

RESOLUTION 2020-049

PASSED: MAY 26, 2020

AMENDING A RESTAURANT/BAR LIQUOR LICENSE TO A RESTAURANT/FULL LIQUOR LICENSE FOR PETE'S PLACE, INC., D/B/A GLIDDEN HILL GRILL, 930 PAPPAS DRIVE, 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, on April 27, 2020, the City received and reviewed an application for a Restaurant/Bar Liquor License for the establishment known as Glidden Hill Grill, located at 930 Pappas Drive, DeKalb, Illinois, operated by Pete's Place, Inc. At that time, the City Council determined it was appropriate to issue said license to the establishment via Resolution 2020-036; and

WHEREAS, on or about May 8, 2020, City staff received a request from the representative of Glidden Hill Grill to change the Restaurant/Bar liquor license to a Restaurant/Full liquor license.

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

SECTION 1: A liquor license, Restaurant/Full, shall be issued for Glidden Hill Grill, 930 Pappas Drive, 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;
 - 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.

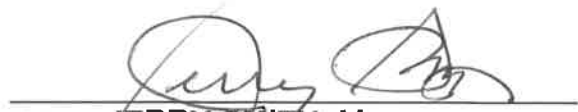
City staff are authorized and directed to issue a license upon satisfaction of the conditions precedent to issuance, and to thereafter enforce the terms of licensure included herein. Pending completion of those items, a conditional license shall be issued. Said conditional license may be utilized to 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 26th day of May 2020 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Morris, Finucane, Smith, Perkins, McAdams, Verbic, Mayor Smith. Nay: None. Absent: Faivre.

ATTEST:


RUTH A. SCOTT, Executive Assistant


JERRY SMITH, Mayor



4532.50



2020-0752
pending

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: PETE'S PLACE INC. DBA GLIDDEN HILL GRILL
Business Address: 930 PAPPAS DRIVE 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
~~Specialty License~~
+Hospitality License for Banquet Sales ☐
+Live Entertainment ☐
+Tasting Permit ☐
+Annual Caterer License ☒ \$377.00
+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.

- ✓ 12. 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.)

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)

am 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.

am 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.

am 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.

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

Signed and submitted under Oath this 10th day of March, 2020.


Applicant Signature: Evanthia Katarangas

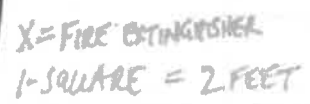
Print Name: Evanthia Katarangas

Title: President Date: 3/10/2020

FOR OFFICE USE ONLY	
Date Application Received:	<u>3-10-2020</u>
Type of License:	<u>Rest/Bar</u>
Application Fee:	\$ <u>532.00</u>
Background Check Fee x <u>1</u> :	\$ <u>50.00</u>
Fire Life Safety Fee:	\$ <u>100.00</u>
TOTAL:	\$ <u>682.00</u>
Send applicant Susan's contact information for Restaurant, Bar and Package Liquor Tax.	

Responses to Liquor License Questions

1. See application.
2. See attached.
3. Pending. 
4. See attached.
5. Security Plan:
 - a. Check IDs
 - b. Locked liquor room – Only owner has key, security camera facing door.
 - c. Alarm system – The only entrance is the front door, camera facing doors.
 - d. Going to police department for training, taking online test – show proof of completion of the test, internal training – Glidden Hill Grill will provide its employees with attached rules on serving.
 - e. Call police – also security will be provided for all events at location.
 - f. Security cameras, alarm systems, bottles will not be accessible by reaching over bar.
 - g. Cameras with remote access.
 - h. Alarm monitor, burglar and fire sensors, and chimes. Also have security camera in beer walk in cooler.
6. See attached.
7. N/A
8. Signage will be on entry doors, bar, all menus, and banquet room.
9. N/A
10. See attached.
11. See attached.
12. See attached.
13. To get the State liquor license process started.
14. See attached.
15. Born and raised in the restaurant business and helped manage throughout the years alongside my father, who has over 40 years of experience in the restaurant/bar industry.
16. See all information and attached documents provided.



