

**AUTHORIZING A BAR LIQUOR LICENSE WITH SUPPLEMENTAL
LICENSURE FOR SIX VIDEO GAMING TERMINALS FOR TE & OP LLC,
d/b/a ATHENA'S PALACE, 1704 SYCAMORE ROAD, DEKALB,
ILLINOIS.**

WHEREAS, the City of DeKalb regulates the sale of alcoholic beverages within the corporate limits of the City pursuant to the applicable provisions of the Illinois Liquor Control Act and Chapter 38 of the City Code of Ordinances; and

WHEREAS, the City has received and reviewed an application for a Bar Liquor License, with supplemental licensure for video gaming, for the establishment known as Athena's Palace, located at 1704 Sycamore Road, DeKalb, Illinois, which will be operated by TE & OP LLC. The City Council has determined that it is appropriate to issue said licenses to the establishment.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS:

SECTION 1: A liquor license, Bar, with supplemental license for up to six (6) video gaming terminals, shall be issued for Athena's Palace, 1704 Sycamore Road, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

1. After issuance, the license shall be subject to all provisions of the City Code of the City of DeKalb, including those provisions pertaining to the term of an initial issuance of liquor license, renewal of liquor license, and similar provisions, unless specifically waived herein.
2. The City Council expressly authorizes the Liquor Commissioner to approve of further and specific regulations of the uses of the Premises within the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.
3. The License shall be conditioned upon the following conditions precedent to final issuance:
 - a. The applicants shall be required to obtain and maintain at all times a Fire Life Safety license for the licensed premises;
 - b. The applicants shall be required to obtain all required building permits for interior and exterior modifications, to complete all modifications in accordance with approved plans, and thereafter to obtain an acceptable final inspection of the premises;
 - c. The applicants shall obtain a State of Illinois liquor license prior to commencing liquor operations, and shall obtain a State of Illinois video gaming license prior to commencing video gaming operations;

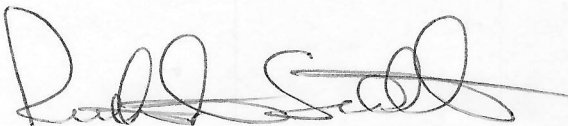
- d. The applicants shall be required to adhere to the occupancy limit, once established;
 - e. The applicants and all employees must successfully complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program prior to the date on which the applicants and employees start serving, preparing or selling alcohol; and
 - f. The applicants shall operate the premises in accordance with all applicable codes and ordinances and shall collect and remit all taxes required under applicable federal, state or local laws.
4. The License shall be deemed to permanently include the following restrictions:
- a. The property shall otherwise comply with all applicable City Codes and Ordinances.
 - b. The property shall comply with applicable Unified Development Ordinance (UDO) requirements and parking restrictions.
 - c. The Licensee shall not authorize the installation or maintenance of more than six (6) video gaming terminals.

City staff are authorized and directed to issue a license upon satisfaction of the conditions precedent to issuance, and to thereafter enforce the terms of licensure included herein. Pending completion of those items, a conditional license shall be issued. Said conditional license may be utilized to obtain any required federal or state licensure and may be relied upon by any superior governmental body.

SECTION 2: That the City Clerk or Executive Assistant of the City of DeKalb, Illinois, be authorized and directed to attest the Mayor's Signature and shall be effective thereupon.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 9th day of March 2020 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Morris, Finucane, Smith, Perkins, McAdams, Verbic, Faivre, Mayor Smith. Nay: None.

ATTEST:


RUTH A. SCOTT, Executive Assistant





Liquor License Application

Municipal Code Chapter 38 "Intoxicating Liquors"

Applicants are strongly encouraged to read Chapter 38, in its entirety, prior to completing this application.

Business Name: Athena's Palace

Business Address: 1704 Sycamore Rd DeKalb, IL 60115

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

1. Type of license(s) sought: (pick one primary license classification, and all applicable sub-licenses desired)

☐ Package Liquor Store

+Tasting Permit ☐

☐ Grocery or Drug Store

Size of Store: (select one)

☐ Small (8,790 – 19,999 sq. ft.)

☐ Medium (20,000 – 40,000 sq. ft.)

☐ Large (40,001+ sq. ft.)

+Tasting Permit ☐

+Annual Caterer License ☐

☒ Bar (Primarily Bar)

☐ w/Over-the-Counter Package Liquor Sales

+Restaurant License ☐

+Hospitality License for Banquet Sales ☐

+Live Entertainment ☐

+Tasting Permit ☐

+Annual Caterer License ☐

☐ BYOB

☐ Public Entity / Non-Profit (PENP)

+Live Entertainment ☐

☐ Restaurant (Primarily Restaurant)

Type of Alcohol Service: (select one)

☐ Low Alcohol by Volume

☐ Unrestricted

+Bar License ☐

+Hospitality License for Banquet Sales ☐

+Live Entertainment ☐

+Tasting Permit ☐

+Annual Caterer License ☐

+BYOB ☐

☐ Hospitality

Primary Nature of Establishment: (select one)

☐ Hotel

☐ Banquet

☐ Bowling Alley

☐ Indoor Sports Simulator Facility

+Live Entertainment ☐

+Annual Caterer License ☐

☐ Golf Course

☐ Liquor Production

NOTE: If applying for a license for Video Gaming Devices at the licensed establishment, a separate application must be filed.

2. **Attach a Detailed Floor Plan for the proposed licensed establishment.** The Floor Plan should clearly reflect all entrances and exits, restrooms, areas where alcohol will be served, stored prepared or consumed, and similar information. If there are proposed separate areas for consumption (e.g. bar and restaurant), each area should be depicted, along with bathrooms intended to be used. Floor Plans must comply with all requirements of state law and Chapter 38 of the City of DeKalb's Municipal Code. (Graph paper attached to this application.)

3. **Attach a completed Liquor License Background Check Investigation Form for all owners and managers.** There is a \$50.00 fee for each background check. Signatures must be notarized. (Form attached to this application.) *Earley = approved / Perez = approved*

4. **Attach a Certified Check in the amount of \$532.00 for the Initial Liquor License Application Fee, payable to the City of DeKalb.** This fee is non-refundable.

5. **Provide a detailed, written description of the security plan for the establishment.** The security plan should address:

- a. measures for age verification prior to entry into the premises and/or prior sale of alcohol;
- b. the method of storing and securing alcohol prior to sale;
- c. the method of securing site access;
- d. training to be provided to employees and alcohol servers;
- e. the security plan for rowdy or disruptive patrons;
- f. anti-theft policies and countermeasures;
- g. surveillance equipment to be utilized and a surveillance plan; and
- h. any other related security information.

In addition, address any license-specific security measures (common examples: for Bars, how will over-the-counter package sales be conducted; for Hotels, how will mini-bars be secured from unauthorized access; for Grocery Stores, how will small containers (e.g. 'fifths') be secured.

6. **Attach a Certificate of Insurance compliant with Chapter 38, Section 38.06.** The certificate must name the City of DeKalb as an additional primary insured without right of subrogation for licensees using City owned property. All others only need to name the City of DeKalb as additional insured for general liability and liquor liability, with a 30-day notice of cancellation on statutory dram shop liability insurance, and a minimum of \$1,000,000 comprehensive general liability insurance policy.

7. **If cross-marketing is permitted for the establishment, provide a written description of the cross-marketing plan.** For PENP licenses, attached proof of governmental ownership or non-profit status.

8. **Provide a detailed signage plan.** Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved.

9. **If outdoor seating is desired, provide a detailed outdoor seating plan.** This should include a site plan showing the outdoor seating area, fencing, controlled access points, location relative to parking, private property, and public rights-of-way, location where alcohol will be stored and served, seating area, occupancy limits, and similar information. Also include a written narrative describing operational plans for running, servicing, monitoring and security the outdoor seating area.

10. **Describe the proposed hours of operation for the licensed establishment.** If different areas are to have different hours of operation, please identify. Be sure to ensure that hours of operation comply with Chapter 38, Section 38.25.

11. **Provide a detailed description of the training plan for Alcohol Servers.** All Alcohol Servers, as defined in Chapter 38, Section 38.01, must complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program and/or approved by the City prior to the date on which such employees start serving, preparing or selling alcohol.

12. Attach a copy of the City of DeKalb Fire Life Safety license, or a copy of a file-stamped Fire Life Safety application. Fire Life Safety application fees are based on square footage. (Application attached.)

13. If requesting a conditional liquor license (prior to issuance of a Certificate of Occupancy), describe the reason for the request.

14. Attach a completed, signed copy of the establishment's application for a State of Illinois Liquor License, with all supplements. By applying for a City of DeKalb Liquor License, the applicant agrees to provide copies to the City of all correspondence between the licensed establishment and the Illinois Liquor Control Commission. (Application attached.)

15. Provide a brief narrative of the applicant's experience in the line of business in which the license is sought.

16. Attach any other information that would be helpful in the evaluation of this application.

17. By submitting this signed application, the applicant certifies under oath, and subject to penalties of perjury, that: (initial each statement)

TE/OPa. No owners or managers are delinquent on any tax, obligation parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.

TE/OPb. Chapter 38 of the Municipal Code of the City of DeKalb has been reviewed by the licensee who shall comply therewith, including but not limited to, Sections 38.09, 38.21, and 38.23.

TE/OPc. All of the contents on the State Liquor License Application, the City of DeKalb Liquor License Application, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.

TE/OPd. The licensee consents to the inspection provisions of Section 38.09(a).

Signed and submitted under Oath this 7th day of February, 2020.

