RESOLUTION 2020-037                      PASSED: MAY 11, 2020

APPROVING AN AUDITORIUM LIQUOR LICENSE FOR
PRESERVATION OF EGYPTIAN THEATRE (P.E.T.), INC., D/B/A
EGYPTIAN THEATRE, 135 N. 2ND STREET, 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 an Auditorium Liquor
License for the establishment known as the Egyptian Theatre, located at 135 N. 2nd
Street, DeKalb, Illinois, which will be operated by Preservation of Egyptian Theatre
(P.E.T.). 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, Auditorium, shall be issued for the Egyptian Theatre, 135
N. 2nd Street, 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 applicant shall be required to obtain and maintain at all times a Fire Life
      Safety license for the licensed premises;
   b. The applicant shall obtain a State of Illinois liquor license prior to commencing
      liquor operations;
   c. The applicant 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
d. The applicant 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.

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 11th day of May 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

JERRY SMITH, Mayor
Liquor License Application

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

Business Name: Egyptian Theatre
Business Address: 135 N. 2nd St, 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
     - [ ] 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

[ ] Auditorium
[ ] 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.

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.)
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.)

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.

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.

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.

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.

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

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.

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.

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.
42. 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.)

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

46. 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.)

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

50. 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)

a. 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.

b. 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.

c. 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.

d. The licensee consents to the inspection provisions of Section 38.09(a).

Signed and submitted under Oath this 9 day of March, 2020

Applicant Signature: [Signature]

Print Name: Alex Nerad

Title: Executive Director

Date: 3-5-2020

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<td>Date Application Received: 3-9-2020</td>
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<td>Type of License: Liquor</td>
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<td>Application Fee: $32.00</td>
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<td>Fire Life Safety Fee: $0</td>
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Send applicant Susan’s contact information for Restaurant, Bar and Package Liquor Tax.
LO. 1
BASEMENT
EGYPTIAN THEATRE ADDITION & HVAC PROJECT
DEKALB, ILLINOIS
SHARP ARCHITECTS INC.
125. N. FIRST STREET, SUITE D
DEKALB, IL 60115
815-517-1050
WWW.SHARPARCHITECTSINC.COM
City of DeKalb  
200 S. Fourth St.  
DeKalb, IL 60115  

March 9, 2020  

Liquor Commissioner – Mayor Jerry Smith,  

Preservation of Egyptian Theatre, Inc. the 501(c)(3) non-profit organization that owns and operates the historic Egyptian Theatre located at 135 N. 2nd Street in Downtown DeKalb is seeking a liquor license. The following letter outlines our intended use for a liquor license, the hours we plan to serve, and whom we plan to serve.  

Our proposed areas of service are at main floor and mezzanine concessions along with occasional temporary setups for private events throughout the building. Consumption would be permitted throughout the building in all areas that the public is permitted.  

Our proposed offerings are draft beers, wine and mixed cocktails. The hours of service are event dependent, but shall not go outside of the city serving hours as defined in chapter 38. Liquor sales shall conclude 30 minutes before the end of an event or movie.  

As an all ages establishment, we host both ticketed and non-ticketed events. Our plan is to serve alcohol at all types of events, whether ticketed or not. Our procedures of handling alcohol at these types of events will not differ; all patrons will be subject to ID check, if assumed to be under 40.  

We will ensure that staff and bartenders go through the appropriate trainings to ensure safe serving. All staff and bartenders will be required to be TIPS and BASSET certified. Staff and bartenders will also be trained on Health Department standards and business policies for serving, monitoring and carding patrons.  

We have successfully served alcohol within the theatre for years by contracting with businesses like Fatty's. We believe we have a good handle on the policies and procedures necessary to continue safe serving of alcohol at events.

EGYPTIAN THEATRE  
135 N 2nd STREET - DEKALB, IL 60115  
WWW.EGYPTIANTHEATRE.ORG
This addition to our business will be beneficial to our operations financially and the patron experience. This will make the historic Egyptian Theatre competitive within the performance venue options in the region.

We are so grateful for the City of DeKalb's continued support of this community treasure.

