

CITY OF AURORA, ILLINOIS LIQUOR LICENSE APPLICATION



ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN BLACK INK, PRINTED OR TYPED AND SUBMITTED TO THE CITY CLERK'S OFFICE, 44 E. DOWNER PLACE, AURORA, IL

CELI
REQUIREMENTS - NEW & RENEWAL APPLICATIONS: COPY OF LEASE / PROOF OF OWNERSHIP COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE) COUNTY HEALTH DEPT. CERTIFICATE COPY OF MENU, IF APPLICABLE COPY OF STATE LIQUOR LICENSE COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES OTHER NOTES:
DATE RECEIVED DATE ISSUED

II. BUSINESS INFORMATION			
Business Name DEPOER Flow	ER JWL. /	DBA: SZECHUAN	1 House
Business Address 4309 E. WE	EW York St.		50504
Employer Identification Number (EIN)	1-0965101		
Website			
DESC	RIPTION OF BUSINI	ESS FACILITY	
Total Area (square Entertainment Area (square feet)	Kitchen Area (square feet)	Number of Seats at Tables	Number of Parking Spaces
5818 3411	2085	191	34

elect the cla	S LICENSE CLASSIFICATION assification of liquor license you are applying / re-applying for from the listing of classifications below. Se a City of Aurora Liquor Ordinance for a description of each license classification and its particular require
	CLASS A - Tavern
	CLASS B - Fraternal Society or Club
	CLASS C - Package Liquor\$1,815.00
	CLASS D-1 - Metropolitan Exposition and Auditorium
	CLASS D-2 - Theatrical-Arts Facility
囡	CLASS E - Restaurant
	CLASS F - Beer and Wine Restaurant
	CLASS F-1 - Beer and Wine Restaurant with Package Sales \$2,000.00
	CLASS G - Package Beer and Wine
	CLASS H - Golf Course / Club House
	CLASS I - Specialty Basket
	CLASS J - Hotel (Full Service)
	CLASS K - Catering
	CLASS L - Riverboat Facility
	Members-only Lounge*
	\$4,140.00
	CLASS M - Hotel (Limited Service)
	CLASS N - Specialty Package

Business	Name:		
	License Number:		
	License Number:		_
Have any liqu If Yes, proces	uor licenses issued to the apped to Question 2A. If more spa	licant been revoked or suspended? Yes No ace is needed, please attach a separate sheet.	
2A. Name:		Name of Business:	
		Date of Revocation:	
Reason(s)	for Revocation of License:		
Reason(s) Has any directed retail) that was	for Revocation of License: tor, officer, shareholder, or an s revoked by the federal, state		
Has any direc retail) that was If Yes, proceed	for Revocation of License: tor, officer, shareholder, or an s revoked by the federal, stated to Question 3A. If more spa	ny of your managers ever held a liquor license (wholesale e, or local government? ☐ Yes ☒️ No nce is needed, please attach a separate sheet.	or
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For LLC, Corporation or Non-Profit organizations, p	roceed to Question C.
	,
D/B/A (Doing Business As) Name:	· ·
B. Name of ALL Partners (If more space is needed, pl	lease attach separate sheet):
- :	
C. Corporation Name: PEPPER FLOW	ER INC
Corporate Registered Agent / Contact: EDD 16	
	E. WEW YORK ST, AURORA IL GO
	•
Corporate Phone: (630) 820 - 8680	·
State of Incorporation:	Date of Incorporation: 5 2 9 20 14
OWNER / MANAGER INFORMATION	
ase provide the below-requested information as follo	NA/C '
Sole Proprietor or Partnerships - ALL owner(s) a	
Corporations - ALL director(s) and officer(s)	
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V	III. CORPORATION / PREMISES QUESTIONS	
1	Have you attached a copy of your corporation's Certificate of If your corporation is incorporated in another state other that ment pursuant to which the corporation is qualified to transa ration Act.	n the State of Illinois, please attach a copy of the docu-
2	. Has the corporation ever been dissolved either voluntary or involuntary? Yes No If Yes, state of date of reinstatement.	
3	Is the corporation a subsidiary of a parent corporation? Yes No If Yes, state the parent corporation's name.	
4	Is the corporation obligated to pay a percentage of profits to a parent corporation or any person or entity not listed as a shareholder above? Yes No If Yes, explain.	
5.	How long has the corporation been in the business of the retail sale of alcohol (years/months)?	
6.	Does the corporation own or lease the building or the space Own Lease If you lease the premises, a copy or	
7.	If the building is not owned, what is the expiration date of the lease?	July 31, 2023
8.	Do you have or intend to have a management contract with another entity or person, who is not a bona fide employee, to manage the licensed business for you? Yes No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.	
9.	If this is a new license application, what kind of business was previously conducted in the space in which you intend to operate your business?	Restaurant
10.	State the estimated value of goods, wares and merchandise to be used in the course of business.	
11.	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? Yes No If Yes, explain the charge, date, city, and state where the charge was brought, and the disposition. This must include all findings of guilty, whether subsequently vacated or not, whether ex punged or not, and shall specifically include any or ders of court supervision, whether satisfactorily completed or not.	
	Does the director, officer, shareholder, or any of your managers hold any law enforcement office? Yes No If Yes, state the person's name, title and agency.	

