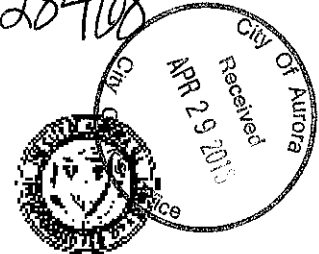


28468



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

LICENSE YEAR: ___/___/___ TO ___/___/___

I. APPLICANT INFORMATION

APPLICANT / CORPORATE NAME The Stadium LLC
 D/B/A NAME Wild Ram Grill & Pub
 BUSINESS LOCATION ADDRESS 1555 Butterfield Rd.
 BUSINESS PHONE (630) 205-7330 FAX NUMBER (866) 518-2526
 APPLICANT'S REPRESENTATIVE Israel Mejia C.P.A., LTD.
 REPRESENTATIVE'S PHONE (630) 518-5402 CELL (630) 518-5402
 E-MAIL ADDRESS FOR CONTACTING BUSINESS ismejia@yahoo.com
sai3939@icloud.com

OFFICIAL USE ONLY

- REQUIREMENTS - NEW APPLICATIONS:**
- APPLICATION FEE
 - BIS (BUSINESS INFORMATION SHEET) *not complete*
 - FDF (FINANCIAL DISCLOSURE FORM)
 - CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX)
 - CERTIFICATE OF OCCUPANCY
 - CERTIFICATE OF INCORPORATION
 - PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS)
 - SEATING CHART (DRAWN TO SCALE) (MUST INCLUDE OUTDOOR SEATING, IF PLANNED)
 - PROBATIONARY AGREEMENT / MANAGEMENT PLAN
 - OTHER _____

- 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: _____

APPROVED
 DENIED
 DATE OF APPROVAL / DENIAL _____

 MAYOR / LIQUOR CONTROL COMMISSIONER

DATE RECEIVED _____
DATE ISSUED _____

Item 15-1058

II. BUSINESS INFORMATION

Business Name Wild Ram Grill & Pub
 Business Address 1555 Butterfield Rd.
 Employer Identification Number (EIN) 47-3334347
 Website _____

DESCRIPTION OF BUSINESS FACILITY

| Total Area (square feet) | Entertainment Area (square feet) | Kitchen Area (square feet) | Number of Seats at Tables | Number of Parking Spaces |
|--------------------------|----------------------------------|----------------------------|---------------------------|--------------------------|
| 5,200 | 500 | 800 | 148 | 150 |

III. LIQUOR LICENSE CLASSIFICATION

Select the classification of liquor license you are applying / re-applying for from the listing of classifications below. See Sec. 6-8 of the City of Aurora Liquor Ordinance for a description of each license classification and its particular requirements

- CLASS A - Tavern \$2,070.00
- CLASS B - Fraternal Society or Club \$2,070.00
- CLASS C - Package Liquor \$1,815.00
- CLASS D-1 - Metropolitan Exposition and Auditorium \$1,815.00
- CLASS D-2 - Theatrical-Arts Facility \$1,815.00
- CLASS E - Restaurant \$2,070.00
- CLASS F - Beer and Wine Restaurant \$1,815.00
- CLASS F-1 - Beer and Wine Restaurant with Package Sales \$2,000.00
- CLASS G - Package Beer and Wine \$1,650.00
- CLASS H - Golf Course / Club House \$2,070.00
- CLASS I - Specialty Basket \$550.00
- CLASS J - Hotel (Full Service) \$2,070.00
- CLASS K - Catering \$825.00
- CLASS L - Riverboat Facility \$2,070.00
- Members-only Lounge*
- \$4,140.00
- CLASS M - Hotel (Limited Service) \$825.00
- CLASS N - Specialty Package \$1,815.00

V. BUSINESS ORGANIZATION INFORMATION

TYPE OF BUSINESS: Sole Proprietor Partnership LLC Corporation Non-Profit

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

A. Name of Sole Proprietor: _____

D/B/A (Doing Business As) Name: _____

B. Name of ALL Partners (If more space is needed, please attach separate sheet): _____

C. Corporation Name: The Stadium LLC

Corporate Registered Agent / Contact: Sali Zeciri

Corporate Headquarters Address: _____

Corporate Phone: 630-205-7330 Corporate Contact Cell Phone: 630-205-7330

State of Incorporation: IL Date of Incorporation: March 6, 2015

VI. OWNER / MANAGER INFORMATION

Please provide the below-requested information as follows:

Sole Proprietor or Partnerships - ALL owner(s) and partner(s)

Corporations - ALL director(s) and officer(s)

If more space is needed, please attach a separate sheet.

