

LLA

City of Aurora, Illinois

2024 Initial 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: Arthouse Aurora, LLC

License Year: 2024 to 2025

License Class: D-onsite consumption Downtown Core

Official Use Only

- Date Complete Application Received 10.5.24
- Application Fee \$250.00
- Business Information Sheet and Probationary Agreement/Management Plan Complete (in application)
- Proof of Background Check for all Managers/Assistant Managers, Owners and Officers (receipts)
- Certificate of Good Standing from the State of Illinois new LLC 4.16.24
- Certificate of Registration for Aurora Food & Beverage Tax (contact Revenue & Collections at (630) 256-3564)
- Certificate of Occupancy at the Applicant's Business Location
- Maximum Occupancy Sign from City of Aurora Fire Marshal
- Copy of Articles of Incorporation or Articles of Organization
- Copy of Most Recent Annual Report Filed with the Illinois Secretary of State new LLC 4.16.24
- Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (if applicable)
- Copy of Lease/Proof of Ownership—Lease Expiration 5yr w/ option to extend
- Copy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration 7.11.25
- Copy of County Health Department Certificate written approval 10/4/24
- 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) draft 10/4/24
- City of Aurora Business Registration Complete—Registration #BUSR-39379
- Appropriate Liquor Classification and Endorsement (if applicable) Cl. D w/ onsite consumption
- Yearly Fee (per license classification) \$ will be \$2070 prorated monthly @ issuance

Approved Denied Date Approved/Denied: _____

Date Issued: _____

Mayor
Liquor Control Commissioner

Applicant Information

Applicant/Corporate Name: ARTHOUSE / ARTHOUSEAURORA LLC

d/b/a Name: ARTHOUSE

Business Address: 5 E GAIENA BVD AURORA 60506
Street City/State Zip

Business Telephone#: _____ Fax #: _____

Owner or Manager Contact: CHAD GRAVENITES

Telephone #: _____ Email Address: _____

Additional Business Contact: _____

Telephone #: _____ Email Address: _____

Business Location Information

Business Name (dba): ARTHOUSE

Business Address: 5 E GAIENA BVD AURORA 60506 KANE
Street City/State Zip County

Telephone #: _____

Website: ARTHOUSEAURORA.COM

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: PARAMOUNT THEATER / AURORA METROPOLITAN EXPOSITION AUTHORITY

Address: _____
Street City State Zip

Telephone #: _____ Email Address: _____

Total Building Square Footage	Entertainment Area (Square Footage)	Kitchen Area (Square Footage)	Total Number of Seats (Booths & Tables)	Number of Parking Spaces
<u>~ 5000 js</u>	<u>-</u>	<u>~ 1000 js</u>	<u>155 js</u>	<u>-</u>

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: THE GOAT BURGER + COCKTAIL BAR
Business Address: 107 E WILSON STREET BATAVIA/IL 60510
Street City/State Zip
Business Telephone#: 630-326-9173 **Date Held: (mm/yy)** 07/24
Liquor License Number and State: 1A-1502224 IL

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 INFORMATION

Type of Business Organization (check one):

Sole Proprietor Partnership Corporation LLC Non-Profit Government

If a Corporation or LLC:

Corporation or LLC Name: ARTHOUSEAURORA LLC

Corporate Registered Agent: CHAD GRAVENITES

Corporate Headquarters Address: _____

Corporate Telephone #: _____

Corporate Contact Name and Cell #: CHAD GRAVENITES, _____

State of Incorporation: IL Date of Incorporation: 4.16.24

B. Name (first and last) of all Partners: _____

C. Name of Sole Proprietor: _____

Owner / Manager Information

For ALL businesses, list ALL persons or entities with ownership interest in the company as well as ALL persons serving as officers or managers of the company. For ALL businesses, list Managers of the business that will be licensed. Attach additional pages if needed. All owners, officers and managers must have a background check for the CITY OF AURORA (good for 3 years).

Name: GRAVENTES CHAD
Last First Middle

Position with Business: OWNER % of Ownership 70

Email Address: [REDACTED]

Date of Birth: [REDACTED] Date of Fingerprints for City of Aurora 9.27.24
MO Day YYYY

Home Address: [REDACTED]
Street City State Zip

Home Telephone#: _____ Cell Phone #: [REDACTED]

Name: Schroeder Garrett
Last First Middle

Position with Business: CHEF % of Ownership 15%

Email Address: [REDACTED]

Date of Birth: [REDACTED] Date of Fingerprints for City of Aurora 9.30.24
MO Day YYYY

Home Address: [REDACTED]
Street City State Zip

Home Telephone#: _____ Cell Phone #: [REDACTED]

Name: Medchill Michael
Last First Middle

Position with Business: INVESTOR % of Ownership 10%

Email Address: [REDACTED]

Date of Birth: [REDACTED] Date of Fingerprints for City of Aurora 10.4.24
MO Day YYYY

Home Address: [REDACTED]
Street City State Zip

Home Telephone#: _____ Cell Phone #: [REDACTED]

Owner / Manager Information

For ALL businesses, list ALL persons or entities with ownership interest in the company as well as ALL persons serving as officers or managers of the company. For ALL businesses, list Managers of the business that will be licensed. Attach additional pages if needed. All owners, officers and managers must have a background check for the CITY OF AURORA (good for 3 years).

