

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.

and the Court of the State of the Court of the State of t	LICENSE YEAR:/
I. APPLICANT INFORMATION APPLICANT/CORPORATE NAME Gilleran's LLC D/B/A NAME Gilleran's Grubery BUSINESS LOCATION ADDRESS 31 U. New York BUSINESS PHONE () APPLICANT'S REPRESENTATIVE Daniel EMECTON REPRESENTATIVE'S PHONE (630 413 - 8409 E-MAIL ADDRESS FOR CONTACTING BUSINESS DENCE	St. Furner, IL 60506 FAX NUMBER () CELL ()
OFFICIAL	USE ONLY
REQUIREMENTS - NEW APPLICATIONS: APPLICATION FEE BIS (BUSINESS INFORMATION SHEET) 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	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: NOTES:
PLAN OTHER OTHER APPROVED DENIED DATE OF APPROVAL / DENIAL MAYOR / LIQUOR CONTROL COMMISSIONER	DATE RECEIVED 1 1 1 DATE ISSUED

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<u>wers</u>	as com		<u> </u>	
	DESCI	RIPTION OF BUSINE	SS FACILITY	
equare	Entertainment Ares (square feet)	Kitchen Area (square feet)	Number of Seats at Tables	Number of Parking Spaces
	NIA	ЦФ	4	NA
LICENS	SE CLASSIFICATION			
City of	San Primary and Arthresis of the Control of the	N. 高·马克尔克里克 海 全亚克		nd its particular require-
CLAS	S A - Tavern			2,070.00
CLAS	S B - Fraternal Society	or Club		2,070.00
CLAS	S C - Package Liquor	• • • • • • • • • • • • • • • • • •		1,815.00
CLAS	S D-1 - Metropolitan E	xposition and Audit	orium \$	1,815.00
CLAS	S D-2 - Theatrical-Arts	Facility		1,815.00
CLAS	S E - Restaurant		 \$	2,070.00
CLAS	S F - Beer and Wine R	estaurant		1,815.00
CLAS	S F-1 - Beer and Wine	Restaurant with Pa	ickage Sales \$2	2,000.00
CLAS	S G - Package Beer ar	nd Wine		1,650.00
CLAS	S H - Golf Course / Clu	b House		2,070.00
CLASS	S I - Specialty Basket			\$550.00
CLASS	S J - Hotel (Full Service	e)	<i>.</i>	2,070.00
CLASS	SK-Catering			\$825.00
CLASS	S L - Riverboat Facility		\$2	,070.00
	M	lembers-only Loung	je*	• • • • • • • • • • • • • • • • • • • •
\$4,140	.00			
CLASS	6 M - Hotel (Limited Se	rvice)	\$2	,070.00
CLASS	N - Specialty Packago	9 :		,815.00
	ress _	ress 3 N NW York of tiffication Number (EIN) 47 New York of tiffication Number (EIN) 47 New York of tiffication of liquor license you are city of Aurora Liquor Ordinance CLASS A - Tavern. CLASS B - Fraternal Society CLASS C - Package Liquor CLASS D-1 - Metropolitan ECLASS D-2 - Theatrical-Arts CLASS E - Restaurant CLASS F - Beer and Wine RCLASS F - Beer and Wine RCLASS G - Package Beer are CLASS G - Package Beer are CLASS H - Golf Course / CluCLASS J - Hotel (Full Service CLASS J - Hotel (Full Service CLASS L - Riverboat Facility New Yay, 140.00 CLASS M - Hotel (Limited Se	ress 3 N No York St. Auen, L. Intification Number (EIN) 47-3944318 DESCRIPTION OF BUSINE Requere Entertainment Area (square feet) Sification of liquor license you are applying / re-applying (sty of Aurora Liquor Ordinance for a description of a control of the control of t	ress 31 N Nov York St. Auron 1 60506 Intification Number (EIN) 47-39 44 318 DESCRIPTION OF BUSINESS FACILITY Require Entertainment Area (square feet) Number of Seats at Tables (square feet) Number of Seats at Tables DESCRIPTION OF BUSINESS FACILITY Require Entertainment Area (square feet) Number of Seats at Tables DESCRIPTION OF BUSINESS FACILITY REQUIRE C. ASSIT ICATION Siffication of liquior floenise you are applying / re-applying for from the listing of cle City of Aurora Liquior Ordinance for a description of each license classification at CLASS A - Tavern. CLASS B - Fraternal Society or Club. CLASS B - Fraternal Society or Club. CLASS D-1 - Metropolitan Exposition and Auditorium. \$ CLASS D-2 - Theatrical-Arts Facility. \$ CLASS E - Restaurant. \$ CLASS F - Beer and Wine Restaurant with Package Sales. \$ CLASS F - Beer and Wine Restaurant with Package Sales. \$ CLASS G - Package Beer and Wine. \$ CLASS J - Hotel (Full Service). \$ CLASS J - Hotel (Full Service). \$ 2 CLASS L - Riverboat Facility. \$ 2 Members-only Lounge*