Applicant Signature: Tonya Easley / Oscar Perez

Print Name: Tonya Easley / Oscar Perez

Title: Owners Date: 02/03/2020

FOR OFFICE USE ONLY	
Date Application Received:	<u>2-7-2020</u>
Type of License:	<u>Bar</u>
Application Fee:	\$ <u>532.00</u>
Background Check Fee x _____:	\$ <u>already paid for</u>
Fire Life Safety Fee:	\$ <u>100.00</u>
TOTAL:	\$ <u>632.00</u>
Send applicant Susan's contact information for Restaurant, Bar and Package Liquor Tax.	

Initial Application Only

Gambling Device License Renewals are submitted via the Liquor License Renewal application.



Fees

Initial Application Fee: \$500.00 per device
(Maximum No. of Devices = 6)

Gambling Device License Application

Municipal Code Chapter 38 "Intoxicating Liquors", Section 38.27 "Gambling Devices"

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

Return the **ORIGINAL** completed application with required documents and fees to:

City of DeKalb
City Manager's Office
200 S. 4th Street
DeKalb, Illinois 60115

Application is hereby made for a Gambling Device License

Note: A valid City of DeKalb Liquor License (Bar, Golf Course or PENP) is required in order to apply for the Gambling Device License.

BUSINESS INFORMATION (Type or Print clearly)

Business Name:	Athena's Palace	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Corporation Name:	TEZOP LLC	
Building Address:	1704 Sycamore Rd DeKalb, IL 60115	
Original license will be mailed to this address		
License to be Issued to:	Athena's Palace	
Principal Business conducted at this location:	Bar/Gaming	

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT OWED TO THE CITY OF DEKALB

Are there any liens of the City of DeKalb against the property?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you owe money to any other city department?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has applicant(s) ever been convicted of any violation of the Gaming Laws of the State of Illinois or any other state or any Federal Gaming Laws?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

IDENTIFICATION (To be completed by all applicants)

	Name	Mailing Address
Business Owner	Tonya Easter	Address: [REDACTED]
		City, State, Zip Code: [REDACTED]
		Email Address: [REDACTED]
Business Manager-owner	Oscar Perez	Address: [REDACTED]
		City, State, Zip Code: [REDACTED]
		Email Address: [REDACTED]
Vending Machine Company	Lucky Street Gaming	Address: 6801 Spring Creek Rd
		City, State, Zip Code: Rockford, IL 61114
		Email Address: jtrust@luckystreetgaming.com

Mail Correspondence to:*(this includes renewal applications)*

Business Owner

☐ Business Manager☐ Vending Machine CompanyMail *copy* of license to a different address? ☒ Yes ☐ No If yes, please provide address to send copy to:

Address: 1704 Sycamore Rd

City, State, Zip Code: DeKalb, IL 60115

Fees

- Initial application Fee: \$500.00 per proposed Video Gaming Terminal (maximum 6)
- Annual Renewal Fee: \$250.00 per Video Gaming Terminal.
- Annual Renewal Fees for: a) tax exempt as recognized by the Internal Revenue Service; b) organized as not-for-profit entities; and c) registered with the State of Illinois as charitable organizations: \$25 per machine.

Number of Video Gaming Terminals Sought: 6 (maximum 6)Total Amount Due: \$ 3,000**DESCRIPTION OF DEVICE(S) & PLAN FOR LOCATION**

• Description, mechanical features and name of manufacturer of device(s) on hand at time of application.

• Attach a layout detailing the plan of the location (including security measures) showing the separation from the area that minors are located, location of adults supervising measures, and layout of video terminals and cash terminals: *(if necessary, please attach a separate sheet of paper).***REQUIRED DOCUMENTS**

Confirm that all of the following documents are included with this application:

- A copy of the license from State of Illinois Gaming Board. *pending council approval*
- A drawing of the location within the licensed premises where the Video Gaming Terminals are proposed to be installed as detailed in previous section.
- Applicable fees as outlined in this application. *pending council approval*
- Any other such information as the Liquor Commissioner shall require.

I HEREBY AGREE TO THE FOLLOWING:

The undersigned hereby states that the information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license. The Video Gaming License is treated as a supplemental license to the licensed premises' liquor license. Any violation of the Video Gaming Act or any violation of any provision of this Chapter 38 shall constitute a violation of the terms and conditions of both the Video Gaming License and the establishment's liquor license. Any suspension, revocation, termination or other disciplinary proceeding applicable to a licensed premises liquor license shall be applicable to its Video Gaming License, and any proceeding applicable to the Video Gaming License shall be applicable to the liquor license. A suspension, revocation or termination of either license shall automatically result in the suspension, revocation or termination of the other license.

Any Video Gaming Terminal utilized in a licensed premises shall be installed in a fixed location described in the drawing from which the Video Gaming Terminal is visible to staff of the licensed premises at all times. It shall be unlawful for any person under the age of 21 years to operate, play or utilize a Video Gaming Terminal.

The undersigned further understands that the DeKalb City Council has established the authorized number of liquor licenses for Video Gaming Establishments (Ordinance 2019-___). From the date of this application, the applicant has 120 days to receive the necessary state and local licensure to proceed with a Video Gaming Establishment. During this interval, no other application for video gaming license will be processed. At the end of the 120-day period, a new application may be considered, provided the number of Video Gaming licenses does not exceed the limit established by the DeKalb City Council.

Signature:

Tonya Eastley

Date:

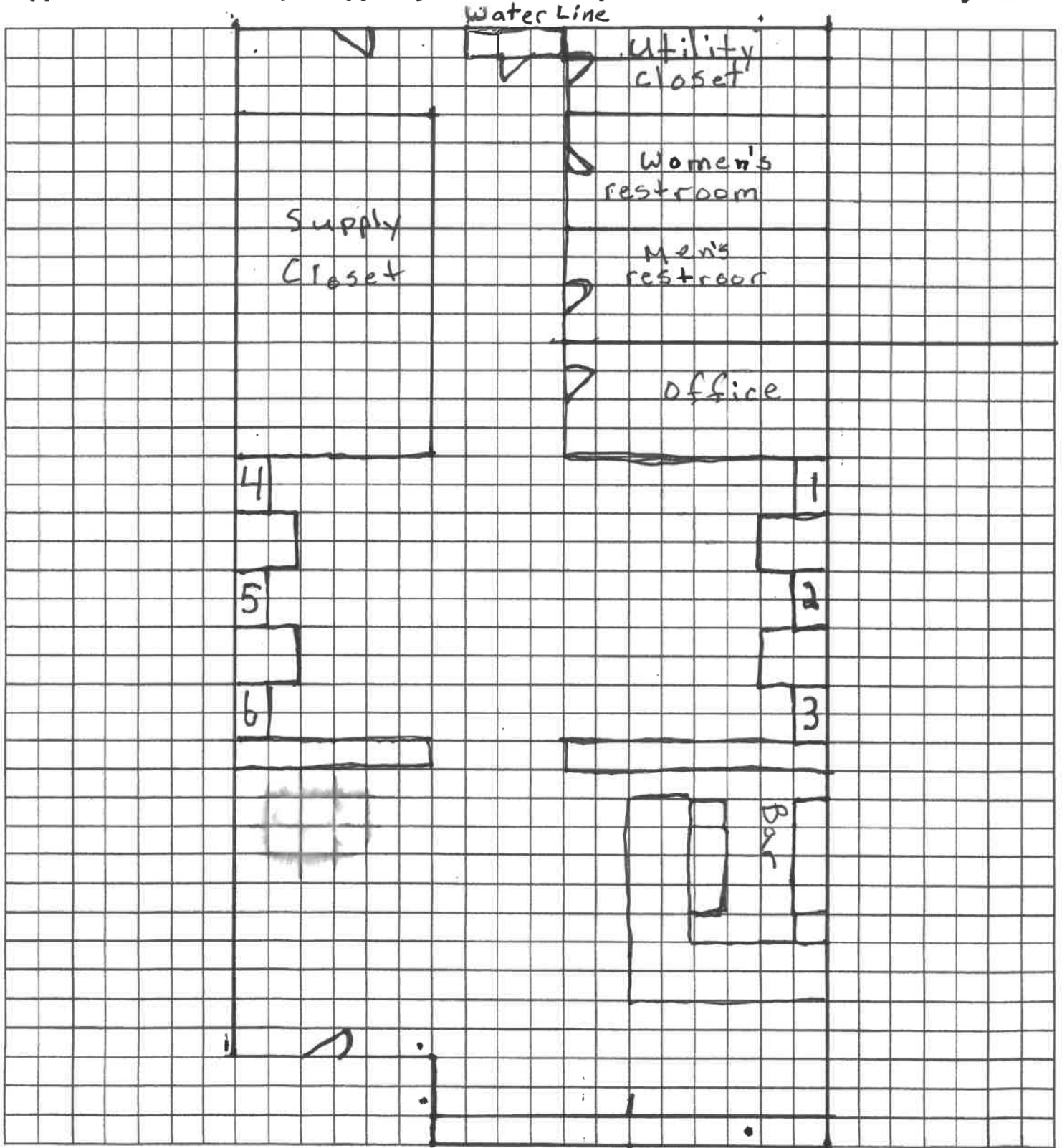
02/10/2020

Print Name & Title:

Tonya Eastley / owner

PROPERTY ADDRESS: 1704 Sycamore Rd DeKalb, GA 30115

Please use graph paper for required drawing. One square equals one foot, unless a different scale is indicated. Submission of a drawing will be required each year with renewal applications. Please keep a copy for your records. Copies will not be available from City files.



