

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: / / 15 TO
APPLICANT INFORMATION	to the second se
APPLICANT / CORPORATE NAME LH Aurora, LLC	
D/B/A NAME Luigi's House	
BUSINESS LOCATION ADDRESS 778 N. RT. 59, Au	rora, IL 60504
BUSINESS PHONE (630) 375-6400	FAX NUMBER ()
APPLICANT'S REPRESENTATIVE <u>James Garofalo</u>	
REPRESENTATIVE'S PHONE (630) 375 -6400	CELL (708) 799-4700
E-MAIL ADDRESS FOR CONTACTING BUSINESS <u>igarof</u>	falo@garofalos.co
OFFICIAL	LUSEONLY
REQUIREMENTS - NEW APPLICATIONS:	REQUIREMENTS - NEW & RENEWAL APPLICATIONS:
☑ APPLICATION FEE	COPY OF LEASE / PROOF OF OWNERSHIP
☑ BIS (BUSINESS INFORMATION SHEET)	COPY OF DRAM SHOP INSURANCE
FDF (FINANCIAL DISCLOSURE FORM)	(LIQUOR LIABILITY INSURANCE) & "// -
CERTIFICATE OF REGISTRATION (FOOD & 6)	COPY OF MENU, IF APPLICABLE 1/16/15
BEVERAGE TAX)	COPY OF STATE LIQUOR LICENSE Tom Prior
CERTIFICATE OF OCCUPANCY CERTIFICATE OF INCORPORATION 7/16/15	
PIF (PERSONAL INFORMATION FORMS)	ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES
(BACKGROUND CHECKS) Warager?	OTHER
SEATING CHART (DRAWN TO SCALE) (MUST INCLUDE OUTDOOR SEATING, IF PLANNED) 1/10/17	NOTES:
PROBATIONARY AGREEMENT / MANAGEMENT PLAN	
OTHER Outdoor Service Permit	
APPROVED to continue processing	DATE RECEIVED 7/16/15
DATE OF APPROVAL / DENIAL 9 23 15	DATE ISSUED
MAYOR / LIQUOR CONTROL COMMISSIONER	

II. BUSINESS INFO	ORMATION	e de la companya de La companya de la co		
Business Name	Luigi's House			
Business Address	778 N. RT. 59; Aurora	a, IL 60504		
Employer Identification	on Number (EIN)47-	-1769629		<u></u>
Website	·			
	DESC	RIPTION OF BUSINE	SS FACILITY	
Total Area (square feet)	Entertainment Area (square feet)	Kitchen Area (square feet)	Number of Seats at Tables	Number of Parking Spaces
12,500 Sq. Ft.	400 Sq. Ft.	5,000 Sq. Ft.	350	85

lect the cla	ssification of liquor license you are applying / re-applying for from the listing of classifications below. See e 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
	CLASS D-1 - Metropolitan Exposition and Auditorium \$1,815.00
	CLASS D-2 - Theatrical-Arts Facility
\square	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 \$1,650.00
	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

IV. PREVIO	US LIQUOR LICENSES
1. Starting w ten (10) years	rith the most recent, list any business that was owned or operated by the applicant within the past is that possessed a liquor license. If more space is needed, please attach a separate sheet.
Busin	ess Name: Mancini's Italain Bistro
	ldress: 1111 Lake Street
	one: 708-445-9700 Date Owned (mm/yy - mm/yy) 05/14-Current
	quor License Number: 1A-1123827
	ess Name:
	ldress:
	one: Date Owned (mm/yy - mm/yy)
	quor License Number:
	y liquor licenses issued to the applicant been revoked or suspended? Yes X No roceed to Question 2A. If more space is needed, please attach a separate sheet.
2A. Name	e: Name of Business:
	ess:
Date	License Held (mm/yy - mm/yy): Date of Revocation:
Reas	on(s) for Revocation of License:
retail) the	director, officer, shareholder, or any of your managers ever held a liquor license (wholesale or at was revoked by the federal, state, or local government? Yes X No roceed to Question 3A. If more space is needed, please attach a separate sheet.
3A. Name	e:Name of Business:
Positi	ion with Business:
Date	License Held (mm/yy - mm/yy): Date of Revocation:
Reas	on(s) for Revocation of License:
4. Has any	director, officer, shareholder, or any of your managers ever been denied a liquor license from any ion? Yes X No If Yes, proceed to Question 4A. If more space is needed, please attach
a separa	te sneet.
a separa	
a separa 4A. Name	e: Name of Business:
a separa 4A. Name Posit	
a separa 4A. Name Posit Date	e: Name of Business:ion with Business:
a separa 4A. Name Posit Date	e: Name of Business: ion with Business: of Denial

