

# 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

APPLICANT: Sunshine Pantry

License Year: \_\_\_\_\_ to \_\_\_\_\_

License Class A

### Official Use Only

☒ Date Application Received 1-3-23 (complete 1-6-23)

☒ Application Fee \$250.00

☒ 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) w/ city ☒

☐ Certificate of Occupancy

☒ Copy of Articles of Incorporation Organization

☐ Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (If applicable)

☒ Copy of Lease/Proof of Ownership—Lease Expiration 12-31-2027 need signed ☒

☐ 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) CL.A

☒ Yearly Fee (per license classification) \$ 1815

☐ Notes: \_\_\_\_\_

☐ Approved

☐ Denied

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

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

Mayor  
Liquor Control Commissioner

## Applicant Information

Applicant/Corporate Name: SUNSHINE PANTRY LLC

d/b/a Name: SUNSHINE PANTRY

Business Address: 2958 OGDEN AVE, AURORA IL-60504  
Street City/State Zip

Business Telephone#: 630-820-0934 Fax #: \_\_\_\_\_

Owner or Manager Contact: NAVINKUMAR PATEL

Telephone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Business Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Business Location Information

Business Name (dba): SUNSHINE PANTRY

Business Address: 2958 OGDEN AVE, AURORA IL-60504  
Street City/State Zip County

Telephone #: 773 630-820-0934

Website: \_\_\_\_\_

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: Donald & Candace Slavin (Green Shopping Center)

Address: 1900 S. Highland Ave #104, Lombard, IL-60148  
Street City State Zip

Telephone #: 630-424-8902 Email Address: \_\_\_\_\_

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
2500	0	0	0	20



## 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: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City/State Zip

Business Telephone#: \_\_\_\_\_ Date Held: (mm/yy) \_\_\_\_\_

Liquor License Number and State: \_\_\_\_\_

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 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: SUNSHINE PANTRY LLC

Corporate Registered Agent / Contact: NAVINKUMAR PATEL

Corporate Headquarters Address:

Corporate Telephone #: \_\_\_\_\_

Corporate Contact Name and Cell #: NAVINKUMAR PATEL

State of Incorporation: ILLINOIS Date of Incorporation: 11/22/2022



## 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: PATEL NAVINKUMAR BACHUBHAI  
Last First Middle

Position with Business: PRESIDENT % of Ownership 90

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MO Day YYYY

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone#: N/A Cell Phone #: \_\_\_\_\_

Name: PATEL DIPESHKUMAR V  
Last First Middle

Position with Business: Secretary % of Ownership 10

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MO Day YYYY

Home Address: \_\_\_\_\_

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>0/0</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"> <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?</p> <p>If yes, are they:</p> <p>If yes, please provide a brief description of the location(s):</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 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

SUNSHINE PANTRY LLC

d/b/a Name

SUNSHINE PANTRY

Location Address

2958 OGDEN AVE, AURORA, IL - 60504

### Planned Days / Hours of Operation

<input checked="" type="checkbox"/> SUNDAY	FROM	10	A.M. /P.M.	TO	9	A.M. /P.M.
<input type="checkbox"/> MONDAY	FROM	9	A.M. /P.M.	TO	10	A.M. /P.M.
<input type="checkbox"/> TUESDAY	FROM	9	A.M. /P.M.	TO	10	A.M. /P.M.
<input type="checkbox"/> WEDNESDAY	FROM	9	A.M. /P.M.	TO	10	A.M. /P.M.
<input type="checkbox"/> THURSDAY	FROM	9	A.M. /P.M.	TO	10	A.M. /P.M.
<input type="checkbox"/> FRIDAY	FROM	9	A.M. /P.M.	TO	11	A.M. /P.M.
<input type="checkbox"/> SATURDAY	FROM	9	A.M. /P.M.	TO	11	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:

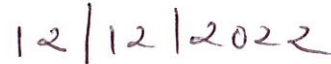
Security Contact Person's Phone Number: (Please provide two options)

## 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.



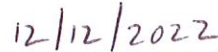
\_\_\_\_\_  
President / Owner



\_\_\_\_\_  
Date



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



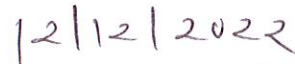
\_\_\_\_\_  
Date

## 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.



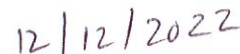
\_\_\_\_\_  
President / Owner



\_\_\_\_\_  
Date



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



\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**BIS****City of Aurora, Illinois  
Business Information Sheet****Business Entity Information****Type of Business** ☐ Sole Proprietor ☐ Partnership ☒ LLC ☐ Corporation ☐ Non-Profit**Legal Name of Business**The exact "legal name" as it appears in the official business formation documentation. SUNSHINE PANTRY LLC  
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**The exact "Doing Business As" (DBA) Name as it appears in the official business formation documentation. SUNSHINE PANTRY  
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 #**

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 #**

☐ 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 #****Business Activity and Location****Business Activity**

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

LIQUOR, BEER, WINE, TOBACO, VAPE,  
SODA, CHIPS, CANDY, GROCERY ETC...  
LOTTERY**Business Activity**

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

Square footage used by the business:

2500

SQ. FT.

Number of employees at this site:

2**Primary Contact Person**

First Name <u>NAVINKUMAR</u>	Middle Name <u>B</u>	Last Name <u>PATEL</u>	Jr./Sr.
Contact Phone #	Fax #	E-Mail Address	

# 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.

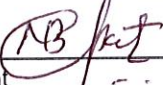
I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCS 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said 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.

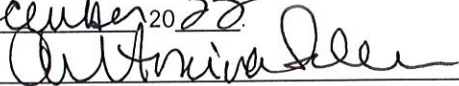
## Corporate/LLC Signatures

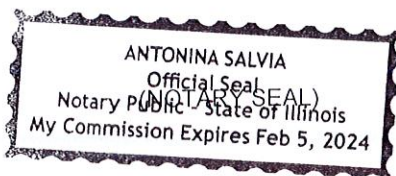
  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

Signed and sworn to before me this 27<sup>th</sup> day of

December 2020  
  
\_\_\_\_\_  
Notary Public



## Individual/Partnership Signatures

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

## Government Entity Signatures

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

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