Please use listed symbols: DOOR  WINDOW  FIRE EXTINGUISHER X
SMOKE DETECTOR 



ATHEN-1

OP ID: SC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pardridge Insurance, Inc. 2580 DeKalb Ave Sycamore, IL 60178 Curtis Pardridge	815-758-4447	CONTACT Curtis Pardridge NAME: PHONE (A/C, No, Ext): 815-758-4447 FAX (A/C, No): 815-758-3111 E-MAIL Christina.Berru@ANBDC.com ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Badger Mutual		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED Athena's Palace TE & OP LLC 1704 Sycamore Rd. DeKalb, IL 60115

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
TR		INSR	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		516024	02/07/2020	02/07/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			516024	02/07/2020	02/07/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X		516024	02/07/2020	02/07/2021	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of DeKalb is Additional Insured under the General Liability and Liquor Liability policy.

CERTIFICATE HOLDER

CANCELLATION

City of DeKalb
200 S. 4th St.
DeKalb, IL 60115

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Liquor License Application

#2 - Attached

#3 - Submitted

Easley = approved / Perez = approved

#4 - Paid

#5 - Attached

#6 - Attached

#7 - N/A

#8 - The establishment will provide all signs that will display " Must be 21 & older to enter ". The establishment will display one on the exterior doors of said establishment. A sign will also be displayed on the video gaming area before entering and one on the wall behind the bar area.

#9 - N/A

#10 - Hours of operation: Mon - Thurs: 7am - 1am

Fri - Sat: 7am - 2am

Sun - 10am - 1am

#11 - All owners / employees will complete the Basset Alcohol Training and certification.

#12 - Attached / Paid

#13 - N/A

#14 - Attached

#15 - Attached

#5. A. Before entering our establishment we will have signs posted on exterior doors stating " Must be 21 & older to enter " .

Customers must have and provide valid ID that verifies his/her age of 21 and older before entering video gaming area. A sign will be posted behind the bar also stating " Must be 21 before entering". All staff, managers, owners will have the proper training techniques to properly verify all correct forms of Identifications and determining customers age of 21 years of age or older. All staff , management, and owners will have continuous education on verifying proper valid identification techniques.

B. All alcohol will be stored behind the bar during hours of operation. Only the employee on duty will be the person allowed behind the bar during their designated shift. All surplus will be stored in a locked storage room. Proper and accurate inventory of all alcohol will be conducted on a weekly and monthly basis by the management staff and owners. Management and owners will have a storage room key in their possession at all times. There will be a storage room key kept on premises attached to a clipboard with a sign in-out record of employees name ,date and time of key check out and key return listed on record sheet.

C. Our establishment will be equipped with a closed circuit video and audio surveillance camera system that will be recording during hours of operation. Exterior doors to our establishment will have a security system installed for non business hours and installed by a reputable security company. The alarm system will be activated at the end of business hours each night and turned off by a trained employee at the opening of business hours . All staff, management and owners will be trained on proper operation of our security system. Owners will be the only ones listed as emergency contacts with the security company.

D. All employees,management and owners will complete the 4 hour Bassett training prior to serving alcohol beverages at our establishment. The Bassett Certification will be renewed by employees, management and owners prior to expiration date every three years. The cost of Illinois Bassett training is(\$13.99) to be paid by the owners . Tips Federal training will be completed by employees, management and owners prior to serving alcohol at our establishment. Tips Certification is to be renewed every three years prior to the expiration date by all employees, management and owners. The cost (\$40.00) of tip training will be paid by the owners. All employees, managers and owners will complete alcohol training as needed.

E. Any and all rowdy or disruptive behavior by patrons will be handled in a manner that is outlined in the Bassett and Tips training. All employees managers and owners will be trained on identifying signs of rowdiness or disruptive behavior prior to working the first shift in the establishment. Staff working designated shifts who encounter rowdy or disruptive behavior by a customer and is identified will ask said customer to leave the establishment immediately and may escort said customer to the exterior door. If said customer refuses to leave establishment once asked, staff on duty are instructed to call the local police department for further assistance. All rowdy and disruptive patrons will be asked not to return to the establishment until the next business day.

F. All employees, managers and owners will sign our establishment policy stating they will not commit theft against the establishment, fellow employees or customers. Security footage will be reviewed as needed regarding suspected theft. Suspected theft will be reported to managers and/or owners immediately. Once suspected of theft the local authorities will be notified of suspected theft as described in signed establishment policy. Any employee to be found to have committed theft will be terminated and criminal charges will be filed against said employee. Any customers who commit theft will also be reported to the local authorities and will be prosecuted as outlined by local authorities. Owners will be in constant communication with local authorities until the conclusion of the criminal case against said customer.

G. Closed circuit security cameras with both audio and visual capabilities will be installed in the establishment. Surveillance system will be installed by a reputable security company. Security footage will be reviewed as needed by owners. Surveillance footage will be obtained through the interior establishment events only during posted business hours. Any criminal activities viewed /obtained on surveillance system will be given to the local authorities. Any on duty employee will report to management and /or owners of any activity criminal or otherwise that is going on inside the establishment that needs to be reviewed.

H. Signs to be posted in the establishment " Reserves the right to refuse service to anyone". Quarterly staff meetings will be held between owners and all staff for education and policy changes, etc.

15 Both owners currently work for two local establishments so both are familiar with the industry.

LICENSE FEE

Under 35,000 sq. ft.: \$100.00

Over 35,000 sq. ft.: \$200.00

Fee after January 31: DOUBLED

☒ NEW ☐ RENEWAL

LICENSE #:

Fire-Life Safety License Application

Municipal Code, Chapter 16

COPY

original sent to Finance 2-10-2020

Incomplete applications will be returned to applicant

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 TO AVOID THE LATE FEE.

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

Return ORIGINAL completed application and floor plan with license fee to:City Manager's Office, City of DeKalb, 200 S. 4th Street, DeKalb, IL 60115**MAKE CHECKS PAYABLE TO "CITY OF DEKALB"**

Application is hereby made for a Fire-Life Safety License for the period May 1 through April 30

BUSINESS INFORMATION (Please make any necessary changes - type or print clearly)		
Company or Corporation Name:	TEEOP	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Business Name (DBA):	Athena's Palace	
Building Address:	1704 Sycamore Rd DeKalb, IL 60115	
License Issued to:		Occupancy:
NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY		
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If your business is covered by a Fire Alarm, has it had an annual inspection? (Please attach report)	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
If your business is covered by a Sprinkler System, has it had an annual inspection? (Please attach report) Attached	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS		
Name	Mailing Address (Please include City/State/Zip in Address)	
Business Owner & Phone #	Tonya Easley Address: [REDACTED] City, State, Zip Code: [REDACTED]	
Business Manager	Oscar Perez Address: [REDACTED] City, State, Zip Code: [REDACTED]	
LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED		
Mail Correspondence (including renewal applications) to (check one):	<input checked="" type="checkbox"/> Business Owner/Corporate Licensing Dept. <input type="checkbox"/> Business Manager	
E-Mail address of contact person :	[REDACTED]	

I agree that, if live entertainment is to be provided at the above referenced business establishment, a public service announcement will be made **not more than ten minutes prior to the start of a program** that clearly identifies all means of egress available.

I hereby certify that I am the owner of record, or authorized designee, for the above referenced business establishment and am making this application as said owner, or authorized designee. I agree to all applicable laws of this jurisdiction. Further, I, the undersigned, swear that the above information is correct and so hereby authorize the Fire Chief, or his/her designees, to make proper inspections of the above building.

SIGNATURE

Tonya Easley / Oscar Perez

Print Name and Title:

Tonya Easley / Oscar Perez

Date: 02/03/2020

FOR CITY USE ONLY

Date Payment Received:

2-7-2020

Fee Paid:

\$100.00

Check #:

405645

Cash: ☐

****THIS FORM MUST ACCOMPANY APPLICATION****

EMERGENCY CONTACT INFORMATION – BUSINESS		DEKALB POLICE & FIRE DEPARTMENT																													
<p align="center">BUSINESS INFORMATION</p> <p>BUSINESS NAME <u>Athena's Palace</u></p> <p>BUILDING ADDRESS: <u>1704 Sycamore Rd</u> <u>DeKalb, GA 30015</u></p> <p>PHONE [REDACTED]</p> <p>DATE OF UPDATE: _____</p>		<p align="center">FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer</p> <p>STANDPIPE LOCATION: _____</p> <p>KNOX BOX LOCATION: _____</p>																													
<p align="center">AFTER HOURS EMERGENCY CONTACT INFORMATION</p> <p>*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*</p>		<p align="center">OTHER FIRE DEPARTMENT INFORMATION:</p> <p>_____</p>																													
<p align="center"><u>CONTACT #1</u></p> <p>NAME: <u>Tonya Easley</u></p> <p>HOME PHONE: [REDACTED]</p> <p>CELL PHONE/PAGER: (<u> </u>) <u> </u> —</p>		<p align="center">ADDITIONAL INFORMATION</p> <p>ALARM COMPANY NAME: <u>N/A</u></p> <p>ALARM COMPANY 24 HOUR PHONE NUMBER: (<u> </u>) _____</p>																													
<p align="center"><u>CONTACT #2</u></p> <p>NAME: <u>Oscar Perez</u></p> <p>HOME PHONE: [REDACTED]</p> <p>CELL PHONE/PAGER: (<u> </u>) <u> </u> —</p>		<p align="center">BUSINESS HOURS:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">MONDAY</td> <td style="width: 25%;">OPEN: <u>7am</u></td> <td style="width: 25%;">CLOSE: <u>1am</u></td> <td style="width: 25%;"></td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: <u>7am</u></td> <td>CLOSE: <u>1am</u></td> <td></td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: <u>7am</u></td> <td>CLOSE: <u>1am</u></td> <td></td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: <u>7am</u></td> <td>CLOSE: <u>1am</u></td> <td></td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: <u>7am</u></td> <td>CLOSE: <u>2am</u></td> <td></td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: <u>7am</u></td> <td>CLOSE: <u>2am</u></td> <td></td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: <u>10am</u></td> <td>CLOSE: <u>1am</u></td> <td></td> </tr> </table>		MONDAY	OPEN: <u>7am</u>	CLOSE: <u>1am</u>		TUESDAY	OPEN: <u>7am</u>	CLOSE: <u>1am</u>		WEDNESDAY	OPEN: <u>7am</u>	CLOSE: <u>1am</u>		THURSDAY	OPEN: <u>7am</u>	CLOSE: <u>1am</u>		FRIDAY	OPEN: <u>7am</u>	CLOSE: <u>2am</u>		SATURDAY	OPEN: <u>7am</u>	CLOSE: <u>2am</u>		SUNDAY	OPEN: <u>10am</u>	CLOSE: <u>1am</u>	
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SUNDAY	OPEN: <u>10am</u>	CLOSE: <u>1am</u>																													
<p align="center"><u>CONTACT #3</u></p> <p>NAME: _____</p> <p>HOME PHONE: (<u> </u>) _____</p> <p>CELL PHONE/PAGER: (<u> </u>) _____</p>		<p align="center">FOR POLICE DEPARTMENT USE ONLY</p> <p><input type="checkbox"/> NEW STREET</p> <p><input type="checkbox"/> NEW CONSTRUCTION</p> <p><input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS</p> <p><input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS</p> <p><input type="checkbox"/> NEW BUSINESS/NEW ADDRESS</p> <p><input type="checkbox"/> BUSINESS CLOSED</p> <p>DATE RECEIVED: _____</p> <p>BY TC#: _____</p> <p>DATE CAD MODIFIED: _____</p> <p>BY TC#: _____</p>																													
<p align="center"><u>CONTACT #4</u></p> <p>NAME: _____</p> <p>HOME PHONE: (<u> </u>) _____</p> <p>CELL PHONE/PAGER: (<u> </u>) _____</p>																															
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE CITY MANAGER'S OFFICE (ruth.scott@cityofdekalb.com) FAX: 815-748-2091.</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE CITY MANAGER'S OFFICE AT (815) 748-2090.</p>																															