PE OF BUSINESS. Sele Proprietors. Partnership MULCL Corporation or Non-Profit For LLC, Corporation or Non-Profit organizations, proceed to Question C. A. Name of Sole Proprietor: LH Aurora, LLC DIB/A (Doing Business As) Name: Luigr's House 8. Name of ALL Partners (If more space is needed, please attach separate sheet): James Garofalo C. Corporate Registered Agent / Contact: Corporate Services Group, Inc. Corporate Headquarters Address: 161 N. Clark Street, Suite 4700; Chicago, IL 60601 Corporate Phone: Corporate Contact Cell Phone: State of Incorporation: II. Date of Incorporation: 09/05/2014 CONSER / MANAGERINI OR WATION ase provide the below-requested information as follows: Sole Proprietor or Partnerships: AUL comer(s) and partner(s): Corporations: AUL director(s) and officer(s): Sole Proprietor or Partnerships: AUL comer(s) and partner(s): Corporations: AUL director(s) and officer(s): Sole Proprietor or Partnerships: AUL comer(s) and partner(s): Corporations: AUL director(s) and officer(s): Sole Proprietor or Partnerships: AUL comer(s) and partner(s): Corporations: AUL director(s) and officer(s): Sole Proprietor or Partnerships: AUL comer(s) and partner(s): Sole Proprietor or Partnerships: AUL comer(s) and partner(s): Sole Proprietor or Partnerships: AUL comer(s) and partner(s): Sole Proprietor or Partnerships: AUL comer(s): Sole Proprietor or Partnerships: Sole Proprietor or Partnerships: AUL comer(s): Sole Proprietor or Partnerships: Sole Pr			
A. Name of Sole Proprietor: LH Aurora, LLC D/B/A (Doing Business As) Name: Luigr's House B. Name of ALL Partners (if more space is needed, please attach separate sheet): James Garofalo C. Corporation Name: LH Aurora, LLC Corporate Registered Agent / Contact: Corporate Services Group, Inc. Corporate Headquarters Address: 161 N. Clark Street, Suite 4700; Chicago, IL 60601 Corporate Phone: Corporate Contact Cell Phone: State of Incorporation: II. Date of Incorporation: 09/05/2014 OWNER/ MANAGERINFORMATION ase provide the below-requested information as follows: Sole Proprietor or Partnerships: ALL comper(s) and partner(s): Corporations: ALL director(s) and officer(s): Tore space is needed; please strach a separate sheet Name: James Garofalo Position with Business: Owner % of Ownership: 100% Driver's License Number: Place of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: jgarofalo@garofalos.co Name: Position with Business: % of Ownership: Date of Birth: Oriver's License Number: Place of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: Home Phone: Cell Phone: E-mail Address: Home Phone: Cell Phone: Position with Business: % of Ownership: Social Security Number: Date of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: Home Phone: Cell Phone: E-mail Address: Home Phone: Cell Phone: Home Address: Home Phone: Cell Phone:	Partner Section 19 Partner 2 Partner	ship NLLC Corporation	Non-Profit
B. Name of ALL Partners (If more space is needed, please attach separate sheet): James Garofalo C. Corporation Name: LH Aurora, LLC Corporate Registered Agent / Contact:		roceed to Question C.	
B. Name of ALL Partners (If more space is needed, please attach separate sheet): James Garofalo C. Corporation Name: LH Aurora, LLC Corporate Registered Agent / Contact:	A. Name of Sole Proprietor: LH Aurora, LLC		
B. Name of ALL Partners (If more space is needed, please attach separate sheet): James Garofalo C. Corporation Name: LH Aurora, LLC Corporate Registered Agent / Contact: Corporate Services Group, Inc. Corporate Headquarters Address: 161 N. Clark Street, Suite 4700; Chicago, IL 60601 Corporate Phone: State of Incorporation: IL Date of Incorporation: OWNER MANAGERINFORMATION asse provide the below-requested information as follows: Sole Proprietor or Partnerships: ALL owner(s) and partner(s)'s Corporations' ALL director(s) and officer(s)'s Tore Space is inceded; please attach a separate sheet Name: James Garofalo Position with Business: Owner Place of Birth: Social Security Number: Home Phone: E-mail Address: Home Phone: Cell Phone: E-mail Address: Home Phone: Cell Phone: E-mail Address: Name: Position with Business: % of Ownership: Date of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: Name: Position with Business: % of Ownership: Date of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: Name: Position with Business: % of Ownership: Social Security Number: Date of Birth: Home Address: Home Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone: Cell Phone:		se	
Corporate Registered Agent / Contact: Corporate Services Group, Inc. Corporate Headquarters Address: 161 N. Clark Street, Suite 4700; Chicago, IL 60601 Corporate Phone: Corporate Contact Cell Phone: State of Incorporation: IL Date of Incorporation: 09/05/2014 OWNER / MANAGERINFORMATION State of Incorporation: 09/05/2014 OWNER / MANAGERINFORMATION OP/05/2014 OWNER / MANAGERINFOR	B. Name of ALL Partners (If more space is needed, pl		