/. PREVIOUS LIQUOR LICENSES	ess that was owned or operated by the applicant within the pa
	f more space is needed, please attach a separate sheet.
Business Name:	
Address:	
Phone:	
Liquor License Number:	
Business Name:	
Phone:	
Liquor License Number:	
Have any liquor licenses issued to the appli If Yes, proceed to Question 2A. If more space	cant been revoked or suspended? ☐ Yes ☒ No ce is needed, please attach a separate sheet.
2A. Name:	Name of Business:
	Date of Revocation:
Reason(s) for Revocation of License:	
retail) that was revoked by the federal, state,	y of your managers ever held a liquor license (wholesale or or local government? □ Yes 区 No e is needed, please attach a separate sheet.
QA Names	Name of Pupinger
Position with Business;	Name of Business:
	Date of Revocation:
jurisdiction? Yes No If Yes, pro	of your managers ever been denied a liquor license from a oceed to Question 4A. If more space is needed, please attac
	Name of Business:
4A. Name:	
Position with Business: Date of Denial	
Position with Business:	

V. BUSINESS ORGANIZATION INFORMATION	· · · · · · · · · · · · · · · · · · ·
TYPE OF BUSINESS: Sole Proprietor P	artnership XLLC Corporation Non-Profit
For LLC, Corporation or Non-Profit organization	ons, proceed to Question C.
A. Name of Sole Proprietor:	
B. Name of ALL Partners (If more space is need	ded, please attach separate sheet):
Daniel J. Emerson	
Matthew P. Gillic	
-	
• •	Corporate Contact Cell Phone:
State of Incorporation:	Date of Incorporation:
	•
	_
/I. OWNER / MANAGER INFORMATION	
Please provide the below-requested information as	s follows:
Sole Proprietor or Partnerships - ALL owns	
Corporations - ALL director(s) and officer(s	
more space is needed, please attach a separate s	sheet
Name: DANIEL J Emerson	
Position with Business: //ພວກຄວ	% of Ownership: 50
Social Security Number:	Date of Birth:
Driver's License Number:	Place of Birth:
	, ,
Horne Address:	UNIT ADVOCATI
Home Phone:	Cell Phone:
	Cell Phone:
Home Phone: A) A E-mail Address: Oax @ Collection C	Cell Phone:
Home Phone:	Cell Phone:
Home Phone: A) A E-mail Address: Oax @ Gillersows. C	Cell Phone: om ***
Home Phone: NA A College Sold C	Cell Phone: *** % of Ownership: 50
Name: Matthew P. Cillersons C. C. Position with Business: Social Security Number:	Cell Phone: *** % of Ownership: 50 Date of Birth:
Home Phone: E-mail Address: Oan @ Callersons. C Name: Matthew P. Callersons. C Position with Business: Carlersons. C	Cell Phone: *** % of Ownership: SO Date of Birth: lace of Birth. Warrillo L
Home Phone: E-mail Address: Oan Oallersons. C Name: Na	Cell Phone: *** % of Ownership: SO Date of Birth: lace of Birth. Cell Phone:
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Home Phone: E-mail Address: Oan O Callersons. C Name: Matthew P. Callersons. C Position with Business: Social Security Number: Driver's License Number: Home Address Home Phone: E-mail Address: Matthe gillons.com	Cell Phone: *** % of Ownership: SO Date of Birth: lace of Birth. Cell Phone: Cell Phone:
Home Phone: E-mail Address: Oan Offilersons. C Name: Matthew f. Gill Position with Business: Social Security Number: Driver's License Number: Home Address Home Phone: E-mail Address: Matthe gill rons. com Name: Position with Business:	Cell Phone: *** % of Ownership: SO Date of Birth: lace of Birth. Cell Phone: Cell Phone:
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Home Phone: E-mail Address: Oan O Callersons. C Name: Mathew I. Calle Position with Business: Social Security Number: Home Address Home Phone: E-mail Address: Matheway January Com Name: Position with Business: Social Security Number: Driver's License Number:	Cell Phone: % of Ownership: Date of Birth: lace of Birth. Cell Phone: Cell Phone: *** % of Ownership: Date of Birth: Place of Birth: Place of Birth:
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Position with Business:	% of Ownership:
Social Security Number:	
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	Cell Phone:
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Name:	* * *
Position with Business:	% of Ownership:
Social Security Number:	
Driver's License Number:	
Home Address:	
Home Phone:	Cell Phone:
E-mail Address:	
s E-Restaurant, Class F and Class F-1-Beer	
See E-Restaurant, Class F and Class F-1-Beer of the cook or chef responsible for duties a Manager's Name: Divided Security Number: Driver's License Number:	and Wine Restaurant applications, provide the name is outlined in the City Liquor Ordinance. % of Ownership: 6 o Date of Birth: Place of Birth:
SE-Restaurant, Class F and Class F-1-Beer of the cook or chef responsible for duties a Manager's Name: Position with Business: Co-DDACC Bocial Security Number: Priver's License Number:	and Wine Restaurant applications, provide the name is outlined in the City Liquor Ordinance. % of Ownership: 5 o Date of Birth: Place of Birth:
Manager's Name: DAME JEME Position with Business: Co-DWAE Oriver's License Number: Home Address: Home Phone: NA	and Wine Restaurant applications, provide the name is outlined in the City Liquor Ordinance. % of Ownership: 6 o Date of Birth: Place of Birth:
Manager's Name: DAME JEME Position with Business: Co-DIDAE Corier's License Number: Home Address: Home Phone: Home Address:	and Wine Restaurant applications, provide the name is outlined in the City Liquor Ordinance. % of Ownership: 5 o Date of Birth: Place of Birth:
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VIII CORPORATION / PREMISES OUESTIONS	
Have you attached a copy of your corporation's Certificate If your corporation is incorporated in another state other the ment pursuant to which the corporation is qualified to trans ration Act:	an the State of Illinois, please attach a copy of the docu-
2. Has the corporation ever been dissolved either voluntary or involuntary? Tyes X No. If Yes, state of date of reinstatement.	
3. Is the 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?	
How long has the corporation been in the business of the retail sale of alcohol (years/months)?	NIA
6. Does the corporation own or lease the building or the space of Own (X) Lease of you lease the premises, a copy	都是这一部的"我们的,我们也是这种的"我们"的"我们",这个一个,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
7. If the building is not owned, what is the expiration date of the lease?	
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 [X] No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application.	
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?	Chef Amaury's Was The Previous Tenant, Turn Key restaurant who held A liquir license
10. State the estimated value of goods, wares and merchan- dise to be used in the course of business.	30,000
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? Yes X 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.	
2. Does the director, officer, shareholder, or any of your managers hold any law enforcement office? ☐ Yes ② 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? 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.	
14. is the premises within 100 feet of a church, grade school, middle school, alternative school or home for the indigent? Yes K No	or high school, hospital,
15. If applicant is applying for a Class 8 Fraternal Society or Club Liquor License: A. How many dues-paying members to you have? (Attach a listing of members'r B. Does your club have the qualifications described in the Illinois Act and the City of Aurora Yes \(\Boxed{\text{No}}\) No	names and addresses) Liquor Ordinance?
16. Dees your establishment have entertainment? ☐ Yes: ☑ No: if Yes, (list each form of entertain-ment you will be holding (i.e. bands / solo acts, Du'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, pro- with application:	vide a copy of menu
19. For Class E-Restaurant, Class F, and Class F-1-Beer and Wine Restaurant applications, pro- to scale, of the layout of tables and chairs as they will be positioned in your restaurant. The d all bars, stages, dance floors, amusement devices, and kilchen area(s).	vide a drawing, drawn rawing should include
20. Is the applicant required by the City of Aurora Liquor Ordinance to prepare and serve food for licensed premises? X Yes: No (If YES) please attach a copy of your current County Health Department.	
21. Proof of Dram Shop (Liquor Liability) Insurance is mandatory and required to be on file with the Application. (Please attach a copy of the insurance policy to this application.)	e Liquor License
22. Proof of satisfactory completion of a state-certified beverage alcohol sellers and service education program for all persons who serve or sell alcoholic beverages pursuant to your license is many be on file with the Liquor License Application. (Please attach a copy of all employees' certifical already submitted same to the City Clerk's Office.)	detony and required to
24. Has the applicant completed and filed a Certificate of Registration Application and produced a pursuant to Sec. 124 of Chapter 44 of the Aurora Code of Ordinances (Food & Beverage Tax)	ppropriate bond
26. All NEW applications received after June 8, 2010 are subject to the Liquor License Probationa Management Plan. If this a NEW application, has the applicant read, signed, and kept a copy Agreement / Management Plan? Yes No (This requirement does not apply to renewal	ry Agreement /