Sincerely,

Alex Nerad
Executive Director
INVOICE NO.  
00002811

State Tax ID  
1514-0369

License #  
2020-0826

Invoice Date  
04/27/2020

Due Date  
04/27/2020

Amount Due  
$582.00

Business Address:  
PRESERVATION OF EGYPTIAN THEATRE  
135 N 2ND ST  
DEKALB, IL  60115-3203

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<td>2020-0826</td>
<td>BUSINESS LICENSE</td>
<td>04/27/2020</td>
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</table>

Fee Description  
Amount Due
- BACKGROUND CHECK FEE  
  $50.00
- 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:  00002811

Billing/Mailing Address:  
PRESERVATION OF EGYPTIAN THEATRE  
ALEX NERAD  
135 N 2ND ST  
DEKALB, IL  60115-3203

Billing/Invoice Date:  04/27/2020

Total Due:  $582.00

Due Date:  04/27/2020
Paid By:
PRESERVATION OF EGYPTIAN THEATRE
135 N 2ND ST
DEKALB, IL 60115-3203

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Total Amount Paid

582.00
License Application. Item 5

As an entertainment venue, we want to ensure that all attendees have a safe and enjoyable experience. We have successfully partnered with Fatty's Pub & Grille in recent years to provide a cash bar in our lobby for larger touring shows. This additional amenity has been well received by our patrons with very little issues.

We have set high standards for bartenders serving in our venue to make sure that we are safely serving. We have trained venue security and extensive venue policies and procedures that we train on and review on a regular basis. Many of these venue policies and procedures have been developed in coordination with the City of DeKalb police and fire.

All bartenders serving alcohol at any event will have successfully completed the TIPS/BASSET training provided by the City of DeKalb Police Department. Venue administrative staff will also complete this training.

When a patron approaches a bartender at an event, the bartender will be trained in asking for and checking an ID of all patrons assumed to be under the age of 40. Signage of this policy will be present at all serving areas.

All alcohol on premise will be stored in proper, locking storage. All of our refrigerated alcoholic beverages will be stored in locking refrigerators at both concessions' locations throughout the building. Any and all backstock of hard liquor will be stored in the storage rooms located just off each of the concession's locations. Liquor bottles will have locking top trays to ensure hard liquor left in the rail is also secured.

As a patron, you are required to enter the venue through the front doors of the theatre. All exterior doors remain locked throughout the duration of an event with the exception of the front doors. Most events are ticketed but we have a fair amount throughout the year that are non-ticketed events. Regardless of event type, there is always staff, security, or volunteers monitoring the front entrance.

We have been in discussions with Fatty's Pub & Grille to utilize their trained bartenders to work our shows. This is ideal and beneficial for both parties.

1) The Egyptian Theatre maintains a well trained bartender staff since they will work more frequently at Fatty's than if they only worked Egyptian Theatre events.
2) Through the partnership with Fatty's in recent years, we have continually been impressed with the training and execution of the bartenders from Fatty's. This
relationship will provide the upfront training in general bartending that the Egyptian Theatre won't have to worry about.

3) Fatty’s is happy because they will be able to provide more hours for their most valued bartenders and be able to keep them around longer reducing their turnover.

There will still need to be onboarding for these bartenders for our venue in terms of learning product placement, the theatre policies and procedures, as well as evacuation procedures. We believe this could be a successful relationship that continues to support a local business.

Currently, at larger events we have security that monitors everyone entering the venue. For most events where security is present, we are conducting bag and coat checks for everyone entering the venue. For very large events and events with high profile artists we are also wandng patrons at the front doors. For many of these larger events we are also hiring an off duty officer to be present. We have a high definition security camera system with a total of 40 cameras covering inside and outside the venue. Our level of security personnel at an event is based on a careful evaluation of the crowd size, expected crowd behavior, and conversation with the artists management.

Patrons who we believe are impaired due to the consumption of too much alcohol will be cut off and monitored to prevent any further consumption of alcohol. We never use accusatory language when handling patrons showing signs of impairment. When reports of rowdy or disruptive patrons come up, a staff member or security approaches the patron/group of patrons and tries to deescalate the situation. If the situation can be resolved from this one interaction, great, but we realize not all situations can be handled so easily. When dealing with a rowdy or disruptive patron(s), it is sometimes best to get them to a quieter location to try and communicate with them.

Our goal is always to catch any incident before it gets out of hand. Our security and staff are trained in de-escalating situations. Multiple of our staff are Trained Crowd Managers through IAVM (International Association of Venue Managers). If necessary, patrons may be asked to leave the venue and if required police will be contacted to handle a situation.

Theatre administrative staff attend the annual LHAT (League of Historic American Theatres) conference where we are able to stay current on the best practices of venue operation. We have a strong network of similar venues in the region and around the
country that we communicate with on a regular basis to constantly improve our operations and training.