Corporate Headquarters Address: 161 N. Clark Street, Suite 4700; Chicago, IL 60601 Corporate Phone: Corporate Contact Cell Phone: Date of Incorporation: 1L Date of Incorporation: 09/05/2014 OWNER/ MANAGER/INFORMATION: ase provide the below-requested information as follows: Sole Proprietor or Partnerships: ALL' director(s) and officer(s) Corporations: ALL' director(s) and partner(s) Corporations: ALL' director(s) and officer(s) Corporations: ALL' director(s) and partner(s) Co	C. Corporation Name: LH Aurora, LLC		
Corporate Headquarters Address: 161 N. Clark Street, Suite 4700; Chicago, IL 60601 Corporate Phone: Corporate Contact Cell Phone: Date of Incorporation: 1L Date of Incorporation: 09/05/2014 OWNER/ MANAGERINFORMATION: asse provide the below, requested information as follows: Sole Proprietor or Partnerships: ALL owner(s) and partner(s) Corporations: ALL director(s) and officer(s) Corporations: ALL director(s) and partner(s) Corporations: ALL director(s) and partner(Corporate Registered Agent / Contact: Corporat	e Services Group, Inc.	
Corporate Phone:			601
OWNER/MANAGER INFORMATION ase provide the below requested information as follows: Sole Proprietor or Partnerships: ALL owner(s) and partner(s) Corporations: ALL director(s) and officer(s) Fore space is needed; please attach a separate sheet. Name: James Garofalo Position with Business: Owner			
ase provide the below, requested information as follows: Sole Proprietor or Partnerships: ALL owner(s) and partner(s) Corporations: ALL director(s) and officer(s) Corporatio			
ase provide the below-requested information as follows: Sole Proprietor or Partnerships: ALL' owner(s) and partner(s): Corporations: ALL' director(s) and officer(s) for space is needed; please attach a separate sheet. Name: James Garofalo Position with Business: Owner % of Ownership: 100% Driver's License Number: Date of Birth: Home Address: Cell Phone: E-mail Address: % of Ownership: Social Security Number: Date of Birth: Position with Business: % of Ownership: Social Security Number: Date of Birth: Phone Address: % of Ownership: Social Security Number: Date of Birth: Phone Address:	State of incorporation:	Jate of incorporation: 09/03/2014	
ase provide the below-requested information as follows: Sole Proprietor or Partnerships: ALL' owner(s) and partner(s)? Corporations: ALL' director(s) and officer(s) ore space is needed; please attach a separate sheet. Name: James Garofalo Position with Business: Owner % of Ownership: 100% Driver's License Number: Date of Birth: Home Address: Cell Phone: E-mail Address: % of Ownership: Social Security Number: Date of Birth: Position with Business: % of Ownership: Social Security Number: Date of Birth: Position with Business: % of Ownership: Social Security Number: Date of Birth: Home Address: Home Phone: Cell Phone: E-mail Address:			
ase provide the below-requested information as follows: Sole Proprietor or Partnerships: ALL' owner(s) and partner(s)? Corporations: ALL' director(s) and officer(s) ore space is needed; please attach a separate sheet. Name:	A STATE OF THE STA		
Sole Proprietor or Partnerships: ALL'owner(s) and partner(s) and Corporations, ALL'director(s) and officer(s) ore space is needed; please attach a Separate sheet. Name: James Garofalo	OWNER! MANAGER INFORMATION 🔆 🥳		
Sole Proprietor or Partnerships: ALL'owner(s) and partner(s) and Corporations, ALL'director(s) and officer(s) ore space is needed; please attach a Separate sheet. Name: James Garofalo	se provide the below-requested information as folic	IWS:	
Name: James Garofalo Position with Business: Owner Place of Birth:			
Name: James Garofalo Position with Business: Owner % of Ownership: 100% Driver's License Number: Place of Birth: Social Security Number: Date of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: jgarofalo@garofalos.co Name: Name: Note of Ownership: Social Security Number: Date of Birth: Place of Birth: Place of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: Social Security Number: Date of Birth: Place of Birth: Place of Birth: Driver's License Number: Date of Birth: Driver's License Number: Place of Birth: Position with Business: Social Security Number: Date of Birth: Place of Birth: Driver's License Number: Place of Birth: Driver's License Number: Place of Birth: Driver's License Number: Place of Birth: Place of Birth: Driver's License Number: Place of Birth: Home Address: Cell Phone:	Corporations - ALL director(s) and officer(s)		
Name:	ore space is needed; please attach a separate sheet		
Position with Business: Owner			
Position with Business: Owner	Nome: James Garofalo		
Driver's License Number: Place of Birth: Social Security Number: Date of Birth: Home Address: Date of Birth: Date of Birth: Home Phone: Cell Phone: E-mail Address: jgarofalo@garofalos.co Name: % of Ownership: Social Security Number: Date of Birth: Place of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: Name: Social Security Number: Date of Birth: Driver's License Number: Place of Birth: Driver's License Number: Date of Birth: Driver's License Number: Place of Birth: D	Nation,		