X= FIRE EXTINGUISHER

1-SQUARE = 2 FEET



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

Business Address:
PETE'S PLACE INC.
EVANTHIA MATARANGAS
930 PAPPAS DR
DEKALB, IL 60115

INVOICE NO.

00002643

COPY

State Tax ID

License #

2020-0752

Invoice Date

03/09/2020

Due Date

03/09/2020

Amount Due

\$50.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00002643	2020-0752	LIQUOR LICENSE	03/09/2020	

Fee Description	Amount Due
BACKGROUND CHECK FEE	\$50.00

Remit to:

City of DeKalb
200 South Fourth Street
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00002643**

Billing/Mailing Address:
PETE'S PLACE INC.
EVANTHIA MATARANGAS
2766 WEDGEWOOD DR
DEKALB, IL 60115

Billing/Invoice Date: 03/09/2020
Total Due: \$50.00
Due Date: 03/09/2020

RECEIPT

City of DeKalb
200 South Fourth Street
DeKalb, IL 60115

Paid By:
PETE'S PLACE INC.
930 PAPPAS DR
DEKALB, IL 60115

Receipt #	Post Date
00002504	03/09/2020
Business ID	
433	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	94

License Number	Invoice #	Description	Fee ID	Amount Paid
2020-0752	00002643	BACKGROUND CHECK FEE	BACKCH	50.00

Total Amount Paid
50.00



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

Business Address:
PETE'S PLACE INC.
EVANTHIA MATARANGAS
930 PAPPAS DR
DEKALB, IL 60115

INVOICE NO.

00002644

COPY

State Tax ID**License #**

2020-0752

Invoice Date

03/09/2020

Due Date

03/09/2020

Amount Due

\$532.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00002644	2020-0752	LIQUOR LICENSE	03/09/2020	

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: **00002644**

Billing/Mailing Address:

PETE'S PLACE INC.
EVANTHIA MATARANGAS
2766 WEDGEWOOD DR
DEKALB, IL 60115

Billing/Invoice Date: 03/09/2020**Total Due:** \$532.00**Due Date:** 03/09/2020

RECEIPT

City of DeKalb
200 South Fourth Street
DeKalb, IL 60115

Paid By:
PETE'S PLACE INC.
930 PAPPAS DR
DEKALB, IL 60115

Receipt #	Post Date
00002505	03/09/2020
Business ID	
433	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	94

License Number	Invoice #	Description	Fee ID	Amount Paid
2020-0752	00002644	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	532.00

Total Amount Paid
532.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2020

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 AFC Insurance Agency, LLC 7N024 Medinah Road PO Box 129 Medinah IL 60157		CONTACT NAME: Sandra Spizziri PHONE (A/C No. Ext): (830) 980-5000 E-MAIL ADDRESS: sandra@afcinsurance.com FAX (A/C No.): (830) 980-9311
INSURED Pete's Place Inc., DBA: Gliden Hill Grill 930 Pappas Dr. DeKalb IL 60115		INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2020-2021

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 LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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"/> PROJECT <input type="checkbox"/> LOC OTHER:		20011180	04/15/2020	04/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	<input type="checkbox"/> 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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ 1,000,000
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		20011180	04/15/2020	04/15/2021	\$1,000,000

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

CERTIFICATE HOLDER

City of DeKalb 200 S. 4th St. 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. AUTHORIZED REPRESENTATIVE William J. Kamm
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Scott, Ruth

From: Meropi Matarangas [REDACTED]
Sent: Monday, April 13, 2020 8:58 AM
To: Scott, Ruth
Subject: Re: Glidden Hill Grill Hours of Operation

Follow Up Flag: Follow up
Flag Status: Flagged

[NOTICE: This message originated outside of the City Of DeKalb mail system -- **DO NOT CLICK** on links or open attachments unless you are sure the content is safe.]

Good morning,
Yes, the are the anticipated hours of operation.
Thank you

Sent from my iPhone

On Apr 6, 2020, at 1:39 PM, Scott, Ruth <Ruth.Scott@cityofdekalb.com> wrote:

Meropi,

I also need to confirm that the hours listed below are the hours the business will be open:

Monday 10:00 a.m. to Tuesday 1:00 a.m.