200 South Fourth Street
DeKalb, IL 60115
(815) 748-2000
<https://www.cityofdekalb.com/>

Business Address:

ATHENA'S PALACE (PENDING COUNCIL APPROVAL)
TONYA EASLEY
1704 SYCAMORE RD
DEKALB, IL 60115

INVOICE NO.

00002466

State Tax ID

License #

2020-0747

Invoice Date

02/10/2020

Due Date

02/10/2020

Amount Due

\$100.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00002466	2020-0747	FIRE LIFE SAFETY LICENSE	02/10/2020	04/30/2020

Fee Description	Amount Due
FIRE LIFE SAFETY LICENSES	\$100.00

Remit to:

City of DeKalb
200 South Fourth Street
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00002466**

Billing/Mailing Address:

ATHENA'S PALACE (PENDING COUNCIL APPROVAL)
TONYA EASLEY
[REDACTED]

Billing/Invoice Date: 02/10/2020

Total Due: \$100.00

Due Date: 02/10/2020

**Illinois Liquor Control
Commission**



**JB Pritzker
Governor**

**100 W. RANDOLPH ST., SUITE 7-801
CHICAGO, ILLINOIS 60601
TELEPHONE: 312 814-2206
TDD: 312 814-1844**

**101 W. JEFFERSON ST., SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov**

**APPLICATION FOR STATE OF ILLINOIS
RETAILER'S LIQUOR LICENSE**

**REMEMBER: YOU CANNOT PURCHASE OR SELL ALCOHOL
WITHOUT A VALID STATE LIQUOR LICENSE**

DEFINITION: A Retailer's Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235/ILCS 5/5-1(d)], the only exception being a wine-maker's retail license—2nd location [235 ILCS 5/5-1(i)]. All applicants for licensing as a liquor retailer must complete this application. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a state liquor license.

RETAILER'S LIQUOR LICENSE

FEE: \$750.00

The following documents and information are REQUIRED prior to receiving for your state license:

- 1) Photocopy of **Certificate of Insurance** (not the Policy Declaration) if alcohol will be consumed on the premise;
- 2) Photocopy of **current local liquor license** (contact your local liquor commission);
- 3) **Prior Illinois state liquor license** (if applicable);
- 4) **Bulk Sales Release Order—Address Release.** For assistance, call the Illinois Department of Revenue at 312 814-3063, if applicable;
- 5) **Proof of Purchase** (e.g., bill of sale, closing statement) **Note:** The closing on the purchase of the business must occur prior to applying for your state license;
IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the property (e.g., recorded deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered, if available.
- 6) **Federal Employer Identification Number (FEIN).** Call the IRS at 1 800 829-3676 for information on how to apply for a number;
- 7) **Illinois Sales Tax Account ID**, if applicable. Visit tax.illinois.gov, click on "Businesses" and then "How do I register?" under the Business Registration section, for information on how to obtain this number. If you have any questions, call the Illinois Department of Revenue at 217 785-3707;
- 8) **Your check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION;** and
(Note: The Commission does not accept U.S. currency/cash as payment)
- 9) This application with the information requested printed or typed in the spaces provided. This form must bear an original signature.

Processing time for a Retailer Liquor License is approximately one to ten business days.

NOTE: The date of expiration of your initial Illinois license will coincide with the 12-month period that begins on the issue date of your local liquor license. In some cases, the term of your first year's Illinois liquor license may be less than a full year in duration.

FOR OFFICE
USE ONLY

SIGNATURE OF AUTHORIZED PERSONNEL

COUNTER ☐

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

☒ If you want your renewal application, your license certificate and other ILCC correspondence sent to your corporate address, please check this box.

A. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the Internal Revenue Service. This number is used for verification purposes only. If you do not have a FEIN, call 1 800 829-3676 for general information on how to apply for and obtain the forms you need.

FEIN #

84-4505795

B. ILLINOIS SALES TAX ACCOUNT ID

Enter the eight-digit Illinois Department of Revenue Sales Tax Account ID. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit tax.illinois.gov, click on "Businesses" and then "How do I Register" under the Business Registration section. If you have any questions, call 217 785-3707.

ILLINOIS SALES TAX ACCOUNT ID

4348-
00000000 5758

C. NAME

Enter the name of the sole proprietorship, partnership, corporation (Illinois, national, or foreign), or limited liability company in this box.

Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME

TEZOP LLC

D. MAILING ADDRESS/PHONE (if different than physical location address/phone)

Enter the mailing address if different than physical location address. Include: street address, county, city, state, ZIP code, telephone number (with area code and extension, if applicable) of the sole proprietorship, corporation, etc.

STREET ADDRESS		AREA CODE/TELEPHONE NO.	
1704 Sycamore Rd		[REDACTED] EXT.	
COUNTY	CITY	STATE	ZIP CODE
DeKalb	DeKalb	IL	60115

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

Do you currently hold five or less retail liquor licenses in another state(s)? If yes, please provide the following information for each out-of-state retail liquor license.

BUSINESS NAME	CITY	STATE
BUSINESS NAME	CITY	STATE
BUSINESS NAME	CITY	STATE
BUSINESS NAME	CITY	STATE
BUSINESS NAME	CITY	STATE

2. STATUS OF BUSINESS

Check the applicable box (sole proprietorship, partnership, Illinois corporation, foreign corporation, or limited liability company) which corresponds to your business' official papers filed with the Office of the Illinois Secretary of State.

Based on the box that you check, provide: the date of the filing of the sole proprietorship with the county clerk; in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; or in the case of a limited liability company, the date of formation of such entity.

Note: In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

- A. ☐ Sole Proprietorship
B. ☐ Partnership
C. ☐ Illinois Corporation
D. ☐ Foreign Corporation
E. ☒ Limited Liability Company

- F. ☐ Not-For-Profit
G. ☐ Government
H. ☐ Receivership
I. ☐ Trust/Estate

Date filed with County Clerk: _____
Date of Formation: _____
Date of Incorporation: _____
State of Incorporation: _____
IL Secretary of State File #: _____
Date Qualified to do Business in IL: _____

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding five percent.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than five percent (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent interest. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application. **BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 7 - ELIGIBILITY.**

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP Code, Social Security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Total percentage ownership should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line E.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
Gasley, Tonya M							
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
		F	owner				50%

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
Perez, Oscar R							
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
		M	owner				50%

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
					()		

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
					()		

E. Total percentage of all stock held by all persons with less than five percent interest.

_____ %

4. BUSINESS LOCATION INFORMATION

☒ If you want your renewal application, your license certificate and other ILCC correspondence sent to your business location address, please check this box.

A. NAME/DOING BUSINESS AS (DBA)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. **Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME/DOING BUSINESS AS (DBA)
Athena's Palace

B. TELEPHONE

Enter the area code, telephone number and extension at the business location.

AREA CODE/TELEPHONE NO.
[REDACTED] EXT.

C. ADDRESS

Enter the address, city, state, ZIP Code and county of the business location. This address must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

Remember, you **MUST** close on the business purchase prior to applying for your state license. Proof of business purchase is required (e.g., bill of sale, closing statement). **IMPORTANT:** You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g., deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered (if available). The applicant also needs to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order (Address Release) if applicable. For more information, contact the Illinois Department of Revenue at 312 814-3063.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
1704 Sycamore Rd	Dekalb	IL	60115	Dekalb

D. BUSINESS TYPE

Check the one box which best describes the type of business. If the selections listed are inappropriate, describe the business under "other".

