LLA City of Aurora, Illinois 2024 Initial Liquor License Application



Incomplete applications will not be accepted.

Completed applications may be submitted to: City Clerk's Office, 44 E. Downer Pl. Aurora, IL 60505

APPLICANT: Anti	won Brown	License Year: 2025 to 2026 4.30.1			
		License Class D-Downtown Core			
Official Use Only		Onside Conoumption			
	olication Received 0-3	-25			
Application Fee \$25	50.00				
Business Information	on Sheet and Probationa	ry Agreement/Management Plan Complete (in application)			
Proof of Backgroun	d Check for all Manager	s/Assistant Managers, Owners and Officers (receipts)			
Certificate of Good	Standing from the State	of Illinois Faux)			
Certificate of Regis	tration for Aurora Food 8	& Beverage Tax (contact Revenue & Collections at (630) 256-3564)			
ertificate of Occup	pancy at the Applicant's I	Business Location			
Maximum Occupan	ncy Sign from City of Auro	ora Fire Marshal			
Copy of Articles of	Incorporation or Articles	of Organization			
Copy of Most Rece	nt Annual Report Filed w	vith the Illinois Secretary of State NA			
Floor Plan/Seating Chart—Drawn to scale, must include outdoor seating (If applicable)					
Copy of Lease/Pro	Copy of Lease/Proof of Ownership—Lease Expiration 8.31.30 w options				
opy of Dram Shop Insurance Policy (Liquor Liability Insurance)- Insurance Expiration					
Dopy of County Health Department Certificate					
Copy of State Liquor License (after local license is granted)					
Copy of State-Certified Beverage Alcohol Sellers/Servers Training Certificates for all employees (BASSET)					
opy of Menu (if applicable)					
ity of Aurora Business Registration Complete—Registration #BUSR-42143					
Appropriate Liquor Classification and Endorsement (if applicable)					
early Fee (per lice	ense classification) \$_&	070			
Γ					
☐ Approved	□ Denied	Date Approved/Denied:			
		Date Issued:			
Mayor	3	Data Issued			
Liquor Control Commis	sioner				

Applicant Information Applicant/Corporate Name: Antwon Brown d/b/a Name: Vibez on the River Business Address: 29 W New York Street Aurora IL 60506 Street City/State Zip Business Telephone#: (630) 812-8176 Fax #: Owner or Manager Contact: Antwon Brown Telephone #: (630) 812-8176 Email Address Additional Business Contact: N/A Telephone #: N/A Email Address: N/A Business Location Information Business Name (dba): Vibez on the River					
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Business Name (dba): Vibez on the River					
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Business Name (dba): Vibez on the River					
Business Address: 29 W New York Street Aurora IL 60506 Ka	ne				
Street City/State Zip County					
Telephone #:					
Website: www.vibezotr.com					
Are the premises owned or leased? Proof of ownership or lease must be provided.					
☐I hereby certify that the property is owned by the applicant.					
☐ I hereby certify that the property is leased from the landlord.					
☐ I hereby certify that the property is managed via an operating or management agreement.					
5 Way LLC					
Landlord name: 5 Way LLC					
Address: 29 W New York Street Aurora IL 60506					
Address: Street City State Zip					
Telephone #: (630) 205-1458 Email Address					
Telephone # Entail Address					
	Parking				
Total Building Square Entertainment Area Kitchen Area Total Number of Seats Number of	-				
Total Building Square Entertainment Area Kitchen Area Total Number of Seats Number of Spaces Footage (Square Footage) (Square Footage) (Booths & Tables) Spaces					
(Daraba & Tables) Conces					

Previous Liquor Licenses		
Starting with the most recent, list any but held a liquor license. If more space is need	isinesses owned or operated by the applicant wit eded, please attach an additional sheet of paper.	hin the past ten (10) years that
Business Name: N/A		
Business Address:	City/State	Zip
Business Telephone#:	Date Held: (mm/yy)	
Liquor License Number and State:	:	
Business Name: N/A		
Business Address:	City/State	Zip
	Date Held: (mm/yy)	
	:	
Business Address:Street Date Held (mm/yy):	City/State Date of Revocation (mm/	Zip yy):
the local, state or federal governmen	er, or any of your managers ever held a liquo nt? 🏿 Yes 🔻 No If yes, please ans Business Name:	wer the questions below.
Business Address:	City/State	Zip
Date Held (mm/yy):	Date of Revocation (mm/y	y):