Social Security Number: Date of Birth: Home Address: Cell Phone: Cell Phone: E-mail Address: jgarofalo@garofalos.co Name: Social Security Number: Date of Birth: Driver's License Number: Place of Birth: Home Address: Cell Phone: E-mail Address: % of Ownership: Social Security Number: Date of Birth: Home Phone: Cell Phone: E-mail Address: % of Ownership: Social Security Number: Date of Birth: Driver's License Number: Date of Birth: Driver's License Number: Date of Birth: Driver's License Number: Place of Birth: Home Address: Cell Phone: Cell	Position with Rusiness: Owner	% of Ownership:	100%
Home Address:	T OSIGN WITH BUSINESS		
Home Phone: Cell Phone: E-mail Address: jgarofalo@garofalos.co Name: % of Ownership: Social Security Number: Date of Birth: Place of Birth: Home Address: Cell Phone: E-mail Address: % of Ownership: Social Security Number: Date of Birth: Place of Birth: Driver's License Number: Place of Birth: Driver's License Number: Date of Birth: Driver's License Number: Date of Birth: Driver's License Number: Date of Birth: Place of Birth: Driver's License Number: Place of Birth: Home Address: Cell Phone: Cell Phone: Cell Phone: Driver's License Number:	Driver's License Number:	Place of Birth:	
Name:	Driver's License Number: Social Security Number:	Place of Birth:	
Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name: Position with Business: Social Security Number: Driver's License Number: Cell Phone: Cell Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address:	Place of Birth: Date of Birth:	
Position with Business:	Driver's License Number: Social Security Number: Home Address: Cell Pho	Place of Birth: Date of Birth:	
Position with Business:	Driver's License Number: Social Security Number: Home Address: Cell Pho	Place of Birth: Date of Birth:	
Social Security Number: Date of Birth:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address:igarofalo@garofalos.co	Place of Birth: Date of Birth: one:	
Driver's License Number: Place of Birth: Home Address: Home Phone: Cell Phone: E-mail Address: % of Ownership: Social Security Number: Date of Birth: Driver's License Number: Place of Birth: Home Address: Home Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: jgarofalo@garofalos.co Name:	Place of Birth: Date of Birth: one:	
Home Address: Home Phone: E-mail Address: Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: _jgarofalo@garofalos.co Name: Position with Business:	Place of Birth: Date of Birth: one: % of Ownership:	
Home Phone: Cell Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address:igarofalo@garofalos.co Name: Position with Business: Social Security Number:	Place of Birth: Date of Birth: one:	
Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: _jgarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number:	Place of Birth: Date of Birth: One: % of Ownership: Date of Birth: Place of Birth:	
Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: _jgarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address:	Place of Birth: Date of Birth: one: % of Ownership: Date of Birth: Place of Birth:	
Position with Business: % of Ownership: Social Security Number: Date of Birth: Driver's License Number: Place of Birth: Home Address: Home Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: _jgarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone:	Place of Birth: Date of Birth: one: % of Ownership: Date of Birth: Place of Birth: Cell Phone:	
Position with Business: % of Ownership:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: _jgarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone:	Place of Birth: Date of Birth: one: % of Ownership: Date of Birth: Place of Birth: Cell Phone:	
Social Security Number: Date of Birth: Place of Birth: Home Address: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: Jigarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address:	Place of Birth: Date of Birth: """ """ """ """ """ """ """	
Driver's License Number: Place of Birth: Home Address: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: Jigarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name:	Place of Birth: Date of Birth: """ """ """ """ """ """ """	
Home Address: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: _jgarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name: Position with Business:	Place of Birth: Date of Birth: """ """ """ """ """ """ """	
Home Phone: Cell Phone:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: Jigarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name: Position with Business: Social Security Number:	Place of Birth: Date of Birth: % of Ownership: Date of Birth: Place of Birth: Cell Phone: % of Ownership: Date of Birth:	
	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: _jgarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name: Position with Business: Social Security Number: Driver's License Number:	Place of Birth: Date of Birth: % of Ownership: Date of Birth: Place of Birth: Cell Phone: % of Ownership: Date of Birth: Place of Birth:	
E-mail Address:	Driver's License Number: Social Security Number: Home Address: Home Phone: E-mail Address: Jigarofalo@garofalos.co Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Name: Position with Business: Social Security Number: Driver's License Number: Home Address:	Place of Birth: Date of Birth: """ """ """ """ """ """ """ """ """	

