

**APPROVING A BAR LIQUOR LICENSE FOR CJ'S GAMING LLC,  
D/B/A CJ'S GAMING, 1406-B SYCAMORE ROAD, DEKALB, ILLINOIS,  
WITH SUPPLEMENTAL LICENSURE FOR VIDEO GAMING.**

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

**WHEREAS**, the City has received and reviewed an application for a Bar Liquor License, with supplemental licensure for video gaming, for the establishment known as CJ's Gaming, located at 1406-B Sycamore Road, DeKalb, Illinois, which will be operated by CJ's Gaming, LLC. The City Council has determined that it is appropriate to issue said licenses to the establishment.

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

**SECTION 1:** A liquor license, Bar, with supplemental license for up to six (6) video gaming terminals, shall be issued for CJ's Gaming, 1406-B Sycamore Road, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

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

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

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

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

**PASSED BY THE CITY COUNCIL** of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 26<sup>th</sup> 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





## 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: Cj's Gaming  
Business Address: 1406B Sycamore Road, DeKalb IL 60115

#### INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

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

☐ **Package Liquor Store**

+Tasting Permit ☐

☐ **Grocery or Drug Store**

Size of Store: (select one)

☐ Small (8,790 – 19,999 sq. ft.)

☐ Medium (20,000 – 40,000 sq. ft.)

☐ Large (40,001+ sq. ft.)

+Tasting Permit ☐

+Annual Caterer License ☐

☒ **Bar (Primarily Bar)**

☒ w/Over-the-Counter Package Liquor Sales

+Restaurant License ☐

+Hospitality License for Banquet Sales ☐

+Live Entertainment ☐

+Tasting Permit ☐

+Annual Caterer License ☐

☐ **BYOB**

☐ **Public Entity / Non-Profit (PENP)**

+Live Entertainment ☐

☐ **Restaurant (Primarily Restaurant)**

Type of Alcohol Service: (select one)

☐ Low Alcohol by Volume

☐ Unrestricted

+Bar License ☐

+Hospitality License for Banquet Sales ☐

+Live Entertainment ☐

+Tasting Permit ☐

+Annual Caterer License ☐

+BYOB ☐

☐ **Hospitality**

Primary Nature of Establishment: (select one)

☐ Hotel

☐ Banquet

☐ Bowling Alley

☐ Indoor Sports Simulator Facility

+ Live Entertainment ☐

+ Annual Caterer License ☐

☐ **Golf Course**

☐ **Liquor Production**

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

2. **Attach a Detailed Floor Plan for the proposed licensed establishment.** The Floor Plan should clearly reflect all entrances and exits, restrooms, areas where alcohol will be served, stored prepared or consumed, and similar information. If there are proposed separate areas for consumption (e.g. bar and restaurant), each area should be depicted, along with bathrooms intended to be used. Floor Plans must comply with all requirements of state law and Chapter 38 of the City of DeKalb's Municipal Code. (Graph paper attached to this application.)
3. **Attach a completed Liquor License Background Check Investigation Form for all owners and managers.** There is a \$50.00 fee for each background check. Signatures must be notarized. (Form attached to this application.)

*Randi Hoffstead - Approved*

4. Attach a Certified Check in the amount of \$538.00 for the Initial Liquor License Application Fee, payable to the City of DeKalb. This fee is non-refundable. ✓ #5042

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.

NAX 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.

NAX 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. Attach a completed, signed and notarized Registration – Restaurant, Bar and Package Liquor Tax application. (Application attached.)

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

RA 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.

RA 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.

RA 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.

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

Signed and submitted under Oath this 27 day of April, 2020.

Applicant Signature: Randy Hoffstead

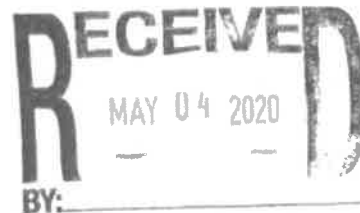
Print Name: RANDI HOFFSTEAD

Title: Member/owner

Date: 4/27/20

FOR OFFICE USE ONLY	
Date Application Received:	<u>5-4-2020</u>
Type of License:	<u>Bar (w/ supplemental gaming)</u>
Application Fee:	\$538.00
Background Check Fee \$50.00 x <u>1</u> :	\$ <u>50</u>
Fire Life Safety Fee (Under 35,000 sq. ft):	\$100.00
<del>Fire Life Safety Fee (Over 35,000 sq. ft):</del>	<del>\$200.00</del>
Total Amount Due:	\$ <u>688.00</u> ✓ # <u>5042</u>