jurisdiction? ☐ Yes ☐ No	If yes, please answer the q	uestions below.	
Name:			
Business Name:			
Business Address:	City/S	toto	Zip
			1.585
Position Held:			
Reason for Denial:			
DUCINESS INFORMATIO	N		
BUSINESS INFORMATION Type of Business Organization (check			
	□Corporation □ LLC	□ Non-Profit	□Government
If a Corporation or LLC:			
Corporation or LLC Name: Vibez o			
Corporate Registered Agent: MC	onique Brown		
Corporate Headquarters Address	:		
Corporate Telephone #: (630)			
Corporate Contact Name and Cell	" Antwon Brown	(630) 812	2-8176
	#: 2 11 10 10 10 10 10 10 10 10 10 10 10 10	8	18/2025
State of Incorporation:	Date of Inc	orporation: <u>O</u>	0/2023
B. Name (first and last) of all Part	_{ners:} Antwon Brow	n	
NI//	1		
C. Name of Sole Proprietor: N/A	<u> </u>		

Owner / Manager Information		
For ALL businesses, list ALL persons or ent ALL persons serving as officers or managers of the business that will be licensed. Attach managers must have a background check for	s of the company. For ALL additional pages if needed.	businesses, list Managers All owners, officers and
	Autom	i
Name: Brown	Antwon	L Middle
Position with Business: Owner/Manager	% of Ownership_10	
Email Address		
Date of Birth MO Day YYYY	Date of Fingerprints for C	City of Aurora
Home Address		
Street	City	State Zip
Home Telephone#:	Cell Phone #:	
N/A		
Name: N/A	First	Middle
Position with Business:		
Email Address:		
Date of Birth:	Date of Fingerprints for	City of Aurora
_		
Home Address:Street	City	State Zip
Home Telephone#:	Cell Phone #:	
Name: N/A		
Last	First	Middle
Position with Business:	% of Ownership_	
Email Address:		
Date of Birth:	Date of Fingerprints for	City of Aurora
Home Address:Street	City	State Zip
Home Telephone#:	Cell Phone #:	

Cor	poration Information
	the device the second of the vistall calculated (vice re/months)?
2.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? N/A
3.	Does the director, officer, shareholder, or any of your managers hold any law enforcement office? ☐ Yes ☐ No If Yes, state the person's name, title and agency.
4.	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 investigation or hearing.
	school, hospital, or home for the indigent? ☐ Yes ☑ No If yes, attach a document that answers the following: • The type of activity to be conducted at the premises proposed to be licensed and the days and times during which such activity will take place; • The size of the applicant's business and the affected establishment; • The availability of adequate parking for patrons of both the applicant's business and the affected establishment; • Whether the applicant is seeking a license to permit consumption of liquor on premises or the sale of packaged goods; • Any police activity; • Relevant geography and location of applicant's business; • The legal nature and history of applicant; • Measures the applicant proposes to implement to maintain quiet and security in conjunction with the establishment.
6.	Do you have security cameras on the premises? If yes, are they: If yes, please provide a brief description of the location(s):



City of Aurora Probationary Agreement / Management Plan

FORM REQUIRED: City of Aurora Liquor Ordinance Sec. 6-5. Application for License.

Upon approval of the application and issuance of any new liquor license, the licensee will be placed on a one-year probation period unless an additional period of probation is recommended. During said probationary period, if the licensee violates any section of the liquor ordinance, as specified in a probationary agreement that includes a management plan put forth to the licensee prior to the issuance of a license, a liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.

Probationary Agreement / Management Plan							
Applicant /Corporate Name Antwon Brown/Vibez on the River							
d/b/a Name Vibez on the River							
29 W New York Street Aurora IL 60506							
Planned Days / Hours of Operation							
✓ su	NDAY	FROM	11	A.M. /P.M.	то	12	A.M. /P.M.
MC MC	DNDAY	FROM	11	A.M. /P.M.	то	12	A.M. /P.M.
₽ TU	ESDAY	FROM	11	A.M. /P.M.	то	12	A.M. /P.M.
₩ W	EDNESDAY	FROM	11	A.M. /P.M.	то	12	A.M. /P.M.
	IURSDAY	FROM	11	A.M. /P.M.	то	12	A.M. /P.M.
	RIDAY	FROM	11	A.M. /P.M.	то	2	A.M. /P.M.
	TURDAY	FROM	11	A.M. /P.M.	то	2	A.M. /P.M.
Entertainment							
Ente	rtainment will be h	eld on t	he premises. Yes □	No ☑		· ·	
If yes	s, what type(s) of e	entertain	ment? (Please list)				
Pleas	se specify the date	es and ti	mes that entertainmen	t is planned.			
П	SUNDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
П	MONDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	TUESDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	WEDNESDAY	FROM		A.M. /P.M.	то	*	A.M. /P.M.
	THURSDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	FRIDAY	FROM		A.M. /P.M.	то		A.M. /P.M.
	SATURDAY	FROM		A.M. /P.M.	то		A.M. /P.M.

