Security		
Will private security be hired for your business? Yes □ No 又		
If yes, will private security only be hired when entertainment is offered? Yes □ I  Name of Private Security Company to be Hired:  □ □ □	No X	
Address of Private Security Company:		
Contact Person: for Security Company:		
Security Contact Person's Phone Number: (Please provide two options)		
b\vert \cdots		
By signing this Probationary Agreement, the undersigned affirms that he/s in violation of any section of the liquor ordinance within the first year of opticity of Liquor License issued may be revoked without progressive discipline being the liquor ordinance within the first year of opticity of Liquor License issued may be revoked without progressive discipline being the liquor ordinance within the first year of opticity of the liquor License issued may be revoked without progressive discipline being the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the first year of opticity of the liquor ordinance within the	eration, a Liquor Hearing may be held and the	
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.		
Long Fei lang  Prosident / Owner	Date 11/20-2023  Date	
Secretary / Owner	11/20 - 2023 Date	
City Clerk's Office	Date	

## **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	Individual/Partnership Signatures
Prosident owner	Signature
Long Fei Yang Socretary owner	Signature
Treasurer oww	Signature
Signed and sworn to before me thisday of	
Nov. 20 23 Notary Public	Government Entity Signatures
(NOTARM®EADRD Official Seal Notary Public - State of Illinois	Signature - Manager on Behalf of Government Entity
My Commission Expires Dec 15, 2025	Signature - Governmental Officer