- | | | |
|---|---|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input checked="" type="checkbox"/> BAR/TAVERN | K. <input type="checkbox"/> GAS STATION |
| D. <input type="checkbox"/> SUPERMARKET | H. <input type="checkbox"/> HOTEL/MOTEL | L. <input type="checkbox"/> OTHER _____ |

E. WAREHOUSING

If any of your inventory is warehoused, provide the street address, city, state, ZIP code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

F. RIGHTS TO THE PROPERTY

- ☐ 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

LANDLORD NAME		AREA CODE/PHONE NUMBER (Home, cell, etc.)		
Dekalb-Harlem LLC c/o First Midwest Grp		(815) 229-3000		
EMAIL ADDRESS		FAX NUMBER		
mcapriola@firstmidwestgroup.com		(815) 229-3001		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
6801 Spring Creek Rd	Rockford	IL	61114	WIN

5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. LOCAL LIQUOR LICENSE INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE

Your local license must contain the expiration date, issue date, and license number.

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business location. Alcoholic beverages may not be sold or offered for sale prior to the date that the state liquor license is issued. If you began selling alcoholic beverage products before obtaining this license, you are required to fill out a delinquency affidavit to explain the circumstances. Note: In unincorporated areas, the county acts as the local liquor licensing authority.

MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE	LOCAL LICENSE NO.	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES AT THIS LOCATION

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the applicant's first application for a state liquor license at any location. If you check "no", indicate the date of your first state liquor license application; whether the license was granted, denied or withdrawn; and the address of your first state liquor license application. If you have ever had a license application denied, or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ☒ NO ☐

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSITION: GRANTED ☐ DENIED ☐ WITHDRAWN ☐

ADDRESS OF FIRST STATE APPLICATION: _____

C. TYPE OF LIQUOR LICENSE

Check the box which describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.

- ☒ ON-PREMISES CONSUMPTION (patrons consume alcoholic beverages on the premises only)
☐ OFF-PREMISES CONSUMPTION (carry-out purchases only)
☐ ON/OFF-PREMISES CONSUMPTION COMBINATION (both on the premises consumption and carry-outs)

D. AUTHORIZED HOURS

These hours must be the hours authorized by the local municipality (or county if in an unincorporated area):

MON	TUES	WED	THUR	FRI	SAT	SUN
7am - 1am	7am - 1am	7am - 1am	7am - 1am	7am - 2am	7am - 2am	10am - 1am

E. AVAILABLE HOURS

These hours indicate when a representative is available for an inspection of the premises:

MON	TUES	WED	THUR	FRI	SAT	SUN
7am - 12p	7am - 12p	7am - 12p	7am - 12p	7am - 12p	—	—

F. EXPECTED OPENING DATE

WHAT IS THE FIRST DAY YOU EXPECT TO BE OPEN AND SELLING ALCOHOL?

04/01/2020

6. CERTIFICATE OF INSURANCE

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (not the Policy Declaration)

You MUST provide a copy of your Certificate of Insurance if alcohol is consumed on the premises (this certificate is not required for carry-out only establishments). The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) the applicant named as the insured (e.g., if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed); 2) the address of the location where the liquor is being consumed; and 3) the dates of coverage and the coverage limits.

7. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed on page 3 of this form. IF ANY QUESTIONS ARE ANSWERED WITH A "YES" ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT.

- 7A ☐ YES ☒ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]
- 7B ☐ YES ☒ NO Are you delinquent under the cash beer law?
- 7C ☐ YES ☒ NO If a retailer, are you delinquent under the 30-day credit law?
- 7D ☐ YES ☒ NO Have you ever submitted an application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
- 7E ☐ YES ☒ NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
- 7F ☐ YES ☒ NO Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
- 7G ☐ YES ☒ NO Have you ever been convicted of a gambling offense as defined under Section 6-2 of the Illinois Liquor Control Act which, includes offenses enumerated in 720 ILCS 5/28-1(a)11, gambling; 720 ILCS 5/28-1.1(a)-(d) syndicated gambling; and 720 ILCS 5/28-3 keeping a gambling place?
- 7H ☐ YES ☒ NO Do you possess a current Federal Wagering Stamp?
- 7I ☐ YES ☒ NO Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
- 7J ☐ YES ☒ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- 7K ☐ YES ☒ NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
- 7L ☐ YES ☒ NO Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(a) of the Illinois Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
- 7M ☐ YES ☒ NO If a corporate licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)]

8. VIDEO GAMING

- ☐ YES ☒ NO Do you possess a current Illinois Video Gaming License? If YES, please provide the information below:
VIDEO GAMING LICENSE NUMBER: _____
- ☐ YES ☒ NO Have you made an application for an Illinois Video Gaming License that is currently pending? If YES, please provide information below:
VIDEO GAMING NUMBER APPLICATION NUMBER: _____ DATE APPLIED: _____

9. APPLICANT CONTACT INFORMATION

Provide the contact information for your business. The contact person should be the responsible party we can contact and who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

CONTACT PERSON'S NAME (First, Last)	BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER (Home, Cell, etc.)
Tonya Easley		
EMAIL ADDRESS		FAX NUMBER
		() N/A

10. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or partner. **The signature must be original. Rubber stamps, photocopies, or faxed copies are not accepted.**

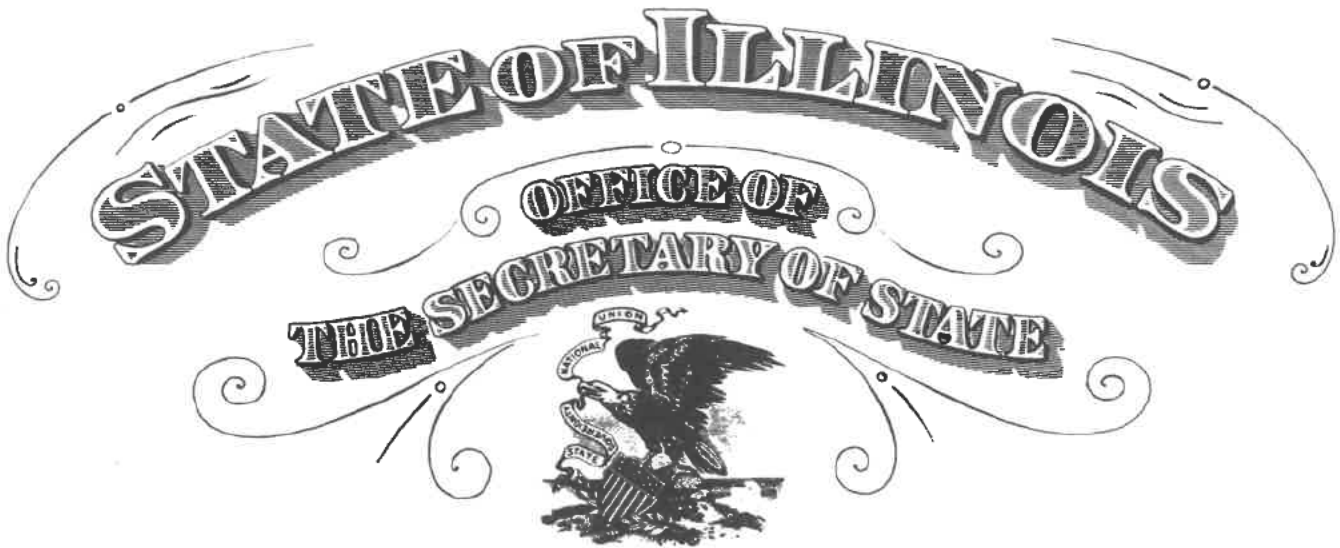
I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN FIVE PERCENT OR MORE OF THE BUSINESS).

Tonya Easley
SIGNATURE OF APPLICANT

owner
TITLE/POSITION

02/03/2020
DATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TE&OP LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 30, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of FEBRUARY A.D. 2020 .

Jesse White

SECRETARY OF STATE



200 South Fourth Street
DeKalb, IL 60115
(815) 748-2000
<https://www.cityofdekalb.com/>

Business Address:

ATHENA'S PALACE (PENDING COUNCIL APPROVAL)
TONYA EASLEY
1704 SYCAMORE RD
DEKALB, IL 60115

INVOICE NO.

00002445

State Tax ID

License #

2020-0743

Invoice Date

01/27/2020

Due Date

01/27/2020

Amount Due

\$532.00

<u>Invoice #:</u>	<u>License #:</u>	<u>License Type:</u>	<u>Application Date:</u>	<u>Expiration Date:</u>
00002445	2020-0743	LIQUOR LICENSE	01/27/2020	12/31/2020

Fee Description

Amount Due

LIQUOR LICENSE - APPLICATION FEE

\$532.00

Remit to:

City of DeKalb
200 South Fourth Street
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number:

00002445

Billing/Mailing Address:

ATHENA'S PALACE (PENDING COUNCIL APPROVAL)
TONYA EASLEY
[REDACTED]

Billing/Invoice Date: 01/27/2020

Total Due: \$532.00

Due Date: 01/27/2020

> Alpha 2 Pro™ V27/27

HIGH 3 GAMES



ALPHA
Pro™ V27/27

The **ALPHA 2 Pro™ V27/27** cabinet offers another amazing addition to the **Pro™ Series** product line. The full 1080p HD 27" displays present stunning game presentation, and game-controlled surround lights enhance the gaming experience.

- Low cabinet height to allow for improved floor sight lines.
- Able to operate Bally's proven **Pro™ V22/22** game library.
- Powered by Alpha 2, using the latest dual-core processing technology, greatly expanded storage, and accelerated video graphics.
- Award winning **IDeck™** for added player interaction.
- Combined bill-in and ticket-out path simplifies player interaction.
- Strategically located space for player tracking systems above the button deck.
- Ergonomic deck surface with soft-touch coating for player comfort and extended time on device.
- Convenient purse hook below button deck for player peace of mind.
- Digital Signal Processing sound system custom designed for the modern gaming environment and located to the sides of the player to produce a cinematic surround-sound audio effect.
- Dual high-definition (1080p) 27" touchscreen game displays.