Name: Sali Zeciri

Position with Business: Member / Manager % of Ownership: 100%

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: (630) 205-7330

E-mail Address: ismetia@yahoo.com

Name: _____

Position with Business: _____ % of Ownership: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name: _____

Position with Business: _____ % of Ownership: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Place of Birth: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

2. OWNERS / PARTNERS / DIRECTORS / OFFICERS (Continued):

Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

VII. MANAGER, ASSISTANT / SECONDARY MANAGER / COOK INFORMATION

ALL Managers and an Assistant or Secondary Manager MUST submit to a background check.

For Class E-Restaurant, Class F and Class F-1-Beer and Wine Restaurant applications, provide the name and address of the cook or chef responsible for duties as outlined in the City Liquor Ordinance.

Manager's Name: Sali Zeiri
Position with Business: Manager % of Ownership: 100%
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Manager's Name: _____
Position with Business: _____ % of Ownership: _____
Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ Place of Birth: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____

Cook / Chef's Name: " Pending "
Home Address: _____

IV. PREVIOUS LIQUOR LICENSES

1. Starting with the most recent, list any business that was owned or operated by the applicant within the past ten (10) years that possessed a liquor license. If more space is needed, please attach a separate sheet.

Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy - mm/yy) _____

Liquor License Number: _____ **N/A**

Business Name: _____

Address: _____

Phone: _____ Date Owned (mm/yy - mm/yy) _____

Liquor License Number: _____

2. Have any liquor licenses issued to the applicant been revoked or suspended? Yes No
If Yes, proceed to Question 2A. If more space is needed, please attach a separate sheet.

2A. Name: _____ Name of Business: _____

Address: _____

Date License Held (mm/yy - mm/yy): _____ Date of Revocation: _____

Reason(s) for Revocation of License: _____

3. Has any director, officer, shareholder, or any of your managers ever held a liquor license (wholesale or retail) that was revoked by the federal, state, or local government? Yes No
If Yes, proceed to Question 3A. If more space is needed, please attach a separate sheet.

3A. Name: _____ Name of Business: _____

Position with Business: _____

Date License Held (mm/yy - mm/yy): _____ Date of Revocation: _____

Reason(s) for Revocation of License: _____

4. Has any director, officer, shareholder, or any of your managers ever been denied a liquor license from any jurisdiction? Yes No If Yes, proceed to Question 4A. If more space is needed, please attach a separate sheet.

4A. Name: _____ Name of Business: _____

Position with Business: _____

Date of Denial _____

Reason(s) for Denial of License: _____

VIII. CORPORATION / PREMISES QUESTIONS

| | |
|---|-----------------------------------|
| <p>1. Have you attached a copy of your corporation's Certificate of Incorporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your corporation is incorporated in another state other than the State of Illinois, please attach a copy of the document pursuant to which the corporation is qualified to transact business in Illinois under the Illinois Business Corporation Act.</p> | |
| <p>2. Has the corporation ever been dissolved either voluntary or involuntary? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state of date of reinstatement.</p> | |
| <p>3. Is the corporation a subsidiary of a parent corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the parent corporation's name.</p> | |
| <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain.</p> | |
| <p>5. How long has the corporation been in the business of the retail sale of alcohol (years/months)?</p> | <p><i>New Business</i></p> |
| <p>6. Does the corporation own or lease the building or the space in which the business is located? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease If you lease the premises, a copy of the lease must be attached to this application.</p> | |
| <p>7. If the building is not owned, what is the expiration date of the lease?</p> | |
| <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.</p> | |
| <p>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?</p> | <p><i>Restaurant</i></p> |
| <p>10. State the estimated value of goods, wares and merchandise to be used in the course of business.</p> | <p><i>\$ 75,000 - 125,000</i></p> |
| <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 expunged or not, and shall specifically include any orders of court supervision, whether satisfactorily completed or not.</p> | |
| <p>12. Does the director, officer, shareholder, or any of your managers hold any law enforcement office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the person's name, title and agency.</p> | |

| | |
|---|--|
| <p>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? <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> | |
| <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |
| <p>15. If applicant is applying for a Class B - Fraternal Society or Club Liquor License:</p> <p>A. How many dues-paying members to 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |
| <p>16. Does your establishment have entertainment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list each form of entertainment you will be holding (i.e. bands / solo acts, DJ's, etc.)</p> | |
| <p>17. Do you employ security? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is held</p> <p>If Yes, do you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hire Private Security Company <input type="checkbox"/> Use On-staff Employees <input type="checkbox"/> Hire Off-duty Police Officers <input type="checkbox"/> Combination of the Above <p>If you hire a Private Security Company, please provide the company name and contact person.</p> | |
| <p>18. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, provide a copy of menu with application.</p> | |
| <p>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).</p> | |
| <p>20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If YES, please attach a copy of your current County Health Department Certificate.)</p> | |
| <p>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.)</p> | |
| <p>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.)</p> | |
| <p>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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This requirement does not apply to renewal applications.)</p> | |


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.