As shipments of products arrive, we will enter them into our inventory to ensure a number of things. By knowing how much inventory we have on hand, we can track what we have sold. If we ever have a large amount of product missing, we can more easily find error and theft. To be sure that staff/volunteers/security are not stealing, we will look to implement a bag check policy at the end of an event. When product needs to be filled on the rail, the storage cabinet will only be unlocked to allow for re-stocking and shall remain locked at all other times. There will be surveillance cameras at all point of sales at both concession stands to ensure there is no theft occurring throughout an event. Surveillance cameras will also be placed in all back of house locations where alcohol is being stored. This includes both storage rooms behind concessions as well as the walk-in beer cooler in the basement.

Through all of these measures, we hope to operate a safe and enjoyable entertainment venue that will continue to attract people from throughout the region. With the addition of a liquor license along with the recent improvements to the theatre, the Egyptian Theatre will remain extremely competitive among similar entertainment venues.

**License Application. Item 6**

Please find the Certificate of Insurance attached.

**License Application. Item 8**

Please find the Signage Plan attached.

**License Application. Item 10**

As a theatre, we are event driven and as such do not have a standard operating schedule. We will abide by the regulations written into Municipal Code Chapter 38 which outlines the hours that alcohol sales are permitted.

We will abide by the following serving times:

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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>6AM-2AM</td>
<td>10AM-1AM</td>
</tr>
</tbody>
</table>
License Application, Item 11

This is addressed in the above letter.

We have been in discussions with Fatty's Pub & Grille to utilize their trained bartenders to work our shows. This is ideal and beneficial for both parties.

1) The Egyptian Theatre maintains a well trained bartender staff since they will work more frequently at Fatty's than if they only worked Egyptian Theatre events.

2) Through the partnership with Fatty's in recent years, we have continually been impressed with the training and execution of the bartenders from Fatty's. This relationship will provide the upfront training in general bartending that the Egyptian Theatre won't have to worry about.

3) Fatty's is happy because they will be able to provide more hours for their most valued bartenders and be able to keep them around longer reducing their turnover.

License Application, Item 12

Please find a copy of the City of DeKalb Fire Life Safety License attached.

License Application, Item 14

Please find the State of Illinois Liquor License Application attached.

License Application, Item 15

While we do not currently hold our own liquor license, we have been working closely with Fatty's Pub and Grille over the last few years. We have paid close attention to their procedures and the way they interact with patrons to ensure the best and most safe practices surrounding serving. We have experience in overseeing the serving staff to ensure proper oversight is being maintained. We have experience in coordinating with private events where a bar is required. Overall, we feel we have the knowledge needed to operate and maintain a safe and welcoming experience.
**Certificate of Liability Insurance**

**Certificate Number:** ZHQA985072

**Insured:** Preservation of Egyptian Theatre, Inc.
135 2nd Street
DeKalb, IL 60115

**Issuing Insurers:**
- Hanover American Insurance Company
  - NAIC #: 36064

**Coverages:**

**Commercial General Liability**
- Claims-Made: $1,000,000
- Each Occurrence: $100,000
- General Aggregate: $2,000,000

**Additional Information:**
- Description of Operations / Locations / Vehicles: The City of DeKalb is an Additional Insured. A 30 Day Notice of Cancellation applies.

**Certificate Holder:**
City of DeKalb
200 S. 4th Street
DeKalb, IL 60115

**Cancellation:**

- Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

**ACORD 25 (2016/03)**

The ACORD name and logo are registered marks of ACORD.
Egyptian Theatre Alcohol Sales Signage Plan
License Application, Item 8

Find Enclosed:
Surgeon General Warning Sign
Illinois Liquor Control Commission – Proof of Age Sign
We Card Under 40 Sign
GOVERNMENT WARNING

According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.

If you need assistance for substance abuse, please call the Office of Alcoholism and Substance Abuse (OASA) at 1.800.843.6154.

Illinois Liquor Control Commission
Posting of this sign, in plain view, is required of all Illinois retail liquor licensees in accordance with Public Acts 86-923, 96-387, and Section 5/6-24a of the Illinois Liquor Control Act.
Be prepared to show PROOF OF AGE.
To be sold or served alcoholic beverages on these premises,
your birthday must be on or before today's date in

1999
TO BE DISPLAYED DURING 2020

It is ILLEGAL to provide alcohol to a person under age 21,
or for a minor to use a fake ID.
WE CARD UNDER 40

