

LLA**City of Aurora, Illinois
Local 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 _____

License Year: _____

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

A. Corporation name:

Chipotle Mexican Grill, Inc.

Class Applying For:

F

B. Business name (dba):

Chipotle Mexican Grill #3468

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

C. Previous business name (if dba changed):

D. Corporate Mailing Address if different from the physical location address (city, state, zip code):

Attn: Licensing, PO B0x 182566, Columbus, OH, 43218

E. Business telephone:

[REDACTED]

F. Business website:

chipotle.com

G. Business Email:

[REDACTED]

I. Owner or Manager contact name for license:

Matthew Young

J. Contact telephone:

[REDACTED]

K. Contact e-mail address:

[REDACTED]

BUSINESS ESTABLISHMENT LOCATION INFORMATION

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

1167 N. Eola Rd., #105

B. Zip code

60502

C. # Parking Spaces

26

D. Total Building
s.f.

2,470

E. Entertainment
Area

N/A

F. Kitchen
(Square
Footage)

200 SF

G. Total Number of
Seats

52

H. Seating Area s.f.

1102 SF

I. Number of
bar seats

0

J. Retail/public
Area s.f.

100 SF

K. Cooler s.f.

L. Dry Storage s.f.

M. Sale Counter
s.f.**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)	☐	
Completed Local Liquor License Application (LLA).	☐	
Completed Financial Disclosure Form (FDF) - for new establishments, expansion an existing establishment, or buying an existing business, when the business holds a Liquor License only.	☐	
Copy of completed State Liquor License Application (https://www2.illinois.gov/ilcc/Pages/Applications.aspx) (in Section 3 do not include social security numbers or date of birth for local license application consideration)	☐	
Certificate of Occupancy (issued by City of Aurora Building and Permits)	☐	
Copy of the Articles of Incorporation	☐	
Certificate of Good Standing from Illinois Secretary of State	☐	
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 seating configurations.)	☐	
Copy of Lease/Proof of Ownership.	☐	
Proof of current Dram Shop Insurance Policy (Certificate of Liability Insurance) with City of Aurora listed as certificate holder at the maximum limit.	☐	
Copy of State Certified Beverage Alcohol Sellers/Servers Training Certificate (BASSET) (servers and managers dated within past three years)	☐	
Organization chart/ listing with Names, Title, Address and percentage of stock of Corporation officers and directors	☐	
Certificate of Registration (Food & Beverage Tax- register with City of Aurora Revenue and Collections for liquor sales and payment of required bond).	☐	
Copy of Menu (Class A, Class B, Class E, Class E-1, Class F, Class L, Class O, Class P, Class S and Class S-1))	☐	
Copy of Health Department Certificate (for licensees who prepare and serve food for consumption on premises)	☐	
Personal Information Form(s) (PIF) (one for each owner of 5% or owner, corporate officers to be listed on the license and on-site manager.)	☐	
Current list of names, dates of birth and home addresses of all members (Class B)	☐	

Corporation / Premises Questions

1.	Is the corporation a subsidiary of a parent corporation? ☐ Yes ☒ No If, Yes state the parent corporation's name. <u>N/A</u>
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? ☐ Yes ☒ No If Yes, explain. <u>N/A</u>
3.	How long has the corporation been in the business of the retail sale of alcohol (years/months)? <u>21 years, 7 months</u>
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? *Yes *No If Yes, state the name and address of the manager or management company. A management company affidavit must accompany this application. <u>N/A</u>
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 <u>Soup restaurant</u>
6.	State the estimated value of goods, wares and merchandise to be used in the course of business.
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? ☒ 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. See attached list of discipline. No license suspended or revoked.
8.	Please list names and addresses of other establishments the business or partners owns and operates that have active licenses within the State of Illinois. See attached list of Illinois Liquor Licensed Locations for Chipotle Mexican Grill, Inc.
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? ☐ Yes ☒ No

10.	If applicant is applying for a Class B - Fraternal Society or Club Liquor License: A. How many dues-paying members do 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														
11.	Does your establishment have entertainment? ☐ Yes ☒ No If Yes, what form(s) of entertainment do you offer? ☐ Bands/Solo ☐ DJ ☐ Televised Sports ☐ Other: _____ Days and hours entertainment planned: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 12.5%;">SUN</th> <th style="width: 12.5%;">MON</th> <th style="width: 12.5%;">TUES</th> <th style="width: 12.5%;">WED</th> <th style="width: 12.5%;">THUR</th> <th style="width: 12.5%;">FRI</th> <th style="width: 12.5%;">SAT</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SUN	MON	TUES	WED	THUR	FRI	SAT							
SUN	MON	TUES	WED	THUR	FRI	SAT									
12.	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. _____ _____														
13.	Do you have security cameras on premise? ☒ Yes ☐ No If yes, are they: ☐ Indoor ☐ Outdoor ☒ Both If yes, please provide a brief description of the location(s): _____ Sale counter, serving line, office, rear kitchen door, pickup window area on inside and outside _____														
14.	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: Matthew Young														
15.	For Class G-1, check the retail item categories available for purchase at the location: ☐ Dairy ☐ Baked Goods ☐ Frozen Goods ☐ Groceries ☐ Snack Foods ☐ Health Aids ☐ Beauty Aids														

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. If said violation occurs within the first year (probationary period) a liquor hearing will be called and the license may be revoked immediately, with no progressive discipline required.

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

Individual/Partnership Signatures

Signature

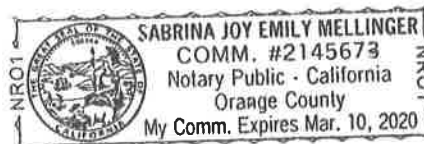
Signature

Signature

Signed and sworn to before me this 30 day of

September 2019

Notary Public



(SEAL)