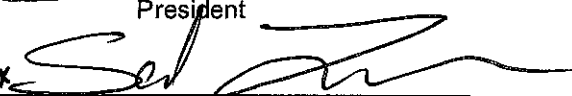
I ALSO UNDERSTAND THAT AN UNTRUE, INCORRECT, OR MISLEADING ANSWER GIVEN IN THIS APPLICATION IS SUFFICIENT CAUSE FOR THE REFUSAL TO GRANT, NON-RENEWAL, OR THE REVOCATION OF ANY LICENSE GRANTED PURSUANT TO THIS APPLICATION.

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

x 

President

x 

Secretary

4-9-15

Date

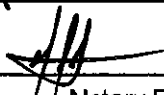
INDIVIDUAL / PARTNERSHIP SIGNATURES

Signature

Signature

Date

Signed and sworn to before me this 9th day of April, 20 15.



Notary Public

(SEAL)



BIS

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.

The Stadium 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.

Wild Ram Grill & Pub

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 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 #

05171725

Assigned by the Illinois Secretary of State at 89 W. Washington St., Suite 1240, 312.793-3380 or 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 #

47-3334347

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 #

4165-3262

Business Activity and Location

Business Activity

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

Food + Liquor

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)

| | | |
|------------------|---------------------|----------------------|
| 1555 | Butterfield Rd. | 125 |
| Street Number(s) | N/S/E/W Street Name | Ave./St. Ste./Apt. # |
| Aurora | IL | 60502 |
| City | State | ZIP Code |

Square footage used by the business:

SQ. FT.

Number of employees at this site:

Primary Contact Person

ISRAEL

First Name

Middle Name

MCJIA

Last Name

Jr./Sr.

Contact Phone #

630-518-5402 Fax # 866-518-5402

Contact E-mail Address

ismcjamin@yahoo.com

PA

CITY OF AURORA, ILLINOIS PROBATIONARY AGREEMENT / MANAGEMENT PLAN



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

(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 REVOKED IMMEDIATELY, WITH NO PROGRESSIVE DISCIPLINE REQUIRED.

PROBATIONARY AGREEMENT / MANAGEMENT PLAN

APPLICANT / CORPORATE NAME

The Stadium LLC

D/B/A NAME

Wild Ram Grill & Pub

LOCATION ADDRESS

1555 Butterfield Rd. #125

PLANNED DAYS / HOURS OF OPERATION

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

ENTERTAINMENT

ENTERTAINMENT WILL BE HELD ON THE PREMISES. YES NO

IF YES, WHAT TYPE(S) OF ENTERTAINMENT WILL BE HELD (LIVE MUSIC, D.J., DANCING, COMEDY CLUB, ETC.):

PLEASE SPECIFY DAYS AND TIMES THAT ENTERTAINMENT IS PLANNED.

| | | FROM | A.M. / P.M. | TO | A.M. / P.M. |
|--------------------------|-----------|------|-------------|----|-------------|
| <input type="checkbox"/> | SUNDAY | | A.M. / P.M. | | A.M. / P.M. |
| <input type="checkbox"/> | MONDAY | | A.M. / P.M. | | A.M. / P.M. |
| <input type="checkbox"/> | TUESDAY | | A.M. / P.M. | | A.M. / P.M. |
| <input type="checkbox"/> | WEDNESDAY | | A.M. / P.M. | | A.M. / P.M. |
| <input type="checkbox"/> | THURSDAY | | A.M. / P.M. | | A.M. / P.M. |
| <input type="checkbox"/> | FRIDAY | | A.M. / P.M. | | A.M. / P.M. |
| <input type="checkbox"/> | SATURDAY | | A.M. / P.M. | | A.M. / P.M. |

SECURITY

WILL PRIVATE SECURITY BE HIRED FOR YOUR BUSINESS? YES NO

IF YES, WILL PRIVATE SECURITY BE HIRED ONLY WHEN ENTERTAINMENT IS HELD? 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 PRIVATE SECURITY COMPANY



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

4-9-15

DATE



SECRETARY / OWNER

4-9-15

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 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

FDF

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: 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, 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 FOR THE LICENSE(S).