Name:	
Position with Business:	
Social Security Number:	Date of Birth:
Driver's License Number:	
Home Address:	
	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:	
ss E-Restaurant, Class F and Class F-	Y MANAGER / COOK INFORMATION y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
ss E-Restaurant, Class F and Class F-s of the cook or chef responsible for d Manager's Name: Position with Business: Social Security Number:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance. Saxofalo % of Ownership: Date of Birth:
ss E-Restaurant, Class F and Class F-s of the cook or chef responsible for d Manager's Name: Position with Business: Social Security Number: Driver's License Number:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance. Saxofalo
ss E-Restaurant, Class F and Class F- s of the cook or chef responsible for d Manager's Name: Position with Business: Social Security Number: Driver's License Number: Home Address:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
Manager's Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance. Saxofalo
ss E-Restaurant, Class F and Class F-s of the cook or chef responsible for description or	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
SS E-Restaurant, Class F and Class F-s of the cook or chef responsible for description or chef responsible for des	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
SS E-Restaurant, Class F and Class F- s of the cook or chef responsible for d Manager's Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Manager's Name:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance. Saxofalo
ss E-Restaurant, Class F and Class F- s of the cook or chef responsible for d Manager's Name: Position with Business: Social Security Number: Driver's License Number: Home Address: Home Phone: E-mail Address: Position with Business:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance. Saxofalo
SS E-Restaurant, Class F and Class F-s of the cook or chef responsible for displaying the cook or chef respons	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
SS E-Restaurant, Class F and Class F-s of the cook or chef responsible for displaying the cook or chef respons	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
SS E-Restaurant, Class F and Class F- s of the cook or chef responsible for di Manager's Name: Position with Business: Social Security Number: Home Address: Home Phone: E-mail Address: Position with Business: Social Security Number: Driver's License Number: Driver's License Number: Home Address:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance. Saxofalo
SS E-Restaurant, Class F and Class F-s of the cook or chef responsible for displaying the cook or chef respons	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
SS E-Restaurant, Class F and Class F-s of the cook or chef responsible for displaying the cook or chef respons	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.
Manager's Name: Position with Business: Driver's License Number: Home Address: Home Phone: Position with Business: Social Security Number: Home Address: Home Phone: Position with Business: Social Security Number: Home Address: Fe-mail Address: Home Phone: Home Address: Home Address: Home Address:	y Manager MUST Submit to a background check. 1-Beer and Wine Restaurant applications, provide the name uties as outlined in the City Liquor Ordinance.