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 LIC SIGNATURES	INDIVIDUAL / PARTNERSHIP SIGNATURES
President Jan Emerson	Signature
Secretary Jan Chersen	Signature
7 8 1 5 Date	Date
Signed and sworn to before me this day of	(SEAL)
Notary Public	OFFICIAL SEAL DAISY FLORES OTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:04/22/19



CITY OF AURORA, ILLINOIS BUSINESS INFORMATION SHEET



Type of PRE-Application	Liquor 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.	Gilkon's 1LC For Sale Proprietors, this is the full name of the business owner as it appears on the Sale 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.	Gilkrson's Grubbery Sole Proprietors or Partnerships conducting business in litinois under an essumed 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. Betavia Avenue, Geneva, IL
State of Illinois File# 0 6	for all (litinois; and Non-tillinois; based) LPs; LLPs; LLPs; Corporations, and Non-Profit Corporations [2] 7 9 4 5 2 Assigned by the finnois Secretary of State at 66 W. Washington St., Solie 1240 512-793-2380 or www.cyberdiffelillinois.com/departments/plusiness; services/ N) is REQUIRED for all business entity types except for Sole Proprietorshaps.
Employer/Identification# 47	39UU3U8
CAN Account ID IS REQUIRED TO ALL Dusiness	sentity:types:that conduct business in the State of Illipols or with Illingia customers.
Business Activity and Location	n
Business Activity List your business activities, including all products and /or services to be offered.	Full service (restaurant / bor Catering
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)	3 W New brk St. Street Number(s) N/S/EW Street Name Ave./St. Ste./Apt. # 1 00506 City State ZIP Code
Square footage used by the business.	2.6年6.SQ FT. Number of employees at this site? □□□□□□
	DAULEU DO DO DEPHO First Name Middle Name Leve R S O D D D D D D D D D Jr./Sr.
Contact Phone #	636-419-8909 Fax #
Contact F-mail Address	NANAGODERKANGOCOMOOOO



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: Eigeor, 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, <u>mark it "N/A"</u>. 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. Isted with the <u>Department of Business Affairs & Consumer Protection</u>. PLEASE SUBMIT COPIES OF ANY FALL SUPPORTING DOGU-MENTS AT TIME OF APPLICATION.