| | | | | | |
|---|----------------|---|---|---|-----|
| FEIN # (IRS) | | IDOR # (IL Dept. of Revenue - formerly IBT #) | | IDOR # (IL Dept. of Revenue - formerly IBT #) | |
| 47 - 3334347 | | 4165 - 3262 | | | |
| Legal Name of Applicant Entity | | | "Doing Business as Name" of establishment | | |
| The Stadium LLC | | | Wild Ram Grill & Pub | | |
| First Name of Primary Business Contact | | Middle Name | | Last Name | |
| Sali | | | | Zecri | |
| Home Street Address of Primary Business Contact | | Suite/Apt. | City | State | Zip |
| | | | | | |
| Home Phone | Work Phone | Cell Phone | E-mail Address | | |
| (630) 205-7330 | (630) 205-7330 | (630) 205-7330 | isameji@yahoo.com | | |

PART 2 EXPENSES

ITEMIZE ALL EXPENSES FOR THE FUNDING OF THE BUSINESS OR OWNERSHIP CHANGE AT THIS LOCATON.

| Description of Expenses (start-up, expansion, and/or business purchase costs only; construction, renovation, stock purchase, inventory) | Amount of Expense |
|---|-------------------|
| Inventory | \$ 2,000 - |
| Licensing + Permits | \$ 3,000 - |
| Furniture + Equipment | \$ 15,000 - |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Total Expenses: (Should be equal to or less than Total Business Financing Amount on Page 3) | \$ 20,000 - |

PART 3 FINANCING

IDENTIFY THE SOURCE(S) OF THE FUNDS 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 |
|--|-----------------------|-------------|------------------------|-----------------|--------------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| Total dollar amount drawn from business accounts: | | | | | a \$ |

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

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 |
|--|-----------------------|-------------|------------------------|-----------------|--------------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| Total dollar amount drawn from personal accounts: | | | | | b \$ |

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

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 |
|--|-----------------------|-----------|-----------|--------------------|---------------|
| | | | | | \$ |
| | | N/A | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Total dollar amount loaned by financial institutions: | | | | | c \$ 0 |

d LOANS FROM INDIVIDUALS

Identify any loans from individuals used to fund Expenses, Part 2

| Name of Individual | Loan Date | Source of Funds for Loan | % Investment | Loan Amount |
|---|-----------|--------------------------|--------------|---------------|
| | | | | \$ |
| | | N/A | | \$ |
| | | | | \$ |
| | | | | \$ |
| Total dollar amount loaned by individuals: | | | | d \$ 0 |

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 |
|------------------|----------|-----------|-------------|-------|--------|-----------------|
| | n/a | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |

Total dollar amount drawn from the sale of securities: **e** \$ 0 -

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 |
|---------------|--------------|-------------------------|--------------|--------|
| | n/a | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Total financing from gifts: **f** \$ 0 -

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 & Phone | Grant Date | Amount Gifted |
|-------------|------------------------------|----------------------|------------|---------------|
| | n/a | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Total money received from institutional gifts and/or grants: **g** \$ 0 -

h OTHER FINANCING Identify any other financing (credit cards, etc.) used to fund Expenses, Part 2

| Description of Financing | Amount Financed |
|--------------------------|-----------------|
| n/a | \$ |
| | \$ |
| | \$ |

Total money drawn from other financing: **h** \$ 0 -

= FINANCING TOTALS Sub-total all funds (sections a-h) used to fund Part 2

| | | | | | | | | | |
|-----------------------------------|----------|----|---|---|--|----------|----|---|---|
| Business Accounts | a | \$ | | | Gifts from Individuals | f | \$ | 0 | - |
| Personal Accounts | b | \$ | 0 | - | Gifts/Grants from Institutions | g | \$ | 0 | - |
| Loans from Financial Institutions | c | \$ | 0 | - | Other Financing | h | \$ | 0 | - |
| Loans from Individuals | d | \$ | 0 | - | TOTAL BUSINESS FINANCING (a-h)* | = | \$ | | |
| Securities | e | \$ | 0 | - | | | | | |

*Should be equal to 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: [Signature] Date: 4-9-15

Subscribed to and sworn to before me this 9 day of April, 202015

Notary Public in and for said County and State

(PLACE SEAL HERE)

Form **LLC-5.5**

Illinois
Limited Liability Company Act
Articles of Organization

FILE # 05171725

Secretary of State **Jesse White**
Department of Business Services
Limited Liability Division
www.cyberdriveillinois.com

Filing Fee: \$500
Expedited Fee: \$100
Approved By: TLB

FILED
MAR 06 2015
Jesse White
Secretary of State

1. Limited Liability Company Name: THE STADIUM LLC

2. Address of Principal Place of Business where records of the company will be kept:

1555 BUTTERFIELD RD.

AURORA, IL 60502

3. Articles of Organization effective on the filing date.

4. Registered Agent's Name and Registered Office Address:

SALI ZECIRI
954 BLACK WALNUT DR
SUGAR GROVE, IL 60554-9254

5. Purpose for which the Limited Liability Company is organized:

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. The Limited Liability Company is managed by the manager(s).