B hw

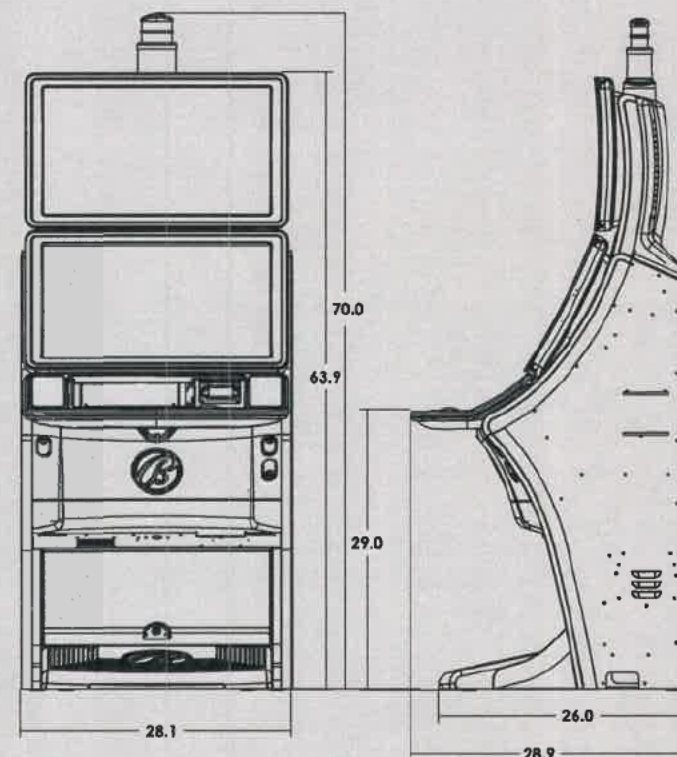
[hardware]

Bally
TECHNOLOGIES

©2014 Bally Technologies Game Images are for illustration only.

Alpha 2 Pro™ 27/27 - HARDWARE SPECIFICATIONS

BILL ACCEPTORS	JCM® iVizion™, MEI Cashflow™ Advance, Cash Code, Ardac
BILL ACCEPTOR BEZEL OPTIONS	LED Bezel (standard), JCM Sentry 2
BILL ACCEPTOR CASH BOX OPTIONS	Plastic, JCM ICB, JCM 1,000 note, MEI Easitrax, MEI 1,000 note
TICKET PRINTERS	Ithaca® 950, FutureLogic Gen3™, Nanoptix Paycheck™ 4
COIN ACCEPTORS	Coin Mech MC-40
HOPPERS	Azkoyen
PROGRESSIVE SUPPORT	Internal, Linked (onscreen display)
BUTTON PANELS SUPPORTED	iDeck™
WRIST PAD	Soft Touch Polyurethane
TOPBOXES OFFERED	Standard
TOPPERS*	Pro 22" Digital (optional)
SAS VERSIONS SUPPORTED	SAS 6.01 with AFT, Promotional Credits, earlier SAS versions also supported.
SCREEN	Display: 27" diagonal
SCREEN RESOLUTION	1920 x 1080 pixels
RECOMMENDED SEAT HEIGHT	19.5" (495 mm)
CABINET	Weight: 352 lbs. (160 kg) Height with Topper and Tower Light: 86.0" (2,184 mm) Height with Tower Light: 70" (1,778 mm) Width: 28.1" (714 mm) Base depth: 26.0" (660 mm) Overall depth: 28.9" (734 mm)
POWER SUPPORTED <small>Typical currents are provided for reference only. Actual current use will depend upon machine configuration and addition of supplemental equipment such as, but not limited to, systems monitoring equipment, progressive equipment, and service equipment.</small>	110 volts, 220 volts Startup/Surge state: 1.1 A Operating state: 1.4 A Max load @ 110VAC: 6.3A Max load @ 220VAC: 3.15A Power consumption: 545 BTU/hr
SAFETY RATINGS	UL, CSA, CE, FCC
FINISHES	Chrome, Shadow Sand, or Gold trim on Black
LAMINATES	Black powder coat standard, custom laminates available.
TOWER LIGHTS	2 Tier and 3 Tier Super Candle
LOCKS	Main door, Belly door, Lower door, Cash box door, Cash box, CPU, CompactFlash® card. All lock openings are 5/8" x 3/4". Locks 1 1/8" long can be used with spacers to maintain the 1/2" lock length. Dual locks are optional.



ILLINOIS

IGT CrystalDual® 27 Gaming Machine

A dynamic dual.

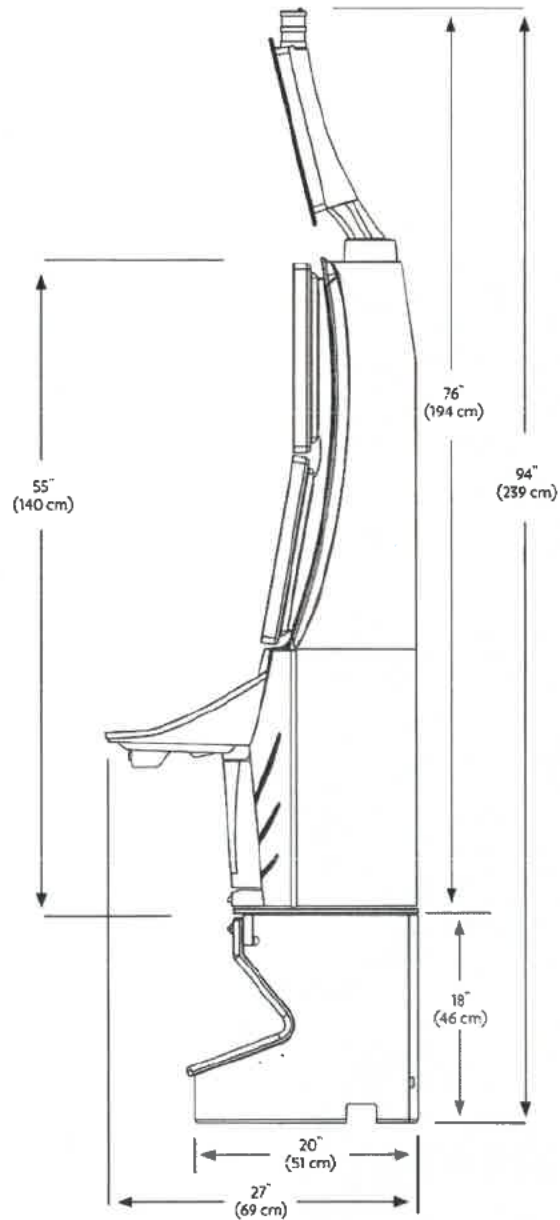
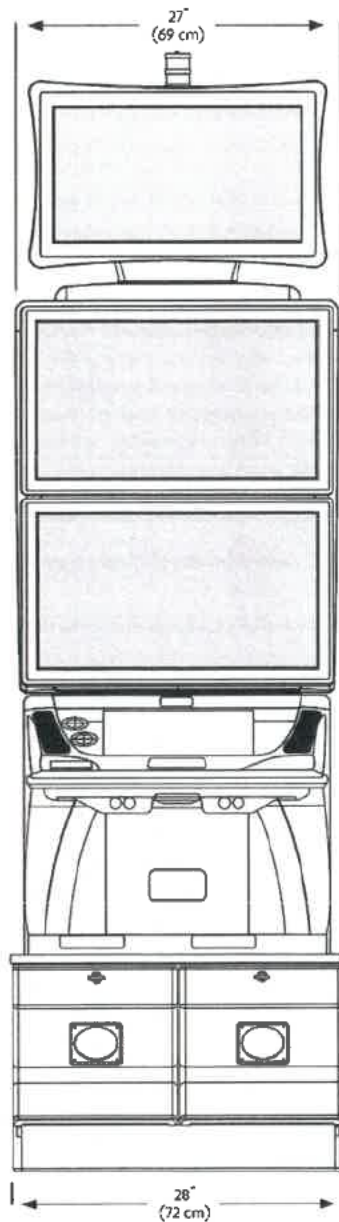


The CrystalDual® 27 gaming machine is the next evolution of the Crystal Series, combining industry-leading hardware, IGT's best-in-class operating system, and unmatched reliability and serviceability. A new modern appearance with updated cabinet finishes, and a redesigned player zone featuring large 27" high-definition screens create for an unsurpassed gaming experience. The CrystalDual® 27 gaming machine will keep players engaged and coming back for more.

Benefits and Features

- Dual floating 27" high-definition displays create an immersive player experience
- Updated intelligent cabinet lighting enhances the game experience and sets the mood
- 4.0 Electronics deliver unparalleled performance and reliability
- Features a highly-reliable, player-approved, Dynamic Player Panel
- A 24" video topper with 360° viewable, game-synchronized lighting creates increased floor presence and recognition
- Proven player ergonomics
- Built-in charging port allows players to charge their phone or other electronic devices at the machine
- Intelligent cabinet design improves access to commonly serviced components, and the pressurized cabinet helps keep the interior clean or less frequent maintenance and improved life of electronics
- Easy to install and move, featuring the EZ-Mount system, integrated grip and easy access locks and latches
- Modern Shadow Sand finish with black powder coated cabinet and textured black trim

Visit igt.com to learn more



IGT CrystalDual® 27 Gaming Machine

Weight - 284 lbs. (129 kg)

Projected footprint - 3.74 ft (0.35 m)

Power Consumption

120V	2.4A (288 Watts)
240V	1.2A (288 Watts)



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IGT CrystalDual 27 Gaming Machine_0319

IGT is currently ISO 9001:2015 Certified through October 2021

Universal Slant

The Perfect Slant. The Perfect Display.