Tuesday 10:00 a.m. to Wednesday 1:00 a.m.

Wednesday 10:00 a.m. to Thursday 1:00 a.m.

Thursday 10:00 a.m. to Friday 2:00 a.m.

Friday 10:00 a.m. to Saturday 2:00 a.m.

Saturday 10:00 a.m. to Sunday 2:00 a.m.

Sunday 10:00 a.m. to Monday 1:00 a.m.

Please advise at your earliest convenience.

Ruth A. Scott
Executive Assistant
City of DeKalb
200 S. Fourth Street
DeKalb, Illinois 60115
Phone: (815) 748-2090
Fax: (815) 748-2091
Email: ruth.scott@cityofdekalb.com

<Image001.jpg>

**TRAINING PLAN DESCRIPTION FOR PETE'S PLACE INC DBA
GLIDDEN HILL GRILL**

ALL BARTENDERS AND SERVERS WILL BE REQUIRED TO COMPLETE AN ON LINE ALCOHOL COURSE FROM SERVSAFE (NATIONAL RESTAURANT ASSOCIATION) ONCE THEY COMPLETE THE COURSE AND PASS THE EXAM, MANAGEMENT WILL FORWARD ALL DOCUMENTATION OF CERTIFICATE OF COMPLETION TO YOUR PROPER OFFICE WITHIN THE CITY OF DEKALB. NO PERSONS WILL BE ABLE TO SERVE ALCOHOL AT THE GLIDDEN HILL GRILL WITHOUT PROPER COURSE AND EXAM COMPLETION.

LINK TO SITE: ***[HTTPS://WWW.SERVSAFE.COM/SERVSAFE-ALCOHOL](https://www.servesafe.com/servsafe-alcohol)***

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

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:	Petes Place Inc	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Name (DBA):	Glidden Hill Grill	
Building Address:	930 Pappas Dr.	
License Issued to:	Evanthia Matarangas	Occupancy: B5
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 type="checkbox"/>
If your business is covered by a Sprinkler System, has it had an annual inspection? (Please attach report)	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#	Address: [REDACTED]	
	City, State, Zip Code: [REDACTED]	
Business Manager	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 <input type="checkbox"/> Business Manager Licensing Dept.	
E-Mail address of contact person :		

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.

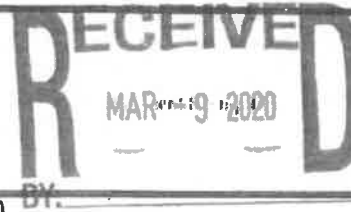
SIGNATURE

Print Name and Title:

Date:

FOR CITY USE ONLY

Date Payment Received: 3-9-2020

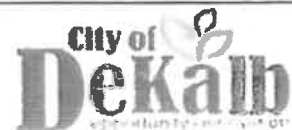
Fee Paid: \$100.00 Check #: 0094 Cash: ☐