VIII: 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. Isithe corporation a subsidiary of a parent corporation? Yes X 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 Now 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	
7. If the building is not owned, what is the expiration date of the lease?	November 30, 2024
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.	
19 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?	Existing business- Change of Officer
10. State the estimated value of goods, wares and merchandise to be used in the course of business.	50,000
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? 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 or ders of court supervision, whether satisfactorily completed or not.	
12 Does the director, officer, shareholder or any of your managers hold any law enforcement office? Yes X 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 X No
15.	If applicant is applying for a Class B - Fraternal Society or Club Liquor License: NOT APPLICABLE 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? X 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. (ATTACHED)
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). ATTACHED
20.	Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for consumption on the licensed premises? 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.) ATTACHED
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.) ATTACHED
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)? X 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? X 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
Fresident	Signature
Secretary	Signature
7/6/15 Date	Date
Signed and sworn to before me thisday of, 20 LUCA QUO Notary Public	(SEAL)
	OFFICIAL SEAL ERICA ZUNIGA NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:11/08/15



PART 1 INFORMATION

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:

INSTRUCTIONS: Complete the four (4) parts below, being sure to follow all printed instructions carefully. If a section does not apply, <u>mark it "N/A"</u>. If more room is needed to complete any of the following sections, <u>include an attachment</u>. This form must be signed and notarized in Part 4 by an owner or officer listed with the <u>Department of Business Affairs & Consumer Protection</u>. <u>PLEASE SUBMIT COPIES OF ANY / ALL SUPPORTING DOCUMENTS AT TIME OF APPLICATION</u>.

