

LLA**City of Aurora, Illinois
Liquor License Application**

Incomplete applications will not be accepted.

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

Date Application Received

9/23/19

License Year: _____

New License: ☒Change in Ownership/Corporation: ☐Change in License Class: ☐**APPLICANT INFORMATION**

A. Corporation name:

Taqueria Aurora Inc.

Class Applying For:

F

B. Business name:

Taqueria Aurora

C. Type of Business: Sole Proprietor ☐ Partnership ☐ Corporation ☒ LLC ☐ Non-Profit ☐

C. Previous business name (if dba changed):

n/a

D. Business address (city, state, zip code):

645 N Elmwood Dr, Aurora, IL, 60506

E. Business telephone:

630-701-4430

F. Business website:

G. Business Email:

H. IL Tax ID Number

I. Owner or Manager contact name for license:

Jaime Velazquez

J. Business telephone:

630-701-4430

K. Email address:

BUSINESS ESTABLISHMENT LOCATION INFORMATION

A. Address applying for liquor license (exact street address):

645 N Elmwood Ave

B. Zip code

60506

C. # Parking Spaces

30

D. Total Building
s.f.

1873

E. Entertainment
Area

1000

F. Kitchen
(Square
Footage)

338

G. Total Number of
Seats

70

H. Seating Area s.f.

1000

I. Number of
bar seats

0

J. Retail/public
Area s.f.

K. Cooler s.f.

72

L. Dry Storage s.f.

45

M. Sale Counter s.f.

135

OFFICIAL USE ONLY☐ Approved☐ Denied

Date Approved/Denied:

Date Issued:

Mayor, Liquor Control Commissioner

Application Checklist

(Check items to confirm attached to application)	Applicant	Office Use Only
Application Fee (\$250.00)	<input type="checkbox"/>	<input type="checkbox"/>
Completed Liquor License Application (LLA) including: Financial Disclosure Form (FDF), Business Information Sheet (BIS) and Probationary Agreement/Management Plan (PA).	<input type="checkbox"/>	<input type="checkbox"/>
Personal Information Form(s) (PIF) (one for each owner (5%+), officer and on-site manager.)	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Registration (Food & Beverage Tax— register with City of Aurora Revenue and Collections for liquor sales and payment of required bond)	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Occupancy (issued by City of Aurora Building and Permits)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Good Standing from Illinois Secretary of State	<input type="checkbox"/>	<input type="checkbox"/>
Floor Plan of Establishment (drawn to scale including all spaces including outdoor seating. Must include the layout of the establishment with tables, chairs, aisles, displays, cash register, bar, and lounge area with percentages and square footage of each space. Class O include all configurations.)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Lease/Proof of Ownership	<input type="checkbox"/>	<input type="checkbox"/>
Proof of current Dram Shop Insurance Policy (Liquor Liability Insurance)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	<input type="checkbox"/>	<input type="checkbox"/>
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	<input type="checkbox"/>	<input type="checkbox"/>
Copy of State Liquor License (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	<input type="checkbox"/>	<input type="checkbox"/>
Current list of names, dates of birth and home addresses of all members (Class B)	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Corporation / Premises Questions

1.	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.
2.	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 _____
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? n/a
4.	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.
5.	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? Formerly empty lot
6.	State the estimated value of goods, wares and merchandise to be used in the course of business. 200,000.00
7.	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 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.
8.	Does the corporation own the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please list the start and end date of the current lease. Start: 12/01/2018 to End: 11/30/2023 Name and full address of property owner: Name: VELBAR LLC Address: [REDACTED] Contact Information: Jaime Velazquez, President, [REDACTED]
9.	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

10.	<p>If applicant is applying for a Class B - Fraternal Society or Club Liquor License:</p> <p>A. How many dues-paying members do 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? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
11.	<p>Does your establishment have entertainment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, what form(s) of entertainment do you offer? <input type="checkbox"/> Bands/Solo <input type="checkbox"/> DJ <input type="checkbox"/> Televised Sports</p> <p><input type="checkbox"/> Other:</p>
12.	<p>Do you employ security?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only when entertainment is available.</p> <p>If Yes, do you <input type="checkbox"/> Hire Private Security <input type="checkbox"/> Use On - Staff Employees</p> <p><input type="checkbox"/> Hire Off- Duty Police Officers <input type="checkbox"/> Combination of the Above</p> <p>If you hire a Private Security Company, please provide the company name and contact person.</p>
13.	<p>Do you have security cameras on premise? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are they: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> Both</p> <p>If yes, please provide a brief description of the location(s): <small>Corners surrounding location, covering the parking lot, as well as, inside corners</small></p> <p>Corners surrounding location, covering the parking lot, as well as, inside corners kitchen, and front counter.</p>
14.	<p>For Classes required to serve food for consumption on the licensed premises, please list the name of the chef(s) for the location applying for a liquor license:</p> <p>Jaime Velazquez</p>
15.	<p>For Class G-1, check the retail item categories available for purchase at the location:</p> <p><input type="checkbox"/> Dairy <input type="checkbox"/> Baked Goods <input type="checkbox"/> Frozen Goods <input type="checkbox"/> Groceries</p> <p><input type="checkbox"/> Snack Foods <input type="checkbox"/> Health Aids <input type="checkbox"/> Beauty Aids</p>
16.	<p>Has a <i>Personal Information Form</i> (PIF) been completed for each person holding (5%) or more stock in this corporation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

