



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
 4 / 30 / 16

APPLICANT INFORMATION

APPLICANT / CORPORATE NAME LH Aurora, LLC

D/B/A NAME Luigi's House

BUSINESS LOCATION ADDRESS 778 N. RT. 59, Aurora, IL 60504

BUSINESS PHONE (630) 375-6400 FAX NUMBER ()

APPLICANT'S REPRESENTATIVE James Garofalo

REPRESENTATIVE'S PHONE (630) 375-6400 CELL (708) 799-4700

E-MAIL ADDRESS FOR CONTACTING BUSINESS jgarofalo@garofalos.co

OFFICIAL USE ONLY

REQUIREMENTS - NEW APPLICATIONS:

- APPLICATION FEE
- BIS (BUSINESS INFORMATION SHEET)
- FDF (FINANCIAL DISCLOSURE FORM)
- CERTIFICATE OF REGISTRATION (FOOD & BEVERAGE TAX) *2/16/15*
- CERTIFICATE OF OCCUPANCY
- CERTIFICATE OF INCORPORATION *7/16/15*
- PIF (PERSONAL INFORMATION FORMS) (BACKGROUND CHECKS) *Manager?*
- SEATING CHART (DRAWN TO SCALE) (MUST INCLUDE OUTDOOR SEATING, IF PLANNED) *7/16/17*
- PROBATIONARY AGREEMENT / MANAGEMENT PLAN
- OTHER Outdoor Service Permit

REQUIREMENTS - NEW & RENEWAL APPLICATIONS:

- COPY OF LEASE / PROOF OF OWNERSHIP
- COPY OF DRAM SHOP INSURANCE (LIQUOR LIABILITY INSURANCE) *exp 11/15*
- COUNTY HEALTH DEPT. CERTIFICATE
- COPY OF MENU, IF APPLICABLE *7/16/15*
- COPY OF STATE LIQUOR LICENSE *from prior*
- COPY OF STATE-CERTIFIED BEVERAGE ALCOHOL SELLERS/SERVERS TRAINING CERTIFICATES *7/16/17*
- OTHER _____

NOTES: _____

APPROVED *to continue processing*
 DENIED

DATE OF APPROVAL / DENIAL 9/23/15

DATE RECEIVED 7/16/15
DATE ISSUED _____

MAYOR / LIQUOR CONTROL COMMISSIONER

II. BUSINESS INFORMATION

Business Name Luigi's House
 Business Address 778 N. RT. 59; Aurora, IL 60504
 Employer Identification Number (EIN) 47-1769629
 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
12,500 Sq. Ft.	400 Sq. Ft.	5,000 Sq. Ft.	350	85

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

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: Mancini's Italain Bistro

Address: 1111 Lake Street

Phone: 708-445-9700 Date Owned (mm/yy - mm/yy) 05/14-Current

Liquor License Number: 1A-1123827

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: _____

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: LH Aurora, LLC

D/B/A (Doing Business As) Name: Luigi'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: IL Date of Incorporation: 09/05/2014

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: 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: _____

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: James Garofalo
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: _____

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: _____
Home Address: _____

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 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>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>	November 30, 2024
<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>	Existing business- Change of Officer
<p>10. State the estimated value of goods, wares and merchandise to be used in the course of business.</p>	50,000
<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 checked="" type="checkbox"/> Yes <input 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: NOT APPLICABLE</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 type="checkbox"/> No</p>	
<p>16. Does your establishment have entertainment? <input checked="" type="checkbox"/> Yes <input 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. (ATTACHED)</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). ATTACHED</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.) ATTACHED</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.) ATTACHED</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



President

Secretary

7/6/15

Date

INDIVIDUAL / PARTNERSHIP SIGNATURES

Signature

Signature

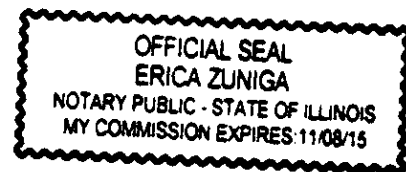
Date

Signed and sworn to before me this 10th day of July, 2015.

Erica Zuniga

Notary Public

(SEAL)



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
Daily Sales deposited from business at King's		\$
		\$
		\$
		\$

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
Balance from other restaurant parties deposited		\$
		\$
		\$
		\$

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
					\$
					\$
					\$
					\$

Total dollar amount loaned by financial institutions: **c** \$

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
				\$
				\$

Total dollar amount loaned by individuals: **d** \$

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 \$

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 \$

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 \$

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 \$

= FINANCING TOTALS		Sub-total all funds (sections a-h) used to fund Part 2	
Business Accounts	a	\$	
Personal Accounts	b	\$	
Loans from Financial Institutions	c	\$	
Loans from Individuals	d	\$	
Securities	e	\$	
Gifts from Individuals	f	\$	6
Gifts/Grants from Institutions	g	\$	0
Other Financing	h	\$	0
TOTAL BUSINESS FINANCING (a-h)*		=	\$

*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: James Garofalo
 Date: 7/6/15
 Subscribed to and sworn to before me this 6th day of July, 2015
 Notary Public in and for said County and State: Erica Zuniga



(PLACE SEAL HERE)