Questions about this form? Call (815) 748-2090

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

COPY

EMERGENCY CONTACT INFORMATION - BUSINESS		DEKALB POLICE & FIRE DEPARTMENT																													
BUSINESS INFORMATION BUSINESS NAME <u>Petes Place Inc dba</u> <u>Glidden Hill Grill</u> BUILDING ADDRESS: <u>930 Pappas Dr.</u> PHONE () _____ DATE OF UPDATE: _____		FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer STANDPIPE LOCATION: _____ KNOX BOX LOCATION: _____																													
AFTER HOURS EMERGENCY CONTACT INFORMATION *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*		OTHER FIRE DEPARTMENT INFORMATION:																													
CONTACT #1 NAME: <u>Evanthia Matarangas</u> HOME PHONE: [REDACTED] CELL PHONE/PAGER: () _____		ADDITIONAL INFORMATION ALARM COMPANY NAME: _____ ALARM COMPANY 24 HOUR PHONE NUMBER: () _____																													
CONTACT #2 NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____		BUSINESS HOURS: <i>See attached list of hours (#10)</i> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MONDAY</td> <td style="width:20%;">OPEN: <u>11AM</u></td> <td style="width:20%;">CLOSE: <u>1AM</u></td> <td style="width:20%;"></td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> <td></td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> <td></td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> <td></td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> <td></td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> <td></td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> <td></td> </tr> </table>		MONDAY	OPEN: <u>11AM</u>	CLOSE: <u>1AM</u>		TUESDAY	OPEN: _____	CLOSE: _____		WEDNESDAY	OPEN: _____	CLOSE: _____		THURSDAY	OPEN: _____	CLOSE: _____		FRIDAY	OPEN: _____	CLOSE: _____		SATURDAY	OPEN: _____	CLOSE: _____		SUNDAY	OPEN: _____	CLOSE: _____	
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WEDNESDAY	OPEN: _____	CLOSE: _____																													
THURSDAY	OPEN: _____	CLOSE: _____																													
FRIDAY	OPEN: _____	CLOSE: _____																													
SATURDAY	OPEN: _____	CLOSE: _____																													
SUNDAY	OPEN: _____	CLOSE: _____																													
CONTACT #3 NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____		FOR POLICE DEPARTMENT USE ONLY <input type="checkbox"/> NEW STREET <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS <input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS <input type="checkbox"/> NEW BUSINESS/NEW ADDRESS <input type="checkbox"/> BUSINESS CLOSED DATE RECEIVED: _____ BY TC#: _____ DATE CAD MODIFIED: _____ BY TC#: _____																													
CONTACT #4 NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____																															
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. 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.																															





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

Business Address:

PETE'S PLACE INC.
EVANTHIA MATARANGAS
930 PAPPAS DR
DEKALB, IL 60115

INVOICE NO.

00002641

COPY

State Tax ID

License #

2020-0751

Invoice Date

03/09/2020

Due Date

03/09/2020

Amount Due

\$100.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00002641	2020-0751	FIRE LIFE SAFETY LICENSE	03/09/2020	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: **00002641**

Billing/Mailing Address:

PETE'S PLACE INC.
EVANTHIA MATARANGAS
2766 WEDGEWOOD DR
DEKALB, IL 60115

Billing/Invoice Date: 03/09/2020

Total Due: \$100.00

Due Date: 03/09/2020

City of DeKalb
200 South Fourth Street
DeKalb, IL 60115

Paid By:
PETE'S PLACE INC.
930 PAPPAS DR
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00002503	03/09/2020
Business ID	
433	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	94

License Number	Invoice #	Description	Fee ID	Amount Paid
2020-0751	00002641	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00

\$532.00 app fee
\$ 50.00 background
\$ 100.00 FLS

GLIDDEN HILL G. MILL

0094
70-150/719

DATE 3-9-20

PAY TO THE ORDER OF CITY OF DECATUR \$682.00

Six hundred eighty two and 00/100

DOLLARS

First Midwest Bank
www.firstmidwest.com

FOR [REDACTED]

P. M. R. A. T.

**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**

**300 W. JEFFERSON ST., SUITE 300
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

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

SIGNATURE OF AUTHORIZED PERSONNEL

COUNTER ☐

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 #

84-4616821

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

4351-3840

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

Pete's Place, 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.
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

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: 02-05-2020
State of Incorporation: ILLINOIS
IL Secretary of State File #: D-72653785
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.

A.	NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
	Mataranpas, Evanthia, M				
	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO. % OWNED
				President	100%

B.	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
				()	

C.	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
				()	

D.	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)
Pete's Place, Inc.

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
(815) 895-4646 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
430 Pappas Dr.	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 checked="" type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> BART/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 NA

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			
Tom Tsagalis				
BUSINESS ADDRESS	FAX NUMBER			
	()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

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.
10AM-1AM	10AM-1AM	10AM-1AM	10AM-2AM	10AM-2AM	10AM-2AM	10AM-1AM

E. AVAILABLE HOURS ANY TIME

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

MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.

F. EXPECTED OPENING DATE

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

? pending

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 8-2 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.)
Evanthia Matarangas	[REDACTED]	()
EMAIL ADDRESS	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.

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).

ematarangas
SIGNATURE OF APPLICANT

Owner
TITLE/POSITION

4/10/20
DATE