ZECIRI, SALI
954 BLACK WALNUT DR
SUGAR GROVE, IL 60554

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: MARCH 06, 2015

SALI ZECIRI
954 BLACK WALNUT DR
SUGAR GROVE, IL 60554



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|-----------------------|------------------------------------|--------------------------------------|
| PRODUCER MCBRIDE INSURANCE 7421 Madison St Forest Park, IL 60130 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): | (708) 366-0001 | FAX (A/C, No): (708) 366-0336 |
| | E-MAIL ADDRESS: | wcloudm@sbcglobal.net | |
| INSURER(S) AFFORDING COVERAGE | | NAIC# | |
| INSURED THE STADIUM, LLC THE WILD RAM 1555 BUTTERFIELD ROAD, UNIT 119&123 AURORA, IL 60502 630.205.7330 | INSURER A: | BADGER MUTUAL INSURANCE CO. | |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | 685-31726 | 3/19/15 | 3/19/16 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ N/A |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | | 685-31726 | 3/19/15 | 3/19/16 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | LIQUOR LIABILITY | | | 685-31726 | 5/7/15 | 3/19/16 | \$1,000,000 C.S.L. |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
INSURED OPERATES PUB STYLE RESTAURANT W/ LIQUOR SALES

| | |
|--|--|
| CITY OF AURORA 44 E. DOWNER PLACE AURORA, IL 60505 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |

Wild Ram

Grill and Pub



STARTING LINEUP



Combo Plate

A generous plate filled with crispy potato skins, chicken drummies, breaded mushrooms and golden mozzarella sticks. *Please, no substitutions*

Loaded Potato Skins

Filled with chunks of bacon and Colby cheese, sprinkled with onions Plain

Basket of Fries

Bread Sticks

Chicken Drummies

You'll load the bases every time with our meaty chicken drummies. We serve these crispy critters plain or fired up Buffalo-style

Golden Chicken Tenders

Slam dunk with your choice of dipping sauce

Beer-Battered Mushrooms

Mozzarella Sticks

Beer-Battered Onion Rings



COMBO PLATE

SOUPER BOWL

Soup of the Day

Ask your server about today's soup. Bowl Cup

Chili

Thick and meaty with beans and tomatoes and the right amount of spice. Bowl Cup

ON THE GREEN

Wild Ram Salad

An outstanding salad of dried cranberries, pecans, feta cheese and sliced red onion atop a crisp blend of spinach and romaine, topped with slices of grilled chicken Without Chicken

Chicken Caesar

Lean grilled chicken breast makes this salad a meal. Served over fresh romaine, tossed with croutons and grated romano cheese

Plain Caesar Salad

Taco Salad

Chopped lettuce atop tortilla chips, layered with ground beef, tomatoes and Colby

The Club House Salad

A classic of ham, turkey, garden veggies, Colby cheese and hard-boiled egg

House Salad

BLT Salad

Mixed greens topped with bacon, fresh tomatoes and cheese

The Salad Dressing Score

Ranch • French • Bleu Cheese • Thousand Island Honey Mustard • Creamy Raspberry Vinaigrette Low Cal Italian

Try these house specialties for great taste and value



MEX MEX MINE!



Fiesta Platter

Zesty, seasoned chicken, fresh tomatoes, onion and aged Colby cheese piled on crunchy tortilla chips and oven-roasted

Fiesta Platter with Ground Beef

Chicken & Cheese Quesadillas

Flour tortillas stuffed with chicken, cheese and red onions, grilled just right

Plain Cheese Quesadillas

Chips & Cheese

Chips & Salsa

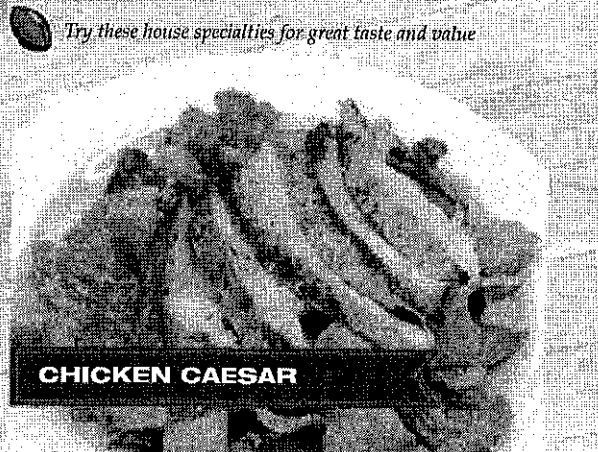
.....WANT SOMETHING EXTRA?