PLEASE HAVE ID READY
FOR ALCOHOL PURCHASES

WE CARD UNDER 40

PLEASE HAVE ID READY
FOR ALCOHOL PURCHASES
FIRE LIFE SAFETY LICENSE

Fee Paid: $0.00     License No.: 2020-0725

BUSINESS NAME (DBA): DBA EGYPTIAN THEATRE
CORPORATION NAME: PRESERVATION OF EGYPTIAN THEATRE
BUSINESS ADDRESS: 135 N 2ND ST
TERM OF LICENSE: April 30, 2020 - April 30, 2021

LICENSE ISSUED IN ACCORDANCE WITH CHAPTER 16 OF THE CITY OF Dekalb MUNICIPAL CODE

May 06, 2020
City Manager
Date

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT
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 [235ILCS 5/5-1(d)]; the only exception being a winemaker’s retail license—2nd location [235 ILCS 5/5-1(l)]. 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

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.
Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

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 1 866 829-3676 for general information on how to apply for and obtain the forms you need.

FEIN #
36-3011960

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
1514-0389

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
Preservation of Egyptian Theatre, Inc.

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.

EXC.

COUNTY

CITY

STATE

ZIP CODE

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

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 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.

<table>
<thead>
<tr>
<th>A. Sole Proprietorship</th>
<th>F. Not-for-Profit</th>
<th>Date filed with County Clerk:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Partnership</td>
<td></td>
<td>Date of Formation:</td>
</tr>
<tr>
<td>C. Illinois Corporation</td>
<td></td>
<td>Date of Incorporation: 05/20/1978</td>
</tr>
<tr>
<td>D. Foreign Corporation</td>
<td></td>
<td>State of Incorporation: IL</td>
</tr>
<tr>
<td>E. Limited Liability Company</td>
<td></td>
<td>IL Secretary of State File #:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date Qualified to do Business in IL:</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>A. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preservation of Egyptian Theatre, Inc.</td>
<td>135 N. 2nd Street</td>
<td>DeKalb</td>
<td>IL</td>
<td>60115</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/HOME TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>501(c)(3) Non-profit Organization</td>
<td>(815) 758-1215</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerad, Alexander, W</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/HOME TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>Executive Director</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schewe, Daniel, J</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/HOME TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>Board President</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/HOME TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

E. Total percentage of all stock held by all persons with less than five percent interest. 0%
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.

<table>
<thead>
<tr>
<th>NAME/DOING BUSINESS AS (DBA)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preservation of Egyptian Theatre, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

B. TELEPHONE

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

<table>
<thead>
<tr>
<th>AREA CODE/TELEPHONE NO.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(815) 758-1215</td>
<td>EXT.</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>135 N. 2nd Street</td>
<td>DeKalb</td>
<td>IL</td>
<td>60115</td>
<td>DeKalb</td>
</tr>
</tbody>
</table>

D. BUSINESS TYPE

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

- A. ☐ DRUG STORE/PHARMACY
- B. ☐ RESTAURANT
- C. ☐ CONVENIENCE
- D. ☐ SUPERMARKET
- E. ☐ LIQUOR STORE
- F. ☐ DEPARTMENT STORE
- G. ☐ BAR/TAVERN
- H. ☐ HOTEL/MOTEL
- I. ☐ CONVENIENCE & GAS
- J. ☐ SMALL GROCERY
- K. ☐ GAS STATION
- L. ☐ OTHER Theatre/Performing Arts Center

E. WAREHOUSING

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

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>LANDLORD NAME</th>
<th>AREA CODE/PHONE NUMBER (Home, cell, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>PAGE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
</table>
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 deficiency affidavit to explain the circumstances. Note: In unincorporated areas, the county acts as the local liquor licensing authority.

<table>
<thead>
<tr>
<th>MUNICIPALITY/COUNTY ISSUING LOCAL LICENSE</th>
<th>LOCAL LICENSE NO.</th>
<th>DATE ISSUED</th>
<th>EXPIRATION DATE</th>
<th>DATE YOU BEGAN LIQUOR SALES AT THIS LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of DeKalb</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

☑ OFF-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):

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>6:00 AM - 1:00 AM</td>
<td>6:00 AM - 1:00 AM</td>
<td>6:00 AM - 1:00 AM</td>
<td>6:00 AM - 2:00 AM</td>
<td>6:00 AM - 2:00 AM</td>
<td>6:00 AM - 2:00 AM</td>
<td>10:00 AM - 1:00 AM</td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. AVAILABLE HOURS

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

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>3:00 PM - 6:00 PM</td>
<td>3:00 PM - 6:00 PM</td>
<td>3:00 PM - 6:00 PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. EXPECTED OPENING DATE

WHAT IS THE FIRST DAY YOU EXPECT TO BE OPEN AND SELLING ALCOHOL? 06/01/2020
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](1)

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 5/26-1(a)(11), gambling; 720 ILCS 5/26-1.1(a)-(d) syndicated gambling, and 720 ILCS 5/26-3 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 5/7] 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(6)(10) and 5/6-2(6)(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.