2020-0830



**Initial Application Only**

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

**Fees**

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

**Gambling Device License Application**

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

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

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

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

**Application is hereby made for a Gambling Device License**

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

<b>BUSINESS INFORMATION (Type or Print clearly)</b>	
Business Name:	Cj's Gaming <span style="float: right;"><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC</span>
Corporation Name:	
Building Address:	1400B Sycamore Rd. DeKalb, IL 60115
<small>Original license will be mailed to this address</small>	
License to be issued to:	Cj's Gaming
Principal Business conducted at this location:	Bar & Gaming

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

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

<b>IDENTIFICATION (To be completed by all applicants)</b>		
	<b>Name</b>	<b>Mailing Address</b>
<b>Business Owner</b>	Randi Hoffstead	Address:
		City, State, Zip:
		Email Address:
<b>Business Manager</b>	Randi Hoffstead	Address:
		City, State, Zip:
		Email Address:
<b>Vending Machine Company</b>	JW Ventures	Address: 1400 S. Raney St.
		City, State, Zip Code: Effingham, IL 62401
		Email Address: Kpa/s@jventures.com

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

☒ Business Owner ☐ Business Manager ☐ Vending Machine Company

Mail copy of license to a different address? ☐ Yes ☒ No If yes, please provide address to send copy to:

Address:

City, State, Zip Code:

**Fees**

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

Number of Video Gaming Terminals Sought: 10 (maximum 6)

Total Amount Due: \$ 3000 *payment due after council + gaming*

**DESCRIPTION OF DEVICE(S) & PLAN FOR LOCATION** *bd approval*

- Description, mechanical features and name of manufacturer of device(s) on hand at time of application.
- Attach a layout detailing the plan of the location (including security measures) showing the separation from the area that minors are located, location of adults supervising measures, and layout of video terminals and cash terminals: (if necessary, please attach a separate sheet of paper).

**REQUIRED DOCUMENTS**

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

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

**I HEREBY AGREE TO THE FOLLOWING:**

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

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

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

Signature:

*Randy Hoffstead*

Date:

*4/27/20*

Print Name & Title:

*RANDI HOFFSTEAD - owner.*

# Customer Equipment List

Gaming License #	Legal Name	DBA	Address	City	Zip	IGM VGT #	MFCTR SERIAL #	VGT Type	Number of Records
160700504	CJ'S GAMING, LLC	CJ's Gaming	1406 B Sycamore Rd	Decatur	60115	550587	2448735	IGT - Crystal Core Slant	1
						544808	691673	Novomatic - VIP II	1
						540921	5099481	WMS Blade Upright	1
						536818	5144984	SG - Twin Star - J43	1
						533119	3400002617	Splelo- Prodigy Vu Slant	1
						532916	5080213	WMS/BBXD Bluebird Slant Top	1