EXTRA Sour Cream

EXTRA Salsa

EXTRA Onions

EXTRA Jalapeños



CHICKEN CAESAR

GAMEBREAKERS

Served with choice of house salad or cup of soup, plus warm bread



10-oz. New York Strip Steak*

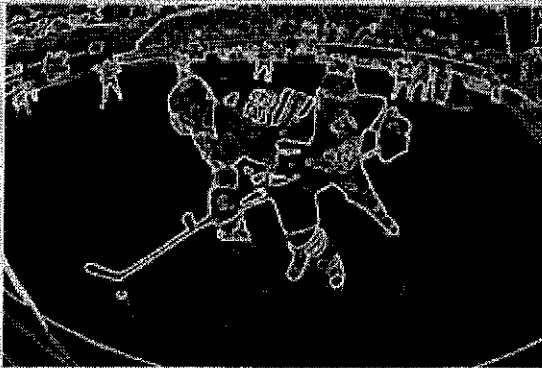
For those who achieve the training table status. Ten ounces of the finest cut steak no other conference could possibly handle. Mouthwateringly tender! You call the ball for temperature. Option for a side of fresh vegetables or golden fries

Baked Salmon

You might go down for the count with this one. Enjoy a tender flaky fillet prepared to please—keep it simple or top it off with our classic pesto sauce. Served with steamed fresh vegetables. Lean on the ropes, but be ready for a TKO

Fish & Chips

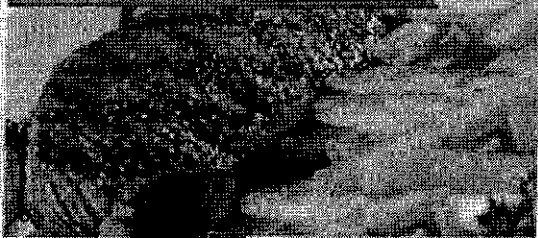
An awesome pub favorite. Just right for anytime you want a satisfying meal. Lightly breaded perch fillets served with fries



CHICKEN WET BURRITO



NEW YORK STRIP STEAK



MAKE MINE MEXICAN



Wet Burrito

Your favorite meat wrapped up in a large tortilla with refried beans, lettuce and tomatoes. We pour on the burrito sauce and add a melting of Colby cheese

- All-Beef Wet Burrito
- Chicken Wet Burrito

Steak Burrito

Seasoned steak, shredded lettuce and tomatoes, ladled with burrito sauce and topped with Colby cheese

All-Bean Burrito

Refried beans, lettuce and tomatoes, covered with burrito sauce and melted Colby cheese

*****WANT SOMETHING EXTRA?*****

EXTRA Sour Cream

EXTRA Salsa

EXTRA Onions

EXTRA Jalapeños

GO ITALIAN!

Includes house salad or cup of soup, plus warm bread

Ravioli with Meat Sauce

You're wearing the striped shirt today. Decide between ricotta cheese or beef stuffed in pasta pockets, topped with meat sauce and mozzarella

Wild Ram's Signature Spaghetti

Freshly cooked spaghetti tossed with sautéed garlic, fresh mushrooms, basil and chopped tomatoes together with a creamy tomato sauce



Grilled Chicken Alfredo

If only your team could only get creamed like this dish, it would be worth it! Grilled chicken atop steaming fettuccine, rich with cream and grated Parmesan cheese

Plain Fettuccine Alfredo

Add Meatballs to your pasta each



CHICKEN ALFREDO

"FAN"INIS

You're sure to be a fan of our panini sandwiches! Each is served with house chips and pickle. Substitute fries or onion rings.

