |
|--|--|---------------------------------------|------------------------|---------------------------------------|
| a BUSINESS SAVINGS & CHECK | ING Identify a | any funds from busines | accounts used to fur | nd Expenses, Part 2 |
| Account Number Financial Institut | ion Date Opened | Signatories on Account | Current Balance | Drawn for Business |
| | 8/1/17 | Mefmet Ahmeti | \$ \$ 400,000.00 |) \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | . Y | · · · · · · · · · · · · · · · · · · · | \$ | \$ |
| | | | \$ | \$ |
| | Total dollar ar | mount drawn from busin | ess accounts: | \$ 0.00 |
| Description of Source (identify the sc | | | | |
| Business | umanan a kala ner a kok allabadan na kala eke e ana ner - yer - a ke | | Monthly | \$ 10,000 00 |
| | | | | \$ |
| | | | | \$ |
| | COLLEGE ST. MARIE S. S. P. A. VIII. POPPER ST. SECTION ST. | | | \$ |
| b PERSONAL SAVINGS & CHECK | CING Identify a | iny funds from persona | accounts used to fun | d Expenses, Part 2 |
| Account Number Financial Institut | | Signatories on Accoun | | Drawn for Business |
| | 11/1/10 | Mefmet Ahmet | i \$ 250,000.0 | 0 ; \$ |
| | : | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | mount drawn from busine | Contribution Frequen | \$ 0.00 |
| Description of Source (identify the so | | ne accounts listed above | **** | |
| BI | usiness | | Weekly | \$ 1,000.00 |
| | | | , | \$ |
| | | | | \$ |
| | | | | \$ |

| Account Number | | | | | nstitutions used to | | | |
|---------------------------------------|---------------------------------------|---|----------------|---|-----------------------|----------------------|----------|-----|
| Account Number | Financial Instit | ution | Loan Date | Loan Term | Co-signers of Loai | ı Loan | Amoun | t |
| | | | | | | \$ | | |
| | | | | | | \$ | | |
| | | | | | | \$ | | |
| | | | | | | \$ | | |
| | | | **** | | | \$ | | |
| | | Total dollar a | mount loaned | l by financial ins | titutions: | \$ | 0 | .00 |
| d LOANS FROM FI | NANCIAI INSTITI | 5 (2020 115 12 20 20 20 20 20 20 20 20 20 20 20 20 20 | <u> </u> | | s used to fund Expe | anses Part 3 | | .00 |
| | | | T | | | | | |
| Name of in | laiviauai | Loan Date | Source of F | unds for Loan | % Investment | | Amount | |
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| | | | | nt loaned by ind | | l . | | .00 |
| e SECURITIES | · · · · · · · · · · · · · · · · · · · | | : | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | CODs, etc.) sold to t | und Expens | es, Parl | 2 |
| Name of Sec | curity B | uy Date Sel | ll Date # o | of Shares I | Price Ticker | Amount | Investe | d |
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| | Ţ | stal dollar amo | unt drawn tro | m the sale of sec | uritles: | \$ \$ \$ \$ | 0. | 00 |
| f GIFTS FROM INI | | | | | uritles: | | 0. | 00 |
| f GIFTS FROM INI | DIVIDUALS | | y gifts from i | | | | | 00 |
| The second second second | DIVIDUALS | Identify an | y gifts from i | ndividuals used | to fund Expenses, | Part 2 | | 00 |
| The second second second | DIVIDUALS | Identify an | y gifts from i | ndividuals used | to fund Expenses, | Part 2 | | 00 |
| The second second second | DIVIDUALS | Identify an | y gifts from i | ndividuals used | to fund Expenses, | Part 2 | | 00 |
| The second second second | DIVIDUALS | Identify an | y gifts from i | ndividuals used | to fund Expenses, | Part 2 | | 00 |