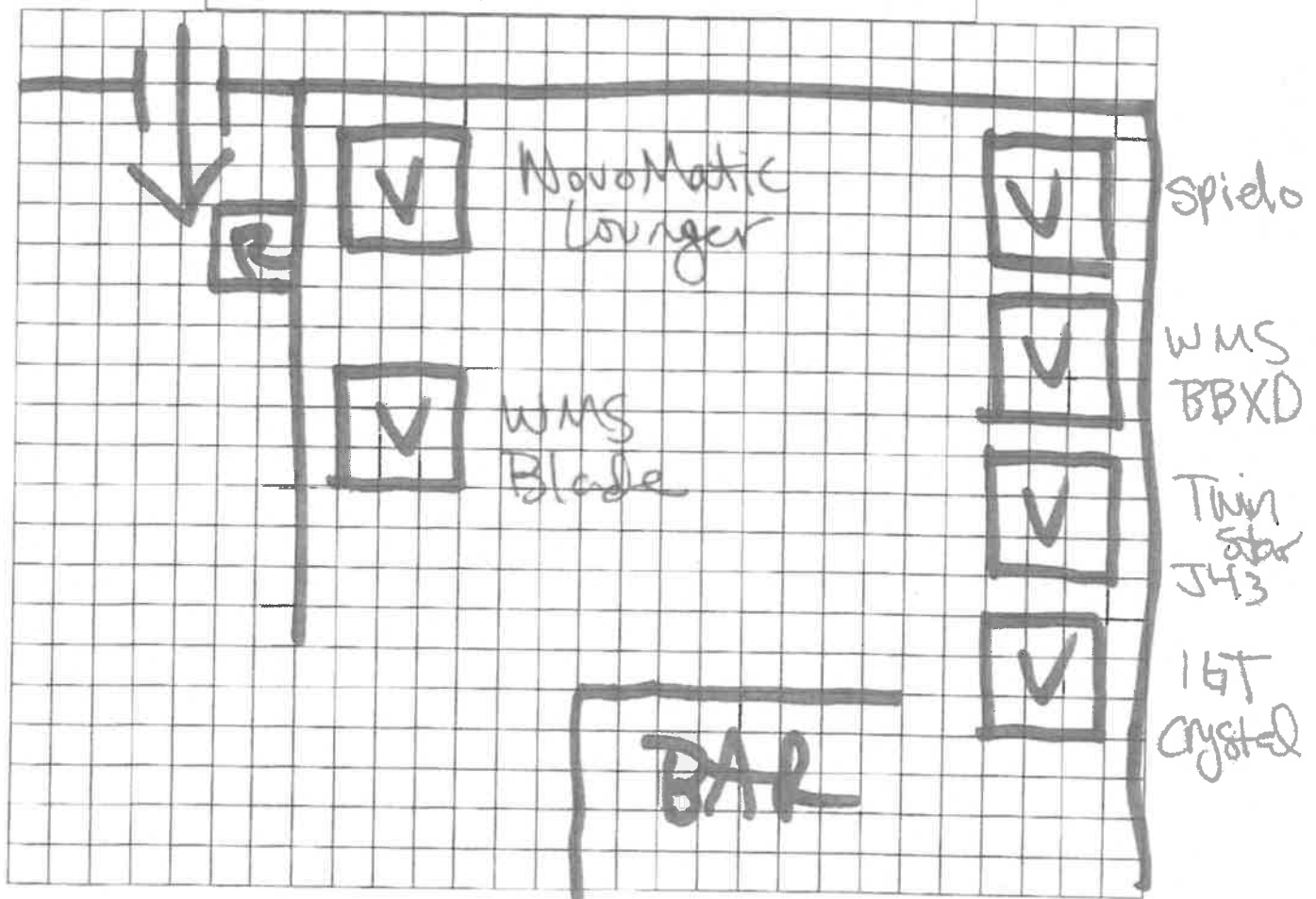


**SITE SURVEY**  
**SWAP ADD OR REMOVAL**

Corp Name: CT's Gaming LLC  
 DBA Name: ~~CT's Gaming~~ CT's Gaming  
 Address: 1406 B Sycamore Detail  
 IGB License No: 160700504

**LAYOUT AND DESIGN:**

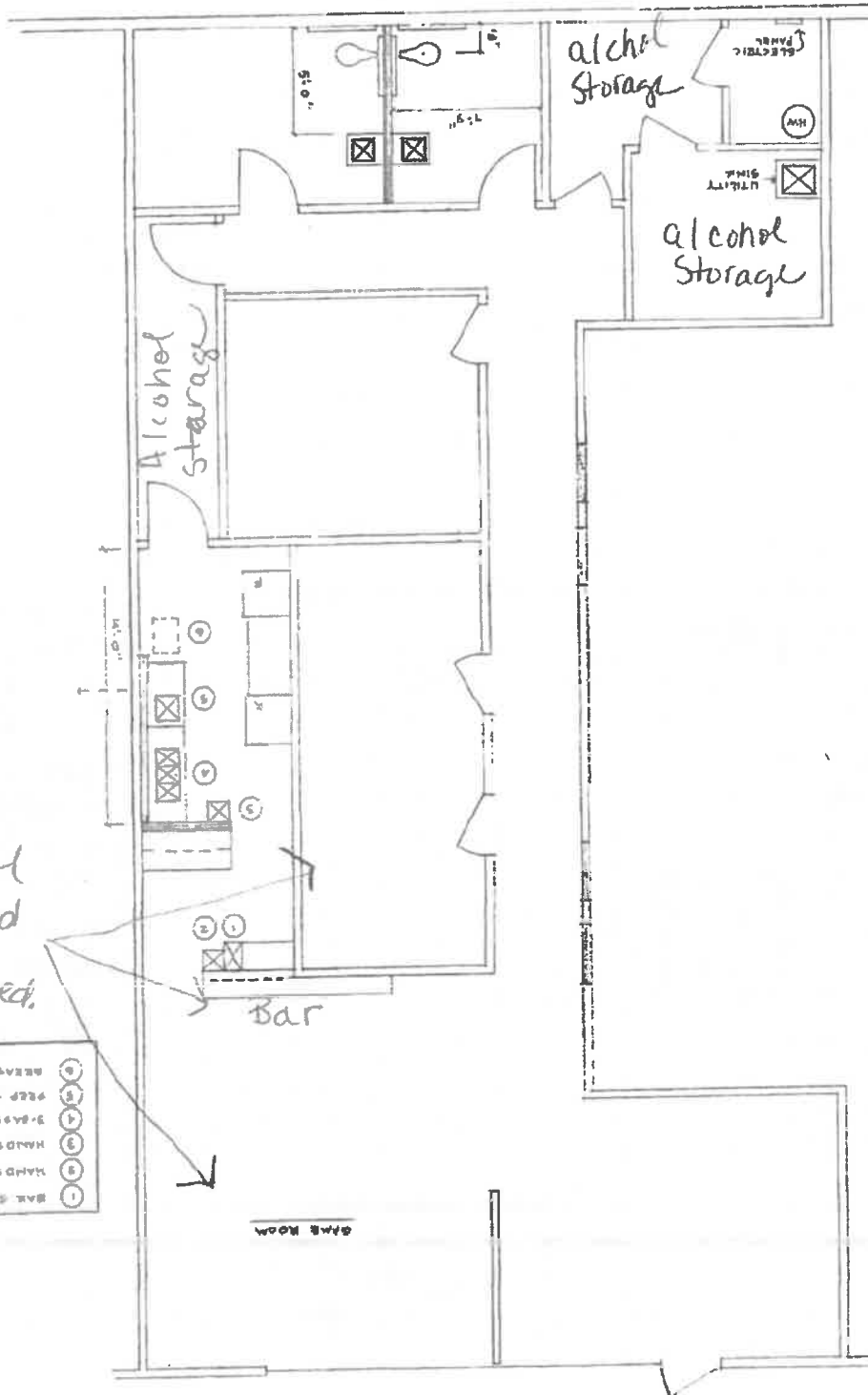
Existing walls		VGT machines		Existing power outlets	
Existing half-walls		VGT side tables		Proposed power outlets	
Proposed walls		Redemption Terminal		Existing CAT 5 plug	
Proposed half-walls		Tree pots / fake plants		Proposed CAT 5 plug	
Existing windows		Existing electrical panel		Existing stairs	
Proposed windows		Existing doors		Proposed stairs	
		Proposed doors			