Grilled Chicken Pesto Panini

Grilled chicken, fresh mozzarella, sun-dried tomatoes, caramelized onion together with our homemade pesto

Vegetarian Panini

Marinated portabella mushrooms, fresh basil, roasted red peppers, red onions and fresh mozzarella make this one special

Club Classic Panini

It's the taste of a club done up in a panini sandwich! Roasted turkey, lean ham, crisp bacon, fresh tomatoes, provolone cheese and mayo stacked on ciabatta bread



AT THE HALF

Served with fries and a pickle spear. Substitute onion rings for more. | Add sautéed onions or mushrooms for

Half-Pound Black Angus Cheeseburger*

Our half-pound *Certified Angus Beef*® burgers* are the best! Grilled to order, covered with your choice of American, Swiss or provolone cheese, and served with lettuce and tomato

Half-Pound Black Angus Burger*

A half-pound of eating satisfaction

Grilled Chicken Sandwich

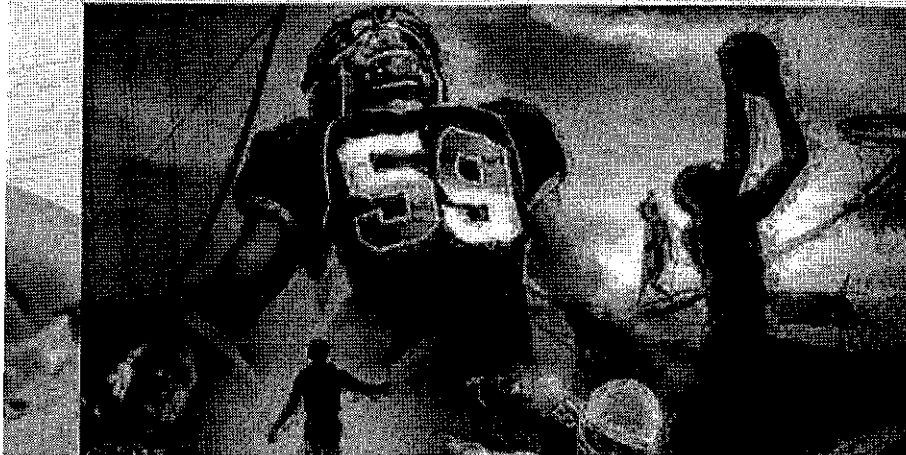
Marinated fresh breast of chicken right off the chargrill, topped with your choice of American, Swiss or provolone cheese, served with lettuce, tomatoes and honey-mustard

Chicken Tenders & Fries

Golden brown and delicious!

Health Advisory:

The Illinois Department of Public Health advises that eating raw or undercooked meat, poultry, eggs or seafood poses a health risk to everyone, but especially to the elderly, children under age four, pregnant women and other highly susceptible individuals with compromised immune systems. Thorough cooking of animal food reduces the risk of illness. For further information, contact your physician or public health department.



SEND IN THE SUBS

Served with house chips, a pickle and choice of pizza sauce or mayo
Substitute fries or onion rings for

Philly Steak Sub

Sautéed steak, green peppers and onions, with cheese, lettuce, tomatoes and mayo

B.L.T. Sub

An All-American. Bacon, lettuce, tomato, cheese and mayo

Meatball Sub

With meat sauce and cheese

Chicken Tenders Sub

Bases loaded with breaded chicken tenders, tomatoes, cheese, lettuce and BBQ sauce

Vegetarian Sub

Mushrooms and onions with green peppers, green and black olives and cheese

Ham & Cheese



ITALIAN SUB



Italian Sub

Ham, capicola, salami, provolone cheese, tomatoes, lettuce and Italian dressing

Pizza Sub

Pepperoni, cheese and pizza sauce

The Original Sub

Pepperoni, ham, onions and cheese on a fresh sub bun

Roast Beef Sub

Tender roast beef, lettuce, tomatoes, cheese and mayo

SLAM DUNK! PIZZA

We make the best! At Wild Ram, we earn our reputation for fresh-made classic pizza.
One taste and you'll be back for more!

SPECIALTY PIZZA



BBQ Chicken Pizza

Tender grilled chicken breast layered with BBQ sauce and Colby cheese, topped with lettuce and tomatoes

12"
14"
16"



Taco Pizza

Seasoned ground beef, sauce, Colby cheese, lettuce, tomatoes and onions. Served with our cream and salsa

12"
14"
16"



Deluxe Pizza

With ham, pepperoni, sausage, mushrooms, green peppers and onions

12"
14"
16"

Traditional Pizza

12" 14" 16"

Cheese

One Item

Two Items

Three Items

Four Items

Five Items

Deluxe

EXTRA-THICK PAN-STYLE PIZZA

Enjoy your favorite pizza made with our pan-style crust! • Available for the cost of an additional item

(Please allow an additional 10 minutes prep time)

TOPPING ITEMS

- Pepperoni
- Bacon
- Meatballs
- Fresh Mushrooms
- Mushrooms
- Tomatoes
- Green Olives
- Black Olives
- Green Peppers
- Banana Peppers
- Jalapeños
- Pineapple
- Sausage
- Ham
- Onion
- Grilled Chicken
- + more