Target Player

- Players who enjoy immersive gaming experiences

Benefits And Features

- Machine features designed to pique player interest
- 23" 16:9 LCD display
- 14 edge-lit dynamic buttons
- AVP® 3.0M electronics
- Full-featured Audiovox sound system
- Immersive upper display with brow attract light
- New enhanced lighting attracts players from across the room
- Crown lighting, a vibrant topper and lighted cabinet features all use synchronized colors that correspond to the game's theme*
- Streamlined ergonomics and easier serviceability
- More space allows for engaging player experiences
- Runs current AVP® games
- Comes with IGT's legendary service and support, dependability, and reliability
- RoHS compliant

Dimensions

- 30.5" wide x 30.8" deep from the button panel bolster to the back of the cabinet, and 74.0" tall (without topper)

Differentiation

- This premium cabinet has the ergonomics of a slant and the merchandising capabilities of an upright



IGT Las Vegas
Corporate Global
Headquarters
6355 South Buffalo Drive
Las Vegas, NV 89113-2133
United States
+1 702-669-7777



American Vending Sales
750 Morse Avenue
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800-441-0009 • 847-439-9400

Visit IGT.com/Illinois

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All other trademarks are owned and/or registered by IGT and/or its licensors in the U.S. and/or other countries.
Artwork, descriptions, game play, photographs, videos, and other product details depicted are subject to change.



Universal Slant 32-0314

Vu Slant™

Find comfort
in value-driven
innovation.



**Designed to give players a
powerful gaming experience
in complete comfort.**

Our player-validated and technician-tested design includes dual 22" wide-screen displays, high resolution animated graphics, multi-channel audio, award-winning full-color digital buttons, game-driven accent lighting, and optimal screen angles for superior player ergonomics.



Value-Added Player Experience

Dual 22" wide LCD screens, multi-channel audio for enriched sound, award-winning full-color digital buttons, and game-driven accent lighting create the ultimate gaming experience.

Innovative Technology

Driven by the powerful sensys EP™ platform, the Vu Slant was built for full graphic and expansion capability. It handles fully downloadable content and is network gaming ready. It supports digital glass, vibrant full-color digital buttons, and a selection of popular peripherals.

Ergonomic Design

The Vu Slant's large armrest, dual cup holders, optimized LCD screen angles, left/right-handed play button board, and integrated footrest provide enhanced player comfort and convenience.

Environmental Design

The Vu Slant embraces environmentally responsible design and production methods, resulting in a 100 percent RoHS-compliant product, as well as increased energy efficiency for operators.

Features:

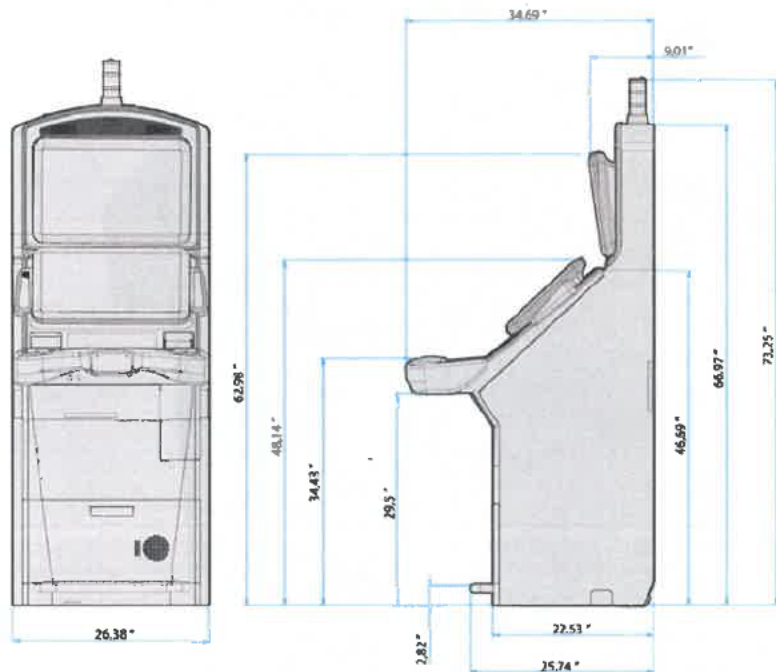
- Dual 22" wide LCD screens
- High resolution animated graphics
- Multi-channel audio
- Dynamic game content
- sensys EP platform
- Ergonomic player comfort
- Award-winning full color digital buttons
- Network-gaming ready

Flexibility

The Vu Slant offers a selection of industry-standard peripherals. Digital buttons and second screen enable automatic game updates.

Reliability

The Vu Slant is based on a proven design that maximizes uptime and makes servicing easy.



For more information, contact IGT's Illinois distributor:



American Vending Sales

750 Morse Avenue
Elk Grove Village, IL 60007
Phone: 847-439-9400 | Email: sales@americanvending.com



Vu Slant machine_0915

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SPECIFICATIONS

Superior graphic capabilities and fast boot times

Dual 32" HD displays with fast refresh rates

Stunning bank appearance with dual *Metascreen™* technology effect

High quality digital audio

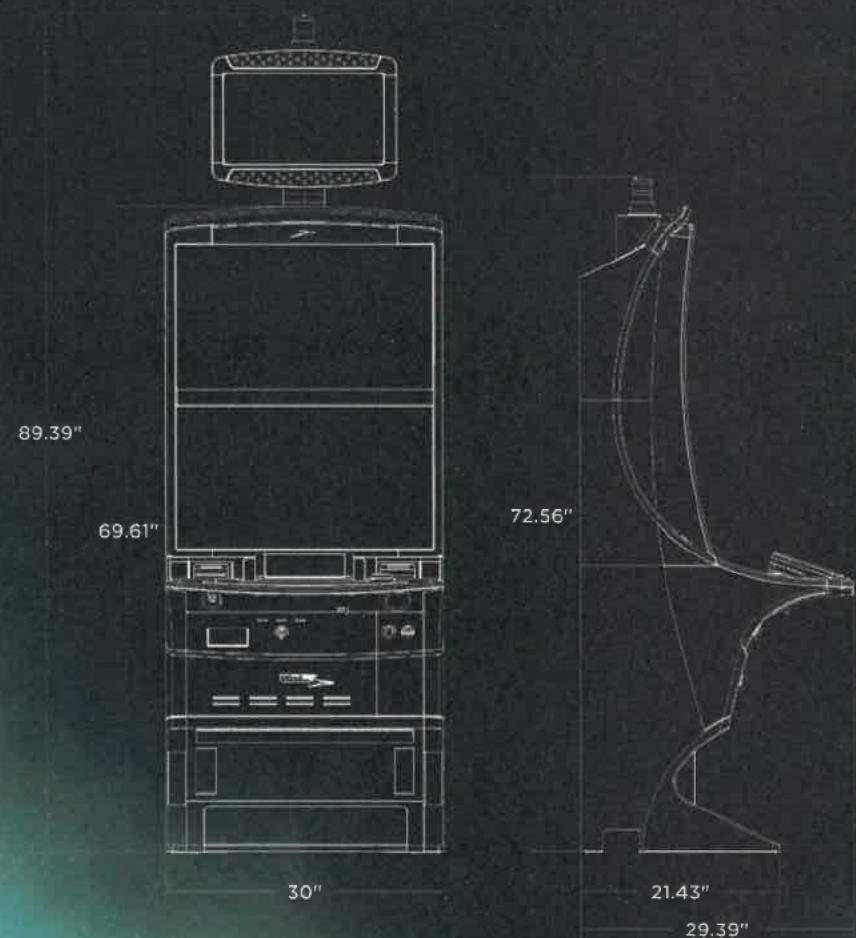
Superior comfort and ergonomics

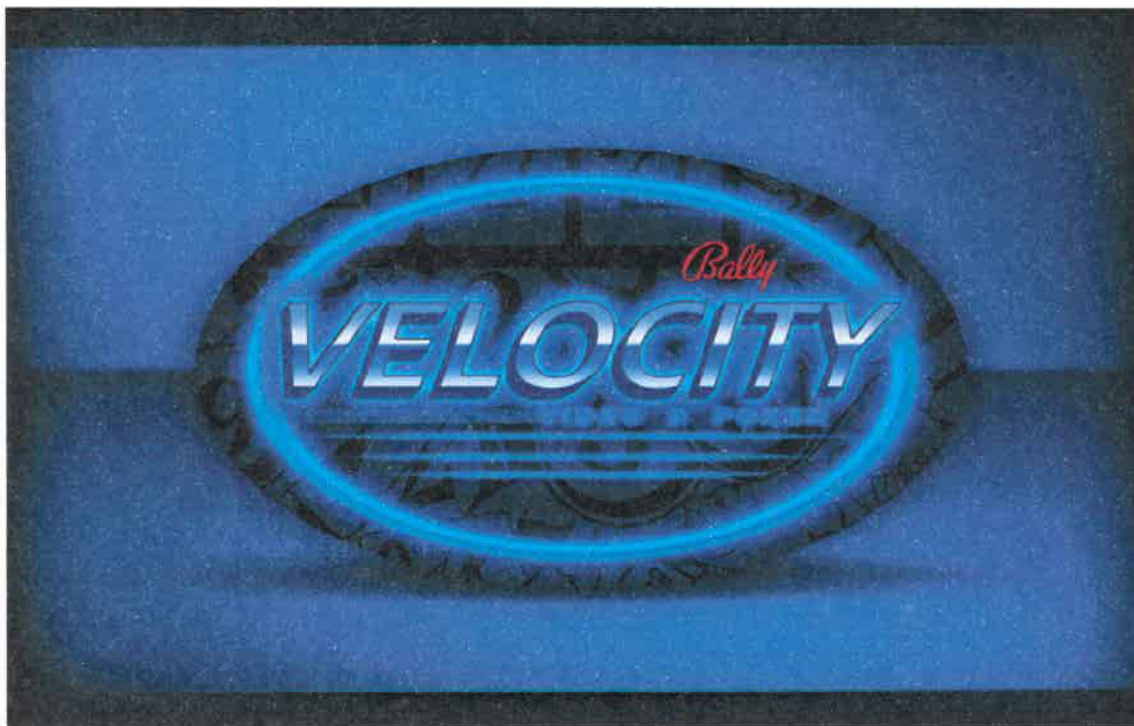
Generous deck storage space

Angled 10.4" tablet button panel for improved usability

Emotive lighting

Exclusive, premium content





Velocity™ V32 / Wave



The exciting Velocity™ suite features the hottest games in Bally's multi-suite library! Players love the selection of games ranging from top-notch Premium games to classic Poker themes!