Location Representative Initials \_\_\_\_\_

# #2 Floor Plan

PRELIMINARY FLOOR PLAN - 1/4" x 1/8" = 1'0"  
3 MARCH 10



alcohol  
Served  
&  
Consumed.

- 1 BAR SINK
- 2 HANDSINK
- 3 HANDSINK
- 4 3-BAY SINK
- 5 REEF SINK
- 6 DRESS "GAP"



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

**Business Address:**

CJ'S GAMING  
CJ'S GAMING  
1406 SYCAMORE RD  
DEKALB, IL 60115-2063

**INVOICE NO.**

00002969

**State Tax ID**

4205-9186

**License #**

2020-0830

**Invoice Date**

05/12/2020

**Due Date**

05/12/2020

**Amount Due**

\$588.00

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<b>Invoice #:</b>	<b>License #:</b>	<b>License Type:</b>	<b>Application Date:</b>	<b>Expiration Date:</b>
00002969	2020-0830	LIQUOR LICENSE	05/12/2020	12/31/2020

<b>Fee Description</b>	<b>Amount Due</b>
LIQUOR LICENSE - APPLICATION FEE	\$538.00
BACKGROUND CHECK FEE	\$50.00

**Remit to:**

City of DeKalb  
200 South Fourth Street  
DeKalb, IL 60115

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\*\*\*RETURN LOWER PORTION WITH YOUR PAYMENT\*\*\*

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Invoice Number: **00002969**

**Billing/Mailing Address:**

CJ'S GAMING  
RANDI J. HOFFSTEAD  
12645 WILLOW LN  
GENOA, IL 60135

**Billing/Invoice Date:** 05/12/2020

**Total Due:** \$588.00

**Due Date:** 05/12/2020

# RECEIPT

City of DeKalb  
200 South Fourth Street  
DeKalb, IL 60115

**Paid By:**  
CJ'S GAMING  
1406 SYCAMORE RD  
DEKALB, IL 60115-2063

Receipt #	Post Date
00002788	05/18/2020
Business ID	
54	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	5042

License Number	Invoice #	Description	Fee ID	Amount Paid
2020-0830	00002969	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00
2020-0830	00002969	BACKGROUND CHECK FEE	BACKCH	50.00

Total Amount Paid
588.00

#### #5 CJ's Security Plan

- a. Clerk has visual for everyone that enters the establishment. Before entering the bar/gaming area, they are asked for their ID
- b. All alcohol is stored behind the bar or in the back storage area behind a door that can be locked
- c. No one is allowed behind the bar or in the back area except the bartenders, the storage area is in the back and not around front or accessible to customers
- d. Bartenders are trained internally and all have to have their food server and basset certification before their first day of employment
- e. If patrons would be disruptive or rowdy they are asked to leave, if they refuse, the police will be called
- f. There are cameras in all areas including bar, cash register, stock room and inside and outside both doors. Any theft that occurs, employees are terminated
- g. Cameras are installed covering entire premises including both entrances. Footage is backed up to an external server.