Corporate Information

Name of Corporation/Partnership:
Taqueria Aurora Inc

Corporate Address:
645 N Elmwood ave, Aurora IL 60506

Corporate Ph #:
630-701-4430

Corporate Email:

FEIN:

Corporate Registered Agent/Contact:
Alphonsus C Olieh Sr

Contact Ph #:

Contact Email:

Date Corporation/Partnership was Organized:

6-15-18

State Articles of Incorporation/Organization filed:

IL

Date Articles of Incorporation/Organization filed with Secretary of State:

6-15-18

Date Certification of Incorporation/Organization was issued by Secretary of State:

6-15-18

Has the corporation ever been dissolved either voluntary or involuntary? Yes ☐ No ☒
(If Yes, provide date of reinstatement)

Date of Reinstatement

Are there any amendments to Articles of Incorporation?
(if yes, provide date filed)

☐ Yes ☒ No

Date Amendment Filed

What are the total shares of stock created by this Corporation? 1,000.00

List stockholders/partners with 5% or more in holdings (corporations with a long list, attach copy of list):

Name, Title	Percentage of Stock
Jaime Velazquez	50%
Maria Luz Velazquez	50%

Explain any existing options & names of persons concerned as they pertain to purchase or acquire stock at a future date:

What is the objective of Corporation?

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

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 ILCX 5/1-1, et. seq. and Chapter 6 of the City of Aurora's Code of Ordinances and fully understand my obligations under said applicable local laws.

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

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

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

Corporate/LLC Signatures

President

Secretary

Treasurer

Signed and sworn to before me this 17 day of

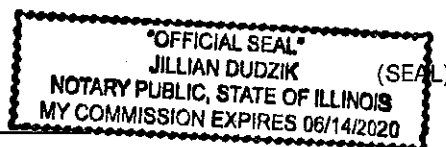
September
2019

Individual/Partnership Signatures

Signature

Signature

Signature



PA

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. 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
Taqueria Aurora Inc.

d/b/a Name
Taqueria Aurora

Location Address
645 N Elmwood Dr, Aurora, IL

Planned Days / Hours of Operation

<input checked="" type="checkbox"/>	SUNDAY	FROM	8:00 A.M.	A.M. /P.M.	TO	10:00 P.M.	A.M. /P.M.
<input checked="" type="checkbox"/>	MONDAY	FROM	10:00 A.M.	A.M. /P.M.	TO	10:00 P.M.	A.M. /P.M.
<input checked="" type="checkbox"/>	TUESDAY	FROM	10:00 A.M.	A.M. /P.M.	TO	10:00 P.M.	A.M. /P.M.
<input checked="" type="checkbox"/>	WEDNESDAY	FROM	10:00 A.M.	A.M. /P.M.	TO	10:00 P.M.	A.M. /P.M.
<input checked="" type="checkbox"/>	THURSDAY	FROM	10:00 A.M.	A.M. /P.M.	TO	10:00 P.M.	A.M. /P.M.
<input checked="" type="checkbox"/>	FRIDAY	FROM	10:00 A.M.	A.M. /P.M.	TO	10:00 P.M.	A.M. /P.M.
<input checked="" type="checkbox"/>	SATURDAY	FROM	8:00 A.M.	A.M. /P.M.	TO	11:00 P.M.	A.M. /P.M.

Entertainment

Entertainment will be held on the premises. ☐ Yes ☒ No

If yes, what type(s) of entertainment? (Please list) Bands/Solo ☐ DJ ☐ Televised Sports ☐

Other

Please specify the days and times that entertainment is planned.

<input type="checkbox"/>	SUNDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	MONDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	TUESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	WEDNESDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	THURSDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	FRIDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.
<input type="checkbox"/>	SATURDAY	FROM		A.M. /P.M.	TO		A.M. /P.M.

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.

[Redacted Signature]

President / Owner

09/17/19

Date

[Redacted Signature]

Secretary / Owner

09/17/19

Date

Receipt

I have received a copy of the Probationary Agreement / Management Plan that has been signed by the President and Secretary / Owner(s) of the business. One copy of the agreement will be placed in the Licensee's file in the City Clerk's Office.

[Redacted Signature]

President / Owner

09/17/19

Date

[Redacted Signature]

Secretary / Owner

09/17/19

Date

City Clerk's Office

Date