PART 1 INFORMATION			ABOUT THE LEGAL ENTITY APPLY	· · · · · · · · · · · · · · · · · · ·
FEIN#(IRS)	IDOR #	# (IL Dept. of Revenue - formerly	9	Revenue - formerly IBT #)
47 - 3944318		4184 - 4068		
Legal Name of Applicant Entity		, ,	Business as Name" of establishment	
First Name of Primary Business Contact		Middle Name	Esst Name	
🐆	GI 4	The state of the s	Lastivanie	
Home Street Address of Primary Busin	inees Contact	SePH Suite/Apt.	city TME Serv	State Zip
TOTAL SUIDLE MANAGES OF THE STATE	litad Culindo.		North Autora	11.
Home Phone Wo	ork Phone	Cell Phone	E-mail Address	<u> </u>
())		anequiersa	ns, com
PART 2 EXPENSES			G OF THE BUSINESS OR OWNERSHI	
Description of Expenses (Vantury expenses	ISION AND/OF DUBLIE	iss purchase costesomy comonoc	lion renovation stock purchase investi	
Construction		_		535000 00
Tables/Chairs				\$ \$ 2000 00
Kitchen equipment	<u> </u>			\$ 3600 00
Kitchen Stock				\$ 5000 00
Bar Stock				\$ 4000 00
Seco				5 2100 00
PAR SUCTON				\$ 5 647 95
Computer Printer				\$ 400 00
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	AMERICAN SERVICE AND			

PART 3	FINANCING	IDENTIFY	THE SOURCE(B) OF THE FUNDS USED TO F	AY FOR THE EXPENSES LIST	ED IN PART 2
a BUSIN	IESS SAVINGS & C	HECKING	Identify	any funds from business ac	counts used to fund Expense	es, Part 2
Account Nu	mber Financial I	nstitution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
Several and the second of	en e	and return out on the natural seminations	was mountain with the	And the second of the second o		
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	f Source (identify the so	ources) of money i	n the accounts	listed above	Contribution Frequency	Contribution Amount
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Account Nu	mber Financial Ir	stitution	Date Opened	Signatories on Account	Current Balance	Drawn for Business
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and the second second			18 (Sach 2018)		\$	\$
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Description of	Source (identify the so	urces) of money in	the accounts I	isted above	Contribution Frequency	Contribution Amount
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d LOANS	FROM INDIVIDUA	<u>LS</u>	Identify a	an de de la transmina de desarron de Acendo	sed to fund Expenses, Part 2	Ter in decreasing and action to the
	Name of Individual	BINGS TO STATE OF	Loan Date	Source of Funds for Li	oan %Investment	Loan Amount
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的维护学院	Provide garristan Subject	en avog sir	8,95999	Total dollar amount loai	ned by Individuals:	≯ s