If a patron wants to be purchased over the counter package sales this can only be done at the bar and ID is checked.

#### #10 Proposed hours of operation:

Sunday	10 am – 1 am
Monday	8 am – 1 am
Tuesday	8 am – 1 am
Wednesday	8 am – 1 am
Thursday	8 am – 2 am
Friday	8 am – 2 am
Saturday	8 am – 2 am

#### #11 Description of training

Bartender have their basset certification prior to their first day of employment. They will be trained one on one with me until I feel comfortable leaving them along. Then I will close the bar with them for a few shifts and check the camera footage during their shifts

#### #13

I am requesting a conditional license so I can get the state license and gaming license.

#### #15

I have bartended and worked at CJ's since the place opened and have been the supervisor managing and training employees, and have been running the day to day business operations for the last 2 years.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2020

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	CONTACT NAME: Missy Gruben		
Crum-Halsted Agency Inc	PHONE (A/C No. Ext): (815) 756-2906		
2350 Bethany Road	FAX (A/C No.): (815) 756-2138		
	E-MAIL ADDRESS: mgruben@crumhalsted.com		
Sycamore	IL 60178	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Society Insurance	15261
INSURED		INSURER B:	
CJ's Gaming LLC		INSURER C:	
1406 B Sycamore Road		INSURER D:	
		INSURER E:	
DeKalb	IL 60115	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.

PROD LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	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	Y	Y	BP20007828	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (An: one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 OTHER \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
A	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		WC20007828	02/01/2020	02/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability	Y		BP20007828	02/01/2020	02/01/2021	Limit \$1,000,000

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

It is agreed the following are added as additional insured, on a primary and non-contributory basis, as respects the General Liability and Liquor Liability:  
City of DeKalb  
Waiver of subrogation applies to General Liability in favor of additional insured.  
30 days' notice of cancellation will be provided to certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

City of DeKalb 200 South 4th Street  DeKalb IL 60115	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Yhodon A. Roseau
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#A





#B



**LICENSE FEE**

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

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

Fee after January 31: DOUBLED


☒ NEW ☐ RENEWAL  
 LICENSE #

COPY

**Fire-Life Safety License Application**  
**Municipal Code, Chapter 16**

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. 4<sup>th</sup> 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

<b>BUSINESS INFORMATION</b> (Please make any necessary changes – type or print clearly)			
Company or Corporation Name:	Cj's Gaming		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Business Name (DBA):	Cj's Gaming		
Building Address:	14016 B Sycamore Rd. DeKalb IL 60115		
License Issued to:	Cj's Gaming	Occupancy:	38
<b>NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY</b>			
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If your business is covered by a Fire Alarm, has it had an annual inspection? (Please attach report)			Yes <input 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 type="checkbox"/>
<b>IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS</b>			
Business Owner & Phone #	Name	Mailing Address (Please include City/State/Zip in Address)	
	Randi Hoffstead	Address: [REDACTED]	
Business Manager	Name	Mailing Address (Please include City/State/Zip in Address)	
	Randi Hoffstead	Address: [REDACTED]	
<b>LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED</b>			
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 : [REDACTED]			

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

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

**SIGNATURE**

Randi Hoffstead

Print Name and Title:

RANDI HOFFSTEAD, owner

Date:

4/8/20

**FOR CITY USE ONLY**

Date Payment Received:

5-4-2020

Fee Paid:

\$100.00

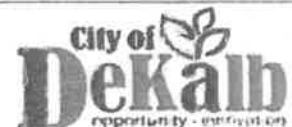
Check #:

5042

 original to  
 Finance 5/12/2020.  
 2020-0829

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

EMERGENCY CONTACT INFORMATION - BUSINESS	DEKALB POLICE & FIRE DEPARTMENT																					
<b>BUSINESS INFORMATION</b> BUSINESS NAME <u>Cj's Gaming LLC</u> BUILDING ADDRESS: <u>1406 B Sycamore Rd.</u> PHONE <u>(815) 901-0885</u> DATE OF UPDATE: <u>4/27/20</u>	<b>FIRE DEPARTMENT INFORMATION</b> to be completed by Fire Prevention Officer STANDPIPE LOCATION:  KNOX BOX LOCATION:  																					
<b>AFTER HOURS EMERGENCY CONTACT INFORMATION</b> *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*	<b>OTHER FIRE DEPARTMENT INFORMATION:</b>  																					
<b>CONTACT #1</b> NAME: <u>Randi Hoffstead</u> HOME PHONE: <span style="background-color: black; color: black;">[REDACTED]</span> CELL PHONE: <span style="background-color: black; color: black;">[REDACTED]</span>	<b>ADDITIONAL INFORMATION</b> ALARM COMPANY NAME:  ALARM COMPANY 24 HOUR PHONE NUMBER: ( ) _____																					
<b>CONTACT #2</b> NAME: <u>Tim Hoffstead Jr.</u> HOME PHONE: <span style="background-color: black; color: black;">[REDACTED]</span> CELL PHONE: <span style="background-color: black; color: black;">[REDACTED]</span>	<b>BUSINESS HOURS:</b> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">MONDAY</td> <td style="width:33%;">OPEN: <u>8am</u></td> <td style="width:33%;">CLOSE: <u>1am</u></td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>1am</u></td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>1am</u></td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>2am</u></td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>2am</u></td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>2am</u></td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: <u>10am</u></td> <td>CLOSE: <u>1am</u></td> </tr> </table>	MONDAY	OPEN: <u>8am</u>	CLOSE: <u>1am</u>	TUESDAY	OPEN: <u>8am</u>	CLOSE: <u>1am</u>	WEDNESDAY	OPEN: <u>8am</u>	CLOSE: <u>1am</u>	THURSDAY	OPEN: <u>8am</u>	CLOSE: <u>2am</u>	FRIDAY	OPEN: <u>8am</u>	CLOSE: <u>2am</u>	SATURDAY	OPEN: <u>8am</u>	CLOSE: <u>2am</u>	SUNDAY	OPEN: <u>10am</u>	CLOSE: <u>1am</u>
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SATURDAY	OPEN: <u>8am</u>	CLOSE: <u>2am</u>																				
SUNDAY	OPEN: <u>10am</u>	CLOSE: <u>1am</u>																				
<b>CONTACT #3</b> NAME: _____ HOME PHONE: ( ) _____ CELL PHONE/PAGER: ( ) _____	<b>FOR POLICE DEPARTMENT USE ONLY</b> <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#: _____																					
<b>CONTACT #4</b> NAME: _____ HOME PHONE: ( ) _____ CELL PHONE/PAGER: ( ) _____																						
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE CITY MANAGER'S OFFICE (ruth.scott@cityofdekalb.com) FAX: 815-748-2091.</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE CITY MANAGER'S OFFICE AT (815) 748-2090.</p>																						





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

**Business Address:**

CJ'S GAMING  
CJ'S GAMING  
1406 SYCAMORE RD  
DEKALB, IL 60115-2063

**INVOICE NO.**

00002968

**State Tax ID**

4205-9186

**License #**

2020-0829

**Invoice Date**

05/12/2020

**Due Date**

05/12/2020

**Amount Due**

\$100.00

<u>Invoice #:</u>	<u>License #:</u>	<u>License Type:</u>	<u>Application Date:</u>	<u>Expiration Date:</u>
00002968	2020-0829	FIRE LIFE SAFETY LICENSE	05/12/2020	04/30/2021

<u>Fee Description</u>	<u>Amount Due</u>
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: **00002968**

**Billing/Mailing Address:**

CJ'S GAMING  
RANDI J. HOFFSTEAD  
12645 WILLOW LN  
GENOA, IL 60135

**Billing/Invoice Date:** 05/12/2020

**Total Due:** \$100.00

**Due Date:** 05/12/2020

# RECEIPT

City of DeKalb  
200 South Fourth Street  
DeKalb, IL 60115

**Paid By:**  
CJ'S GAMING  
1406 SYCAMORE RD  
DEKALB, IL 60115-2063

Receipt #	Post Date
00002789	05/18/2020
Business ID	
54	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	5042

License Number	Invoice #	Description	Fee ID	Amount Paid
2020-0829	00002968	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00

#14

**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**

**STATE OF ILLINOIS  
CHANGE OF CORPORATE OFFICERS**

**If you are ONLY changing corporate officers, you can update your ownership information along with the supporting documents listed below. NOTE: Your Illinois Sales Tax account number, Federal Employer Identification No. (FEIN), and LLC/Corporate/Partnership name MUST remain unchanged to use this form.**

The Illinois Liquor Commission requires proof of officer changes 235 ILCS 5/7-1(24). We will not make any officer changes without supporting documentation. The information listed below MUST be submitted prior to any officer changes being made.