PIZZA

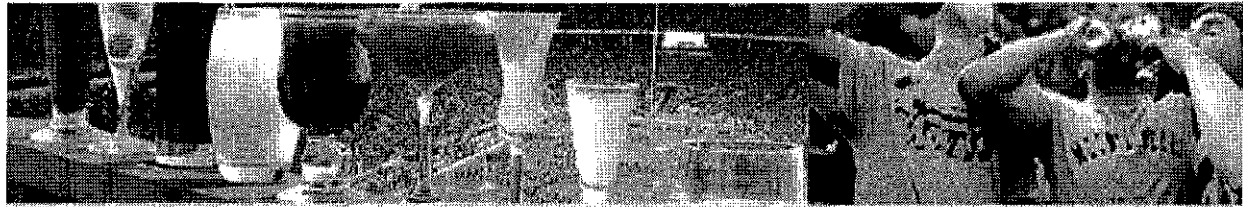
STROMBOLI

Stromboli Made Fresh to Order!

A fold-over pizza stuffed with your choice of two items

Add additional items each





RITA-VILLE

Your way—frozen or on the rocks

Wild Ram Signature Margarita
Obviously, you know a great play when you see one! Order this favorite margarita and you'll score big with our tangy tantalizing blend of Jose Cuervo, Disaronno Amaretto and Cointreau. Perfect any time

Golden Margarita
We're mixin' the good stuff! Jose Cuervo Gold, Grand Marnier and a splash of OJ

Go Blue! Margarita
Tequila, blue curaçao and margarita mix. A winning blend and a great way to show your true colors

Peach Margarita
Our house margarita done up Southern-style with just a touch of peach schnapps

HOME CROWD

Captain's Bahama Mama
Captain Morgan's Spiced Rum, Parrot Bay Coconut Rum and banana liqueur blended with chilled fruit juices, topped off with Myers's Dark Rum

Piña Colada
A little taste of paradise. Piña colada mix blended with light rum

Italian Surfer
Catch the wave! Vodka, amaretto, Malibu Rum, pineapple and cranberry juices

Hawaiian Punch
A real knock-out! Vodka, Southern Comfort, amaretto and Midori Melon mixed with fruit juices

Raspberry Lynchburg Lemonade
A new twist on an old favorite! Jack Daniels, sour mix, raspberry liqueur and a splash of Sprite

Top Shelf Long Island Iced Tea
Made with Absolut, Tanqueray, Bacardi and Cointreau

Berry Bonds Daiquiri
Right out of the ballpark! Your choice of strawberry or raspberry. Light rum blended with Dailey's Daiquiri Mix

SPIRITED MARTINIS

Candy Apple Martini
Kick back and relax with Wild Ram's exclusive mix of Apple Pucker, vodka, Amaretto and cranberry juice

Cosmopolitan
Classic blend of vodka, orange liqueur and a splash of cranberry juice

Peach Martini
Vodka stirred with peach schnapps, orange juice and grenadine

Ultimate Chocolatini
Smirnoff Vanilla Twist, creme de caçao, Bailey's and raspberry liqueur served with a brown sugar rim

BENCH WARMERS

Our relaxing Benchwarmer coffee drinks are topped with whipped cream

Mama Mia
Kissed with amaretto and Frangelico

Jamaican Me Coffee
A laid-back blend with rum and Kahlua

Fighting Irish
Spiked with Irish whiskey and Kahlua

South of the Border
Iia Maria and brandy in hot coffee

BEER:30

Draft

Bottle

Import

Domestics

THE WINE IS FINE

By the glass

Piesporter
Light-bodied, semi-sweet taste

Chardonnay
Fruity, pleasantly intense and persistent, with a hint of almond in the finish

Pinot Grigio
Delicate, pleasing floral and fruit scents. Dry, light and crisp

Cabernet Sauvignon
Rich and smooth with velvety tannins, complex oak overtones

Sangria
By the glass
By the pitcher

Merlot
Discreetly fruited with the slightest accent of herbs. Dry balanced with an elegant body

Chianti
Bright youthful aromas of ripe red fruit

Lambrusco
Light-bodied red with a touch of sweetness

White Zinfandel
Soft aromas, floral notes and a bright crispness

SMOOTH SIPPERS

Coffee
Regular and decaf

Soft Drinks
Coke, Cherry Coke, Diet Coke, Sprite, Mello Yello, Squirt, Minute Maid Orange, Pink Lemonade, Iced Tea, Raspberry Iced Tea