PROVIDE THE FOLLOWING INFORMATION ABOUT THE LEGAL ENTITY APPLYING FOR THE LICENSE(S).

rein # (irto)		IDOK	# (IL Dept.	or Revenu	e - formeny	181#)		IDOIC# (IC DOPL		Officerty to t #7
47 - 1929723			4152	_	8786			049	82282	
egal Name of Applicant Entity		***************************************			1			ne" of establishmer	11	
_LH Aurora, LLC	;				Lı	iigi's H	louse	;		
irst Name of Primary Busine	ss Contact		Middle I	iame			Last N	lame		-
James			L					GAROFAL	0	
Home Street Address of Prin	nary Business Cont	act	<u> </u>	Sui	te/Apt.	City	I	**************************************	State	Zip
	,				·				·	
lome Phone	Work Phone			Cell Pho			E-ma	il Address		
()	(630 37		00	(()				arofalo@gar	ofalos.co	
	<u> </u>						1 10			
ART 2 EXPENSES	ITEN	NZE ALI	_ EXPENS	ES FOR T	HE FUNDIN	IG OF THE	BUSII	NESS OR OWNER	SHIP CHANGI	E AT THIS LOCATON
scription of Expenses (start	-up, expansion, and	nsir Joi preir	ess purch	ase costs o	nly; constru	ction, rend	vation,	stock purchase, in	ventory.	Amount of Expens
	<u> </u>		- wic - week	<u> </u>	<u> ژوهن و سرح هانس</u>			Michigan de .		\$
										1.12.1
						······································				\$
						····				\$ *;
										\$
										\$.
*****										\$
	······································									<u> </u>
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			······································						\$ 4
										\$
	. , , , , , , , , , , , , , , , , , , ,									\$
										\$.
										\$
										S
									·····	_
				**************************************		************				\$ 5
					·····					<u> </u>
			<u> </u>							-
							····			\$
										\$
										\$
		***************************************		***************************************						\$ 22.5
					······································	***************************************				_
										> ',

PART 3 FINANCING IDENTIF	FY THE SOURCE(S) OF THE FUNDS USED TO PA	Y FOR THE EXPENSE:	S LISTED	IN PART 2	
a BUSINESS SAVINGS & CHECKING	Identify a	any funds from business acco	ounts used to fund Ex	penses,	Part 2	
Account Number Financial Institution	Date Opened	Signatories on Account	Current Balanc	e .	Drawn for Busin	ess
					\$	
					\$	
			\$		\$	
i			 \$		\$	
			\$		\$	
•	Total	lollar amount drawn from b	ousiness accounts:	a >	\$	
Description of Source (identify the sources) of mon	ey in the accounts	listed above	Contribution Freq	uency	Contribution Am	ount
Drily Sales deposited	from busin	ress at Ligis		· · · · · · · · · · · · · · · · · · ·	\$	
					\$	
					\$	
					\$	
b PERSONAL SAVINGS & CHECKING	Identify	any funds from personal acc	ounts used to fund Ex	penses	Part 2	
Account Number Financial Institution	, Date Opened	Signatories on Account	. Current Balanc	ce ·	Drawn for Busin	ess
					\$	
				_	\$	
			\$		\$	
			\$		\$	
			s		\$	
	Total	dollar amount drawn from	personal accounts:	b	Ś	
Description of Source (identify the sources) of mon	ey in the accounts	listed above	Contribution Freq	uency	Contribution Am	ount
Bylance from other 1	es terran-	Darker			\$	
depisited					\$	
,					\$	
					\$	
C LOANS FROM FINANCIAL INSTITUT	IONS Identify	any loans from financial insti	tutions used to fund E	xpense	s, Part 2	
Account Number Financial Institution	Loan Date	Loan Term	Co-signers of Loan		Loan Amoun	t
					\$	
					\$	
· · · · · · · · · · · · · · · · · · ·					\$	
					\$	
	Total	dollar amount loaned by fi	nancial institutions:	c >	\$	
d LOANS FROM INDIVIDUALS	Identify	any loans from individuals us	sed to fund Expenses	, Part 2		·
Name of Individual	Loan Date	Source of Funds for L	oan [†] % Invest	ment	Loan Amoun	t q
					\$	
					\$	
	· · · · · · · · · · · · · · · · · · ·	Total dollar amount loa	ned by individuals:	7	s	,