1. Proof of approval from the locality supporting the change of officers. Providing us with a copy of your local license does not qualify as approval for officer changes UNLESS the local license reflects the individual names of the corporate officers on the local license.
  - If the local license does not reflect the individual names of all corporate officers then you will need to provide us with a letter from the local municipality verifying that they are aware of the officer change and have approved the change of officers. This letter should reflect the names of officers that are being added or deleted.
2. Evidence of transfer:
  - a. Stock Purchase Agreement;
  - b. Bill of Sale;
  - c. Closing Statement;
  - d. Filed Change of Officer application from the Secretary of State;
  - e. Death Certificate;
  - f. Probate Court Order documents (if applicable);
  - g. Bankruptcy or Receivership documents;
  - h. LLC Operating Agreements;
  - i. Board Member Minutes referencing the changes.
3. Applicants must update their officer/ownership information with the Illinois Department of Revenue by calling the Central Registration Division in Springfield at 217 785-3707.

**NEW OWNERSHIP INFORMATION**

STATE LIQUOR LICENSE NO.  
**1A-1129085**

<b>A.</b>	NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP
	Hoffstead, Randi J						
	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED
				Member/Owner			100
<b>B.</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
					( )		
<b>C.</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
					( )		
<b>D.</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
					( )		

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

\_\_\_\_\_%

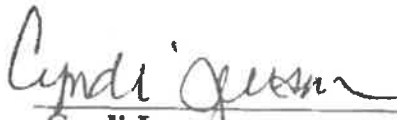
**ASSIGNMENT OF MEMBERSHIP INTERESTS**

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, Cyndi Jensen (the "Assignor") does hereby assign, transfer and convey/to Randi Hoffstead (the "Assignee"), all of the Assignors' right, title and interest in and to CJ'S GAMING, LLC d/b/a CJ'S GAMING an Illinois limited liability company (the "Company"). The Assignor hereby represents and warrants to the Assignee that the Transferred Interests are free and clear of any liens, claims, encumbrances or other restrictions of any kind.

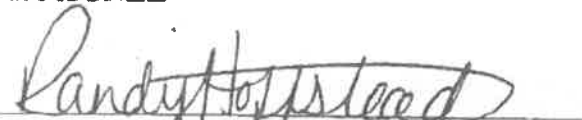
The Assignee hereby accepts the Transferred Interests being assigned by the Assignor to the Assignee on the date hereof. This Assignment of Membership Interests may be executed in multiple counterparts, each of which when taken together shall constitute one document.

IN WITNESS WHEREOF, the Assignor and the Assignee have executed this  
DATE \_\_\_\_\_.

**ASSIGNOR:**

  
\_\_\_\_\_  
Cyndi Jensen

**ASSIGNEE**

  
\_\_\_\_\_  
Randi Hoffstead

**Subject:** RE: [External] change of ownership question  
**From:** "Womack, Tara" <Tara.Womack@Illinois.gov>  
**Date:** Fri, May 01, 2020 1:33 pm  
**To:** [REDACTED]  
**Attach:** image001.jpg

I will be able to process from the email but I am missing 2 items...#1 & #3. Please complete and let me know  
Thanks,

*Tara Womack*  
Licensing Supervisor

Illinois Liquor Control Commission  
300 W Jefferson  
Suite 300  
Springfield, IL 62702  
ph 217-557-2458  
fax: 217-524-1911

[www.ilcc.illinois.gov](http://www.ilcc.illinois.gov)



[REDACTED]  
**Sent:** Friday, May 1, 2020 1:21 PM  
**To:** Womack, Tara <Tara.Womack@Illinois.gov>  
**Subject:** RE: [External] change of ownership question

I am attaching a copy of what was mailed



----- Original Message -----  
**Subject:** RE: [External] change of ownership question  
**From:** "Womack, Tara" <Tara.Womack@Illinois.gov>  
**Date:** Fri, May 01, 2020 12:38 pm

[REDACTED]  
What the license number?

[REDACTED]  
**Sent:** Friday, May 1, 2020 12:06 PM  
**To:** Womack, Tara <Tara.Womack@Illinois.gov>  
**Subject:** RE: [External] change of ownership question

We filled out the ILCC form and mailed it in last week with supporting documents. I just wanted to make sure that is all that's needed and not a new application form submitted by the new owner.

Correct?





----- Original Message -----

Subject: RE: [External] change of ownership question

From: "Womack, Tara" <[Tara.Womack@Illinois.gov](mailto:Tara.Womack@Illinois.gov)>

Date: Fri, May 01, 2020 11:16 am

[REDACTED]  
The owner will need to submit.