| g | g GIFTS/GRANTS FROM INSTITUTIONS Identify any gifts and/or grants from institutions used to fund Exper | | | | | | art 2 |
|------------------------------|--|---|----------------------------|--|--|---|------------------------|
| | Institution Address | Street, City S | itate) | Contact Name and Phone | Grant Date | Amount G | ifted |
| | | | | | | \$ \$ | |
| | Total money | received from | n inst | itutional gifts and/or grants: | \$ | (| 000 |
| h | OTHER FINANCING | Identify any | / fina | ncing (credit cards, etc.) used | to fund Expe | nses, Part 2 | |
| | Des | scription of Fi | inanc | ing | | Amount Fin | anced |
| | | | | | | \$ \$ \$ | |
| y v | | Total me | oney | drawn from other financing | \$ | | 0.00 |
| = | FINANCING TOTALS | Sub-total all | l func | s (sections a-h) used to fund P | art 2 | | |
| | Business Accounts | ¢ | 0.00 | Gifts from Indivi | duals | = \$ (| 0.00 |
| | Personal Accounts \$ | Ç | 0.00 | Gifts/Grants from Institu | tions | • (| 00.0 |
| Le | oans from Financial Institutions | 0. | 00 | Other Fina | ncing | • (| 0.00 |
| | Loans from Individuals \$ | 0. | .00 | FOTAL BUSINESS FINANCING (| A-(1) * | • C | 00.0 |
| : | Securities \$ | 0. | 00 | *Should be equal or greater that in part 2 | an total amou | nt of expenses | listed |
| PA | RT 4 ACKNOWLEDGEMENT REVIEW THE | FOLLOWING | STAT | EMENT AND SIGN YOUR ACKNO | WLEDGEMEN | T BELOW | |
| fori cori veri disc | reby certify, under penalty of perjury, that I in is complete, true, and correct. I certify the oborated. The City of Aurora reserves the in fication. I and/or my representative will ha approved or suspended license application. tion is grounds for recalling the license(s) iss | at I understan ight to reque ve three busii I understand | id tha st any ness o | t all information provided on thi and all documentation it deter lays to meet such requests, and | s Financial Di mines necesso failure to do s | sclosure Form ary to perform so may result ir | will be this 1 a |
| Sign | nature of Applicant | | • | Date | | | |
| Sub | scribed to and sworn to before me this | day of | - | | , 20 | - | |
| Not | ary Public in and for said County and State | | | | (PLACE | SEAL HERE) | |



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 / Ho | urs of C | Operation | | | | | | | |
| SÜNDAY | FROM | 11:00am | A.M. /P.M. | то | 1:00am | A.M. /P.M. | | | |
| MONDAY | FROM | 11:00am | A.M. /P.M. | то | 1:00am | A.M. /P.M. | | | |
| TUESDAY | FROM | 11:00am | A.M. /P.M. | то | 1:00am | A.M. /P.M. | | | |
| WEDNESDAY | FROM | 11:00am | A.M. /P.M. | то | 1:00am | A.M. /P.M. | | | |
| THURSDAY | FROM | 11:00am | A.M. /P.M. | то | 1:00am | A.M. /P.M. | | | |
| FRIDAY | FROM | 11:00am | A.M. /P.M. | то | 2:00am | A.M. /P.M. | | | |
| SATURDAY | FROM | 11:00am | A.M. /P.M. | то | 2:00am | A.M. /P.M. | | | |
| Entertainment | | | | | | | | | |
| Entertainment will be h | eld on th | ne premises. Yes | No | | | | | | |
| If yes, what type(s) of e | ntertainı | ment? (Please list) | Bands/Solo | DJ | Televised Spo | rts | | | |
| Other | | | | | | | | | |
| Please specify the days | s and tim | nes that entertainment | is planned. | | | | | | |
| SUNDAY | FROM | | A.M. /P.M. | то | | A.M. /P.M. | | | |
| MONDAY | FROM | | A.M. /P.M. | TO | | A.M. /P.M. | | | |
| | FROM | | A.M. /P.M. | то | | A.M. /P.M. | | | |
| WEDNESDAY | FROM | | A.M. /P.M. | то | | A.M. /P.M. | | | |
| THURSDAY | FROM | | A.M. /P.M. | то | | A.M. /P.M, | | | |
| FRIDAY | FROM | | - | то | | | | | |
| | | | A.M. /P.M. | | | A.M. /P.M. | | | |
| SATURDAY | FROM | | A.M. /P.M. | то | | A.M. /P.M. | | | |