B c3

[vlt]



Bally
TECHNOLOGIES

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Velocity™ V32 / Wave



Betty Boop 5th Avenue (1¢ Denom 30 Lines)

- Random wild reels in main game.
- Cash Wheel Bonus.
- Many Pick Bonus Features!
- Hot Spins bonus feature.
- Hot Spins with locking wilds!
- Hot Spin Ladder credit bonus!
- Max Bet Edge Feature-Win of \$200.00 at Max Bet awards \$500.00.
- Wager Saver - Allows the player to wager their remaining credit balance to win enough credits to spin again if their balance is less than the amount necessary to spin the reels.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M051388A	4+Bonus Bet	200	88.03%	\$500.00
M051390A	4+Bonus Bet	200	90.07%	\$500.00
M051392A	4+Bonus Bet	200	92.07%	\$500.00
M051394A	4+Bonus Bet	200	94.11%	\$500.00
M051395A	4+Bonus Bet	200	96.15%	\$500.00

Wonder Woman Gold - PREMIUM TITLE (1¢ Denom 40 Lines)

- Hot Spin Pick Feature.
- Expanding Wilds on reels 2,3, or 4!
- 2 matching Gold, Red, or Blue Star symbols on reels 1 and 5 award a corresponding Jackpot!
- Max Bet Edge Feature-Win of \$200.00 at Max Bet awards \$500.00
- Wager Saver - Allows the player to wager their remaining credit balance to win enough credits to spin again if their balance is less than the amount necessary to spin the reels.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M046488A	4+Bonus Bet	200	87.97%	\$500.00
M046490A	4+Bonus Bet	200	90.14%	\$500.00
M046492A	4+Bonus Bet	200	92.03%	\$500.00
M046494A	4+Bonus Bet	200	94.17%	\$500.00
M046495A	4+Bonus Bet	200	96.20%	\$500.00

Olvera Paradise (1¢ Denom 30 Lines)

- Mystery Jackpots.
- Hold and Play Feature!
- Hot Spin Games.
- Max Bet Edge Feature-Win of \$200.00 at Max Bet awards \$500.00
- Wager Saver - Allows the player to wager their remaining credit balance to win enough credits to spin again if their balance is less than the amount necessary to spin the reels.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M051488A	5+Bonus Bet	200	88.00%	\$500.00
M051490A	5+Bonus Bet	200	89.99%	\$500.00
M051492A	5+Bonus Bet	200	92.01%	\$500.00
M051494A	5+Bonus Bet	200	93.98%	\$500.00
M051496A	5+Bonus Bet	200	96.01%	\$500.00

Quick Hit Money Wheel (1¢ Denom 25 lines)

- Money Wheel Bonus Feature!
- Hot Spins Games with 2x Multiplier!
- Max Bet Edge Feature-Win of \$200.00 at Max Bet awards \$500.00.
- Wager Saver - Allows the player to wager their remaining credit balance to win enough credits to spin again if their balance is less than the amount necessary to spin the reels.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M051288A	5+Bonus Bet	200	88.11%	\$500.00
M051290A	5+Bonus Bet	200	90.13%	\$500.00
M051292A	5+Bonus Bet	200	92.10%	\$500.00
M051294A	5+Bonus Bet	200	94.10%	\$500.00
M051296A	5+Bonus Bet	200	96.10%	\$500.00

Velocity™ V32 / WAVE



Spin For Cash Deluxe (1¢ Denom 25 Lines)

- U-Spin Wheel Bonus Feature
- Hot Spin Feature
- Action Game Feature-Spin Wheel for Additional Games or Credits
- Max Bet Edge Feature-Win of \$200.00 at Max Bet awards \$500.00!
- Money Bag Bonus
- Wager Saver - Allows the player to wager their remaining credit balance to win enough credits to spin again if their balance is less than the amount necessary to spin the reels.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M046288A	5+Bonus Bet	200	88.09%	\$500.00
M046290A	5+Bonus Bet	200	90.17%	\$500.00
M046292A	5+Bonus Bet	200	92.13%	\$500.00
M046294A	5+Bonus Bet	200	94.11%	\$500.00
M046296A	5+Bonus Bet	200	96.18%	\$500.00

Vegas 7's (1¢ Denom 40 Lines)

- Hot Spin Feature!
- Mini Game In Game Bonus Feature
- Max Bet Edge Feature-Win of \$200.00 at Max Bet awards \$500.00!
- Wager Saver - Allows the player to wager their remaining credit balance to win enough credits to spin again if their balance is less than the amount necessary to spin the reels.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M046388A	5	200	87.97%	\$500.00
M046390A	5	200	89.97%	\$500.00
M046392A	5	200	92.02%	\$500.00
M046394A	5	200	94.08%	\$500.00
M046396A	5	200	96.19%	\$500.00

Spin For Cash (1¢ Denom 243 Ways)

- U-Spin Wheel bonus feature.
- Money Bag Bonus feature for credits!

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
S0503146	243 Ways	200	88.36%	\$500.00
S0503147	243 Ways	200	90.34%	\$500.00
S0503148	243 Ways	200	92.05%	\$500.00
S0503149	243 Ways	200	94.32%	\$500.00
S0503150	243 Ways	200	95.89%	\$500.00

Quick Hit Platinum Triple Blazing 7s (1¢ Denom 20 Lines)

- 3 or more Quick Hit Symbols on the main screen awards a cash prize!
- Hot Spins with pick feature. Player picks on a grid of 20 tiles for Hot Spins!

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
S0503131	10	200	88.00%	\$500.00
S0503132	10	200	90.02%	\$500.00
S0503133	10	200	92.02%	\$500.00
S0503134	10	200	94.13%	\$500.00
S0503135	10	200	96.07%	\$500.00

Lucky Tree (1¢ Denom 20 Lines)

- Random wild coins fall from tree onto main screen!
- Pick Feature on grid of 30 tiles.
- Hot Spins bonus feature.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M034988A	10	200	88.00%	\$500.00
M034990A	10	200	90.11%	\$500.00
M034992A	10	200	92.12%	\$500.00
M034994A	10	200	94.13%	\$500.00
M034996A	10	200	96.10%	\$500.00

Velocity™ V32 / WAVE



Better Off Ed (1¢ Denom 20 Lines)

- 3 to 6 random wilds in the main game!
- Pick Feature for credits, credits with extra pick, or wheel bonus!
- Hot Spins Bonus Feature that can be re-triggered.

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
M034888A	10	200	88.14%	\$500.00
M034890A	10	200	90.12%	\$500.00
M034892A	10	200	92.17%	\$500.00
M034894A	10	200	94.10%	\$500.00
M034896A	10	200	96.19%	\$500.00

Hot Rocks (1¢ Denom 10 Lines)

- 5 or more Hot Rocks symbols lock on main screen.
- Reel continue to spin. If another Hot Rocks symbol appears it will lock and the other reels spin again.
- Player can win up to \$500.00 with all reels locked!

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
S0503111	20	200	88.18%	\$500.00
S0503112	20	200	90.08%	\$500.00
S0503113	20	200	92.00%	\$500.00
S0503114	20	200	94.02%	\$500.00
S0503115	20	200	96.03%	\$500.00

Texas Dice (1¢ Denom 20 lines)

- Interactive Dice feature where players roll dice for credits!
- Quick Draw bonus for credits and multipliers!

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
S0503151	10	200	88.12%	\$500.00
S0503152	10	200	90.05%	\$500.00
S0503153	10	200	92.10%	\$500.00
S0503154	10	200	94.05%	\$500.00
S0503155	10	200	96.23%	\$500.00

Double Double (25¢ Denom N/A)

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
PR0011	N/A	8	93.06%	\$500.00
P2006	N/A	8	95.27%	\$500.00
P2007	N/A	8	97.42%	\$500.00

Pick Em Poker (25¢ Denom N/A)

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
PR0013	N/A	8	93.03%	\$500.00
P2024	N/A	8	95.36%	\$500.00
P2025	N/A	8	97.51%	\$500.00

Deuces Wild (25¢ Denom N/A)

SMI Number	Max Bet/Line	Max Bet	Payback	Top Award
PR0009	N/A	8	93.32%	\$500.00
P2012	N/A	8	95.75%	\$500.00
P2013	N/A	8	97.29%	\$500.00

Velocity™ V32 / Wave



Main Screen - Slot & Poker Games

Software Part Number	Game Kit Number	Cabinet Style
271995A	1515882	ALPHA Pro™ V32 with Mini UNI Deck
271995A	1515887	ALPHA Pro™ V32 iDeck™
271995A	1515970	ALPHA Pro Wave®