Security				
Will private security be hired for your business? Yes ☑ No ☐				
If yes, will private security only be hired when entertainment is offered? Yes V Name of Private Security Company to be Hired: To be determined.	∘ □			
Address of Private Security Company:				
Contact Person: for Security Company:				
Security Contact Person's Phone Number: (Please provide two options)				
Affidavit				
By signing this Probationary Agreement, the undersigned affirms that he/sh in violation of any section of the liquor ordinance within the first year of ope Liquor License issued may be revoked without progressive discipline being President / Owner	ration, a Liquor Hearing may be neid and the			
Secretary / Owner	Date			
Receipt				
I have received a copy of the Probationary Agreement / Management Plan Secretary / Owner(s) of the business. One copy of the agreement will be p Office. President / Owner	that has been signed by the President and laced in the Licensee's file in the City Clerk's 10 -27-25 AB 10 -27-25 Date			
Secretary / Owner	Date			
City Clerk's Office	Date			



Business Entity Information

Type of Business Sole Pro	oprietor Partne	ership 🔽 I	LC Corporation Non-l	Profit Profit	
Legal Name of Busines The exact "legal name" as it appears in the office business formation documentation	Vibez on th	Vibez on the River			
"Doing Business As" Nam The exact "Doing Business As" (DBA) Nam as it appears in the official busine formation documentation	Vibez on the River Sole Proprietors of Partnerships conducting business in Illinois under an assumed name (a name other than				
 A State of Illinois File Number is REQU Corporations. 	IRED for all (Illinois a	nd Non-Illinois	based) LPs, LLPs, LLCs, Corporation	is, and Non-Profi	it
Assigned by the Illinois Secretary of State at 69 W. Washington S 1240, 312,793-3380 or www.cyberdriveillinois.com/departments/business_services/					iite
O A Federal Employer Identification Number	ber (EIN) is REQUIR	ED for all busin	ness entity types except for Sole Propr	ietorships.	
Employer Identification # 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 #					
Business Activity and Location	on				
Business Activ	ity Full service	e restaura	nt		
List your business activities, including all produ and/or services to be offer					
Business Activ	ity				_
List your business activities, including all produ and/or services to be offer					
Square footage used by the business: 2	596	SQ. FT.	Number of employees at this site:	approx 7	
Primary Contact Person					_
First Name	Middle Name		Last Name	Jr./Sr.	•
Antwon	L		Brown		
Contact Phone #	Fax#		E-Mail Address		
(630) 812-8176					

Affidavit

I, authorized agent(s) for the applicant, first being duly sworn, under oath, depose and state that the information contained in the foregoing application is true and correct.

I also understand that any untrue, inconsistent, incorrect or misleading information contained herein shall be cause for the refusal to grant, non-renewal, or the revocation of any license granted pursuant to this application.

I further state that I have read and understand all applicable laws, including, without limitation, statutory provisions set forth in the Illinois Liquor Control Act of 1934, 235 ILCS 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said applicable local laws. By signing this application, I agree to cooperate fully with the Aurora Police Department in providing all video pursuant to any police investigation during the term of any liquor license granted.

I swear and affirm not to violate any of the relevant laws of the United States, the State of Illinois or any of the ordinances of the City of Aurora in the conduct of the place of business described herein. I understand and agree that if I violate any local, state or federal laws regarding alcohol sales, consumption or possession, while I have a City of Aurora Liquor License, said license may be suspended or revoked.

I further authorize the City of Aurora or any of its designated agents to contact any agency or individual named or referred to in this Application for the purpose of verifying and/or clarifying any information I have provided herein.

I further certify that if any of the foregoing information changes during the course of the current license year, including, without limitation, changes to the status of the State liquor license, changes in the corporate stockholder shares or corporate officers, I will notify the City of Aurora, in writing, within seven (7) days of such change.

Corporate/LLC Signatures	Individual/Partnership Signatures
President	Signature
Secretary	Signature
Treasurer	Signature
Signed and sworn to before me this 27th day of Color of the 2025.	
Notary Public	Government Entity Signatures
Notary Public, State of Illinois Official Seal (NOTCINGS A Neppl Commission # 572772	Signature - Manager on Behalf of Government Entity
My Commission Expires 3/5/2028	Signature - Governmental Officer