13	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? Yes No 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 in vestigation or hearing.	
14	Is the premises within 100 feet of a church, grade school, middle school, alternative school or high school, hospital, or home for the indigent? Yes No	
15	A. How many dues-paying members to 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	
16	Does your establishment have entertainment? Yes No If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)	
17.	Do you employ security? Yes No Only when entertainment is held If Yes, do you: Hire Private Security Company 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.	
18.	For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a copy of menu with application.	
19.	For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a drawing, drawn to scale, of the layout of tables and chairs as they will be positioned in your restaurant. The drawing should include all bars, stages, dance floors, amusement devices, and kitchen area(s).	
20.	Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises? Yes No (If YES, please attach a copy of your current County Health Department Certificate.)	
21.	Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of the insurance policy to this application.)	¥
22.	Proof of satisfactory completion of a state-certified beverage alcohol sellers and service education and training program for all persons who serve or sell alcoholic beverages pursuant to your license is mandatory and required to be on file with the Liquor License Application. (Please attach a copy of all employees' certificates, if you have not already submitted same to the City Clerk's Office.)	
24.	Has the applicant completed and filed a Certificate of Registration Application and produced appropriate bond pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food & Beverage Tax)? Yes No	
26.	All NEW applications received after June 8, 2010 are subject to the Liquor License Probationary Agreement / Management Plan. If this a NEW application, has the applicant read, signed, and kept a copy of said Probationary Agreement / Management Plan? Yes No (This requirement does not apply to renewal applications.)	

IX. AFFIDAVIT

I, first being duly sworn, under oath, deposes and say that I am an applicant for the license requested in the foregoing Application; that I am of good repute, character, and standing, and that answers to the questions asked in the foregoing Application are true and correct in every detail. I further state that I have read and understand the Code provisions in the City of Aurora's Liquor Ordinance. I further agree not to violate any of the laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora. In the conduct of my place of business.

I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT, OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT, NON-RENEWAL, OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

I further give my permission to the City of Aurora or any agency thereof to check with any agency or individual named or referred to in this Application to verify or clarify any answer that I have given,

CORPORATE/LLC SIGNATURES	INDIVIDUAL / PARTNERSHIP SIGNATURES
	Signature
	Signature
7/31/2014	
Date	Date
Signed and sworn to before me this 184 had day of	

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Converse Approach Control of the Con



CITY OF AURORA, ILLINOIS FINANCIAL DISCLOSURE FORM



FORM REQUIRED: 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: Eliquor, 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, mark it "N/A". If more room is needed to complete any of the following sections, include an attachment. This form must be signed and notarized in Part 4 by an owner or officer, listed with the Department of Business Affairs & Consumer Protection. PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION.

PART 1 INFORMATION PROVIDE THE FOLLOWING INFORMATION ABOUT THE LEGAL ENTITY APPLYING FO	R THE LICENSE(S).	
FEIN # (IRS) IDOR # (IL Dept. of Revenue - formerly IBT #) IDOR # (IL Dept. of Revenue - formerly IBT #) IDOR # (IL Dept. of Revenue - formerly IBT #)	e - formerly IBT #)	
Legal Name of Applicant Entity "Doing Business as Name" of establishment		······································
PEDDER FLOWER INC. SZECHUAN HOUSE	5	
First Name of Primary Business Contact Middle Name Last Name	***	***
EDDIE SAM		
Home Street Address of Primary Business Contact Suite/Apt. City Chicago	e L Zin	
Home Phone (B) 620-680 Cell Phone E-mail Address		
PART 2 EXPENSES ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHAIR	NGE AT THIS LOCAT	ON.
Description of Expenses (start-up, expansion, and/or business purchase costs only construction, renovation, stock purchase, inventory,	- Amount of Expe	ens e
Painting the Dining Room	\$ 1,000	00
Reunholder ALL Boothes	\$ 4,000	
Dining Area Floor Repair Refinish	\$ 2,500	
Par succe liles made	\$.000	00
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otal Expenses: (Should be equal to or less than Total Business Financing Amount on Page 3)	\$ 6,800	منون