<table>
<thead>
<tr>
<th>CONTACT PERSON'S NAME (First, Last)</th>
<th>BUSINESS PHONE NUMBER</th>
<th>ALTERNATE PHONE NUMBER (Home, Cell, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Nerad</td>
<td>(815) 758-1215</td>
<td>( )</td>
</tr>
</tbody>
</table>

EMAIL ADDRESS: alex@egyptiantheatre.org

| FAX NUMBER | |
|------------| |

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.


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).

Signature of Applicant: ____________________________

Title/Position: Executive Director

Date: 03/04/2020
Application for State of Illinois Retailer's Liquor License

Eligibility Question 7J - 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?

We currently offer a cash bar at a handful of events each year. We contract through Fatty's Pub and Grill, located at 1312 W. Lincoln Highway in DeKalb, IL. They handle the setup, sales, and take down of the temporary bar. We want to bring liquor sales in house to become all-inclusive as a venue, but also to eliminate overhead costs of contracting with an outside caterer. We have received money from Fatty's Pub and Grill in DeKalb as payment for the sale of alcoholic products as a contracted caterer. When we are contracted with Fatty's we split any revenue after expenses 50/50. If everything is brought in house, we would no longer have the added expense of contracting with Fatty's.
CERTIFICATE OF LIABILITY INSURANCE

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
Mauy, Donnoly & Parr
24 Commerce St.
Baltimore, MD 21202

INSURED
Preservation of Egyptian Theatre, Inc.
135 2nd Street
De Kalb, IL 60115

INSURER(S) AFFORDING COVERAGE:
INSCRIBER A: Hanover American Insurance Company 35064

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.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>SUBS, TITLE</th>
<th>POLICY NUMBER</th>
<th>INSURER NO.</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>ZHQA980572</td>
<td>7/24/2019</td>
<td>7/24/2020</td>
<td>1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

AUTOMOBILE LIABILITY

ANY AUTO
OWNED
SCHEDULED
HIRE
AUTO ONLY
NONOWNED
AUTO ONLY

UNIGLIA LIAB
OCCUR
CLAIMS-MADE

EXCESS LIABILITY

DED
RETISSION $ 5

WORKERS COMPENSATION AND EMPLOYERS LIABILITY

 Any Proprietor, Employee, or Executive Officer/Owner Excluded? Y/N A

If yes, describe under DESCRIPTION OF OPERATIONS below

CANCELLATION

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

CERTIFICATE HOLDER
State of Illinois Liquor Control Commission
100 W. Randolph Street, 7-601
Chicago, IL 60601

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LICENSE

to Sell Alcoholic Liquor at Retail
by Authority of the City of DeKalb, State of Illinois
Hereby Granted To

PRESERVATION OF EGYPTIAN THEATRE (P.E.T.), d/b/a EGYPTIAN THEATRE

To Sell Alcoholic Liquor for Consumption on the Premises Only at 135 N. 2nd Street in said City, subject to the provisions of all Ordinances now in force and that may hereafter be passed by said City.

Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 12th day of May, A.D. 2020.

EFFECTIVE: MAY 12, 2020 THROUGH DECEMBER 31, 2020

Jerry Smith, Mayor/Liquor Commissioner
May 12, 2020

Ms. Alex Nerad
Egyptian Theatre
135 N. 2nd Street
DeKalb, Illinois 60115

Dear Mr. Nerad:

Congratulations on the approval of an Auditorium liquor license for the Egyptian Theatre at 135 N. 2nd Street.

Please note the following:

1. The license will be listed as conditional until the receipt of the State of Illinois liquor license. Once received, a copy should be forwarded to the City of DeKalb to the attention of Ruth Scott. The establishment must obtain the State of Illinois liquor license prior to commencing liquor operations.

2. Based on the time of the application, the license will be valid through December 31, 2020. License renewal for the establishment will be due in December 2020. A letter with the amount due will be mailed to the business address at renewal time.

Further information regarding conditions of the license can be found in the attached resolution. Careful review of Chapter 38 “Intoxicating Liquors” of the City’s Municipal Code is encouraged as it pertains to restrictions applicable to Restaurant/Bar liquor licenses.

We look forward to working with you on a successful business.

Sincerely,

Jerry Smith
Mayor / Liquor Commissioner