e SECURITIES Identify a	ny securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2	<u></u>
	Sell Date # of Shares Price Ticker Amount Inv	ested/
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Total do	llar amount drawn from the sale of securities:	green.
a component de la composition della composition	ny gifts from individuals used to fund Expenses, Part 2	
Name of Giver Date of	Gift Source of Funds or Gift # Investment Amoun	ı t .
		N.
and the second of the second o	\$	
	Total financing from gifts:	
g GIFTS/GRANTS FROM INSTITUTIONS Identify a	ny gifts and/or grants from institutions used to fund Expenses, Part 2	
Institution Address (Street, City State)	Contact Name & Phone Grant Date Amount G	ifted
	\$	
	\$	
	\$	
	\$	
Total money re	eceived from institutional gifts and/or grants:	
h OTHER FINANCING Identify a	ny other financing (credit cards, etc.) used to fund Expenses, Part 2	•
Description of Financing	Amount Financed	
a. A lagranda esta esta esta la galeria de argentado esta cara esta esta esta en arte en arte el 1956 el		
The state of the s		
	\$	
	Total money drawn from other financing: h	
FINANCING TOTALS Sub-total	all funds (sections a-h) used to fund Part 2	
Business Accounts a \$	Gifts from Individuals f	
Personal Accounts 5 \$	Gifts/Grants from Institutions g	
Loans from Financial Institutions 2 C \$	Other Financing h	
Loans from Individuals d	TOTAL BUSINESS FINANCING (a-h)* = \$	
Securities e \$	*Should be equal to or greater than total amount of expenses listed In F	art 2
PART 4 ACKNOWLEDGEMENT REVIEW THE FOLLOWIN	G STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT BELOW	
orrect. I certify that I understand that all information provided on this equest any and all documentation it determines necessary to perform	the this form and that all information I have provided on this form is complete Financial Disclosure Form will be corroborated. The City of Aurora reserves this verification. I and/or my representative will have three business days to discense application. I understand and accept that any falsification or purpose	the right to meet suci
ignature of Applicant	Date OFFICIAL SEA	<u>.</u>
embscribed to and sworm to before me this 8 day of 3000	NOTARY PUBLIC - STATE O MY COMMISSION EXPIRES (PLACE SERVINGE)	S-04/22/10



CITY OF AURORA, ILLINOIS PROBATIONARY AGREEMENT / MANAGEMENT PLAN



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

PROBATIONARY AGREEMENT / MANAGEMENT PLAN

(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 DISPLICINE REQUIRED.

APPLICANT/CORPORATE NA	ME a					
D/B/A NAME	arobber	Y		3. Vig. V. S. S. Sig. (2)		
LOCATION ADDRESS		ST, Auro	ra IL ((<u>0</u> 50	6	
PLANNED DAYS / HO	URS OF	OPERATION				,
SUNDAY	FROM		(M) P.M.	TO	9	AM. / (SM)
MONDAY	FROM		A.M. / P.M.	TO		A.M. / P.M.
TUESDAY	FROM		(A). / P.M.	TO	12	A.M. / P.M.
WEDNESDAY	FROM	<u> </u>	⋌.N . / P.M.	то	12	A.M. / P.M.
THURSDAY	FROM		¢. ₩. / P.M.	то	2	AM. / 23)
FRIDAY	FROM		(Ñ) / P.M.	TO	2	A.M. / (2/18).
SATURDAY	FROM		(A.M. / P.M.	то	2	A.M. / A.M.
ENTERTAINMENT						
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ENTERTAINMENT WILL BE IF YES, WHAT TYPE(S) OF ENT			10000	<u> </u>	EDYCHIB ETC.):	
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PLEASE SPECIFY DAYS AN	and the contract of employees of the contract of	HAT ENTERTAINME	and a second sec	ere transport and the state of the second		
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TUESDAY	FROM		AM. / P.M.	TO		A.M. / P.M.
WEDNESDAY	FROM		AM./P.M.	TO		A.M. / P.M.
THURSDAY	FROM		A.M. / P.M.	ТО		A.M. / P.M.
FRIDAY	FROM		AM./P.M.	TO		A.M. / P.W.
SATURDAY	FROM		A.M. / P.M.	TO		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.

	3	П	-	ī

I HAVE RECEIVED A COPY OF THE PROBATIONARY AGREEMENT / MANAGEMENT PLAN THAT HAS BEEN SIGNED BY THE PRESI-DENT 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

SECRETARY / OWNER

PRESIDENT / OWNER

SECRETARY / OWNER

CITY CLERK'S OFFICE

6/24/15 DATE

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