e SECURITIES		Identify any sec	curities (stocks, bonds, 0	CODs, etc.) s	sold to fund Exp	enses, Part 2
Name of Security	Buy	Date Sell Da	te # of Shares	Price	Ticker	Amount Invested
NA						\$
						S
						\$
						i service de la constante de l
.		Total dollar as	nount drawn from the	sale of secu	rities:	·^
CIETS EDOM INDIVIDU	LIAL C		ts from individuals used			\$
GIFTS FROM INDIVIDENT me of Giver	UALS	Date of Gift	Source of Fund		# Investment	Amount
1//2						ζ
				-		Z
						3
						\$
						\$
T.		1		ancing fron		\$
GIFTS/GRANTS FROM		•	fts and/or grants from ins			
stitution	Address (Stre	et, City State)	Contact Name & P	none	Grant Date	Amount Gifted
NIA						\$
						\$
.,						\$
						\$
_		Total money receiv	ed from institutional g	ifts and/or g	rants: g	·\$
OTHER FINANCING		Identify any ot	her financing (credit care	ds, etc.) used	d to fund Expen	ses, Part 2
escription of Financing						Amount Financed
NA						\$
						\$
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		\$
		т	otal money drawn fror	n other fina	ncing: h	·s
FINANCING TOTALS		Sub-total all fu	ands (sections a-h) used	to fund Part		,
Business Acce	ounts s	·	Gift	ts from Indivi	duals \$	6-
Personal Acc	ounts 6		Gifts/Grants	s from Institut	tions	0
Loans from Financial Institution				Other Fina	ncina	C
			TOTAL BUSINESS FU			
Loans from Indivi	U Y		TOTAL BUSINESS FI	NANCING (a	"" .E	
	rities e \$		*Should be equal to or	greater than t	total amount of e	xpenses listed in Part 2
ART 4 ACKNOWLED	GEMENT REVIEW	THE FOLLOWING ST	ATEMENT AND SIGN YOU	JR ACKNOWI	EDGEMENT BE	LOW
nereby certify, under penalty of prect. I certify that I understar quest any and all documentation of this intermetion is ground of this intermetion is ground.	nd that all information p ion it determines nece ay result in a disappro	provided on this Finar ssary to perform this v ved or suspended lice	ncial Disclosure Form will verification. I and/or my r	be corrobora representative	ted. The City or will have three	f Aurora reserves the right business days to meet su
gnature of Applicant	wh	mes Garofalo	7/6/C Date 		NOTARY	OFFICIAL SEAL ERICA ZUNIGA PUBLIC - STATE OF ILLINOI IMISSION EXPIRES:11/08/15
otaly Public in and for said County	y and State				(PLACE SEAI	_ HERE)



CITY OF AURORA, ILLINOIS BUSINESS INFORMATION SHEET



Type of PRE-Application [X Liquor License
Business Entity Information	
Type of Business	Sole Proprietor Partnership X LLC Corporation Non-Profit
Legal Name of Business The exact "legal name" as it appears in the official business formation documentation.	LH Aurora, 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.	Lugi's House 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
O 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 # 0 4	
O A Federal Employer Identification Number (EIN) is REQUIRED for all business entity types except for Sole Proprietorships.	
Employer Identification # 4 7	1 9 2 9 7 2 3
O 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 # 4 1 5 2 - 8 7 8 6	
Business Activity and Location	
Business Activity	Restaurant with casual Italian Dressing.
List your business activities, including all products and /or services to be offered.	
Business Site Address Provide the full business location address where the business transactions and /or activities occur. (f applicable, provide the extended address (e.g. 100-102 N. Main Street)	778 N. RT. 59 Street Number(s) N/S/E/W Street Name Ave /St. Ste /Apt. # Aurora IL 60504 City State ZIP Code
Square footage used by the business:	2, 5000 SQ. FT. Number of employees at this site: 500.
Primary Contact Person	JAMES L L L L L L L L L L L L L L L L L L L
	Last Name Jr./Sr.
Contact Phone #	630-375-46400 Fax#
Contact E-mail Address	