Name: Robenge Nick
Last First Middle

Position with Business: Partner % of Ownership 5%

Email Address: [Redacted]

Date of Birth: [Redacted] Date of Fingerprints for City of Aurora n/a
MO Day YYYY

Home Address: [Redacted]
City State Zip

Home Telephone#: [Redacted] Cell Phone #: [Redacted]

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____

Email Address: _____

Date of Birth: _____ Date of Fingerprints for City of Aurora _____
MO Day YYYY

Home Address: _____
Street City State Zip

Home Telephone#: _____ Cell Phone #: _____

Name: _____
Last First Middle

Position with Business: _____ % of Ownership _____



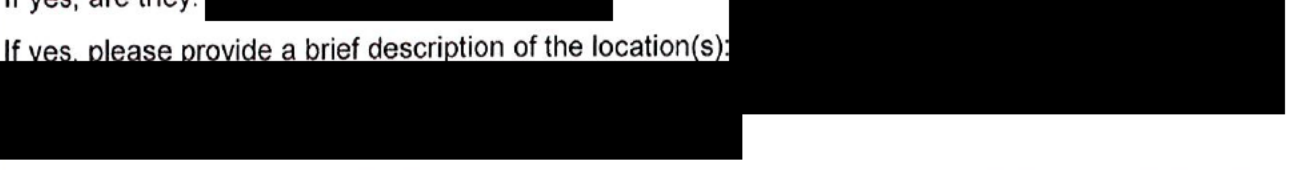
Email Address: _____

Date of Birth: _____ Date of Fingerprints for City of Aurora _____
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>THIS WILL BE THE FIRST FOR THE FULL CORPORATION. I HAVE BEEN IN FOR 20YR</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">• 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;• The size of the applicant's business and the affected establishment;• The availability of adequate parking for patrons of both the applicant's business and the affected establishment;• Whether the applicant is seeking a license to permit consumption of liquor on premises or the sale of packaged goods;• Any police activity;• Relevant geography and location of applicant's business;• The legal nature and history of applicant;• Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.
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

ARTHOUSEAURORA LLC

d/b/a Name

ARTHOUSE

Location Address

5 E GALENA BLVD

Planned Days / Hours of Operation

<input checked="" type="checkbox"/> SUNDAY	FROM	10:00	A.M./P.M.	TO	10:00	A.M./P.M.
<input checked="" type="checkbox"/> MONDAY	FROM	11:00	A.M./P.M.	TO	10:00	A.M./P.M.
<input checked="" type="checkbox"/> TUESDAY	FROM	11:00	A.M./P.M.	TO	10:00	A.M./P.M.
<input checked="" type="checkbox"/> WEDNESDAY	FROM	11:00	A.M./P.M.	TO	10:00	A.M./P.M.
<input checked="" type="checkbox"/> THURSDAY	FROM	11:00	A.M./P.M.	TO	10:00	A.M./P.M.
<input checked="" type="checkbox"/> FRIDAY	FROM	11:00	A.M./P.M.	TO	12:00	A.M./P.M.
<input checked="" type="checkbox"/> SATURDAY	FROM	10:00	A.M./P.M.	TO	12:00	A.M./P.M.

Entertainment

Entertainment will be held on the premises. Yes No

If yes, what type(s) of entertainment? (Please list)

Acoustic . Pooling . DJ.

Please specify the dates and times that entertainment is planned.

<input checked="" type="checkbox"/> SUNDAY	FROM	10:00	A.M./P.M.	TO	3:00	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 checked="" type="checkbox"/> FRIDAY	FROM	7pm	A.M./P.M.	TO	11pm	A.M./P.M.
<input checked="" type="checkbox"/> SATURDAY	FROM	10:00 / 7pm	A.M./P.M.	TO	3:00 / 11pm	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:

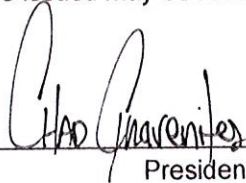
Address of Private Security Company:

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

9.9.24

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



City of Aurora, Illinois Business Information Sheet

Business Entity Information

Type of Business Sole Proprietor Partnership LLC Corporation Non-Profit

Legal Name of Business

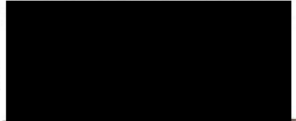
The exact "legal name" as it appears in the official business formation documentation. ARTHOUSEAURORA LLC
For Sole Proprietors, this is the full name of the business owner as it appears on the Sole proprietor's government-issued photo ID.

"Doing Business As" Name

The exact "Doing Business As" (DBA) Name as it appears in the official business formation documentation. ARTHOUSE
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/

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	<u>Full Service Restaurant</u>
List your business activities, including all products and/or services to be offered.	
Business Activity	
List your business activities, including all products and/or services to be offered.	

Square footage used by the business: <u>5000 js</u>	SQ. FT.	Number of employees at this site: <u>25</u>
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Primary Contact Person

First Name <u>CHAD</u>	Middle Name	Last Name <u>GRAVENIEY</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. ***By signing this application, I agree to cooperate fully with the Aurora Police Department in providing all video pursuant to any police investigation during the term of any liquor license granted.***

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

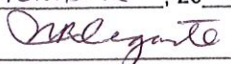
Individual/Partnership Signatures

Signature

Signature

Signature

Signed and sworn to before me this 27TH day of
SEPTEMBER, 2024.



Notary Public

Government Entity Signatures

Signature - Manager on Behalf of Government Entity

(NOTARY SEAL)



Signature - Governmental Officer