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Name of Security	D. a. D. f.	Sall Bet-	# of Chases	Price	Ticker	Amount Invested
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		Total dollar amo	unt drawn from the	sale of se	curities: e	* \$
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ne of Giver		Date of Gift	Source of Fund	s or Gift	# Investment	Amount
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cription of Financing		Identify any other	I money drawn from	s, etc.) use	ed to fund Exper	\$ ses, Part 2 Amount Financed \$ \$
FINANCING TOTALS	ts a >\$	Identify any other	I money drawn from	s, etc.) use	ancing: h	\$ ses, Part 2 Amount Financed \$ \$
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scribed to and sworn to before me this 16th day of Society

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CITY OF AURORA, ILLINOIS BUSINESS INFORMATION SHEET



Type of PRE-Application	Liquor License Hotel / Motel License
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.	PEPPER FLOW EL TWL. 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.	Sole Proprietors or 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 Clork's Office at 217 S. Batavia Avenue, Geneve, IL
O A State of Illinois File Number is REQUIRED State of Illinois File #	for all (Illinois and Non-Illinois based) LPs, LLPs, LLCs, Corporations, and Non-Profit Corporations. Assigned by the Illinois Secretary of State at 69 W. Washington St., Suite 1240, 312,793-3380 or www.cyberdrive.lllinois.com/departments/business_services/
O A Federal Employer Identification Number (El	N) is REQUIRED for all business entity types except for Sole Proprietorships.
Employer Identification # 4 7	1-0965101
O An Account ID is REQUIRED for ALL busines	s entity types that conduct business in the State of Illinois or with I'llinois customers.
(formerly IBT#) IDOR Account # 4	1411-1271116
Business Activity and Locatio	n ·
Business Activity List your business activities, including all products and /or services to be offered.	Restaurant, FOOD SERVICE of Chinese Chisine
Business Site Address Provide the full business location address where the business transactions and /or activities occur. If applicable, provide the extended address (e.g. 100-102 N. Main Street)	4309 E NEW YORK St- Street Number(s) N/S/E/W Street Name Ave_/St. Ste_/Apt. # AVRORA TL 60504 City State ZIP Code
Square footage used by the business:	5,778 SQ. FT. Number of employees at this site:
Primary Contact Person	First Name MINDER MI
Contact Phone #	Jr/Sr.
Contact E-mail Address	



CITY OF AURORA, ILLINOIS PROBATIONARY AGREEMENT / MANAGEMENT PLAN



FORM REQUIRED: CITY OF AURORA LIQUOR ORDINANCE SEC. 6-5. APPLICATION FOR LICENSE.

PROBATIONARY AGREEMENT / MANAGEMENT PLAN

(i) 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 RE-VOKED IMMEDIATELY, WITH NO PROGRESSIVE DISPLICINE REQUIRED.

APPL	CANT/ GORPORATE NAME PEPPER FI		2 INC					
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LOCA	TION ADDRESS	Ew	YORK St.	AURORA	- J	CL 60504	f in	
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				(.ig)/ P.M.		10:00	6	
	SUNDAY	FROM	11100	•	то		A.M. /P.M.	
	MONDAY	FROM	11:00	Æ.М. / Р.М.	то	10:00	A.M. / E.M.	
	TUESDAY	FROM	11:00	ADM. / P.M.	ΤΦ	10,00	A,M, / P.M.	1
	WEDNESDAY	FROM	11:00	AGM. / P.M.	то	10.00	A.M. / F(M).	
	THURSDAY	FROM	(1, 00	A(M². / P.M.	то	10:00	A.M. / R.M.	
Ž	FRIDAY	FROM	11:00	AM. / P.M.	TO	(I), O)	A.M. / RM	
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SECURITY					
WILL PRIVATE SECURITY BE HIRED FO	R YOUR BUSINESS?	YES NO	X b		
IF YES, WILL PRIVATE SECURITY BE H	RED ONLY WHEN ENTE	ERTAINMENT IS H	ELD? YES	NO 🗌	
NAME OF PRIVATE SECURITY COMPANY TO	BE HIRED				
		. •			
ADDRESS OF PRIVATE SECURITY COMPANY	,		· .		
CONTACT PERSON FOR PRIVATE SECURITY	COMPANY				
CONTACT PERSON PHONE NUMBER FOR PR	IVATE SECURITY COMPANY				•
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*RESIDENT/ JWI	NEK		L	JATE	
SECRETARY / OW	NER	-	С	DATE	
RECEIPT					
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HAVE RECEIVED A COPY OF THE PROE DENT AND SECRETARY / OWNER(S) OF THE CITY CLERK'S OFFICE.	THE BUSINESS. ONE	-		ACED IN THE L	icensee's file in
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DENT AND SECRETARY / OWNER(S) OF THE CITY CLERK'S OFFICE.	NER	-	I ent Will be Pl		ICENSEE'S FILE IN