<https://www2.Illinois.gov/ilcc/SiteCollectionDocuments/Change%20of%20Corporate%20Officers.pdf>

Thanks,

*Tara Womack*

Licensing Supervisor

Illinois Liquor Control Commission

300 W Jefferson

Suite 300

Springfield, IL 62702

ph: 217-557-2458

fax: 217-524-1911

[www.ilcc.illinois.gov](http://www.ilcc.illinois.gov)



[REDACTED]  
Sent: Friday, May 1, 2020 11:03 AM

To: Womack, Tara <[Tara.Womack@Illinois.gov](mailto:Tara.Womack@Illinois.gov)>

Subject: RE: [External] change of ownership question

No, those numbers remain the same, just the owner changed



----- Original Message -----

Subject: RE: [External] change of ownership question

From: "Womack, Tara" <[Tara.Womack@Illinois.gov](mailto:Tara.Womack@Illinois.gov)>

Date: Fri, May 01, 2020 10:42 am

[REDACTED]  
[REDACTED]  
Is the new owner changing the FEIN# or Sales Account #?

Thanks,

*Tara Womack*

Licensing Supervisor

Illinois Liquor Control Commission

300 W Jefferson

Suite 300

Springfield, IL 62702  
ph: 217-557-2458  
fax: 217-524-1911

[www.ilcc.illinois.gov](http://www.ilcc.illinois.gov)



[REDACTED]  
**Sent:** Friday, May 1, 2020 10:06 AM  
**To:** Illinois Liquor Commission <[ILCC@Illinois.gov](mailto:ILCC@Illinois.gov)>  
**Subject:** [External] change of ownership question

I have sold my bar in a complete asset sale. I filled out the ILCC change of corporate officers. Does this transfer my liquor license or does the new owner have to apply for a state liquor license?



State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

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**CITY OF DEKALB**  
**APPLICATION FOR REGISTRATION**  
**RESTAURANT, BAR, AND PACKAGE LIQUOR TAX**

This form is to be used by businesses (registrants) with the City of DeKalb for payment of Restaurant, Bar, and Package Liquor Tax as required by Chapter 60, "Restaurant, Bar, and Package Liquor Tax" of the Municipal Code of the City of DeKalb (Ord. 90-55).

COPY

When completed, mail this form to:

City of DeKalb  
200 South Fourth Street  
DeKalb, IL 60115

For taxpayer assistance, call:  
(815) 748-2388 fax (815) 748-2304  
Monday - Friday 8:00 - 5:00  
susan.hauman@cityofdekalb.com

1) Applicant Name ("D/B/A"): Cj's Gaming  
Address: 1400 B Sycamore Rd: Telephone: (815) 901-0885  
City: DeKalb State: IL Zip: 60015

2) Applicant's Corporation Name: Cj's Gaming LLC  
Registered Agent Name: Randi Hoffstead

Billing Address (If Different From #1): [REDACTED]  
City: [REDACTED] State: IL Zip: [REDACTED]  
Telephone: [REDACTED] Email: [REDACTED]

3) Illinois Retail Occupation Tax Number [IBT#] 4205-9180  
Federal Employer IDS (FEIN) 81-0742502  
Kind of Business [KOB]: Bar

4) What is your filing status with the State of Illinois (e.g., monthly, quarterly, etc.) Monthly

5) Date business commenced sales within City of DeKalb (mo/ day /yr): 5/15/20

6) Registrant's type of business organization:

( ) Sole Proprietorship

( ) Partnership

☒ Other LLC

( ) Corporation

7) Registrant's owner(s), corporate officers, or general partners:

Owner Randi Hoffstead [Redacted]  
Title Name Residence Address Date of Birth

Title Name Residence Address Date of Birth

Title Name Residence Address Date of Birth

8) Name of Manager, if owner is not on premises Randi Hoffstead

Telephone [Redacted]

9) Person who will be responsible for submitting Restaurant & Bar Tax returns to the City of DeKalb.

Name: Randi Hoffstead Title: owner  
Address: [Redacted] Telephone: [Redacted]  
City: [Redacted] State: IL Zip: 60135  
Email address: [Redacted]

Note: The City's filing status for the Restaurant, Bar, and Package Liquor Tax will be the same as that for the State of Illinois. Therefore, it is mandatory that you inform the City when your State of Illinois filing status changes.

10) Under penalty as provided by law, which includes a fine, imprisonment, or both. I declare that I have examined this registration form, and to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

Date 5/1/20

Randi Hoffstead  
Registrant Or Authorized Agent

Randi Hoffstead  
Printed Name

SUBSCRIBED AND SWORN to before me this 1 day of May, 2020

Shelby J Long  
NOTARY SIGNATURE

RB Application form  
Revised 07/2016



Randi Hoffstead



■ RESOURCE BANK N A  
DEKALB, IL,

5042

5/4/2020

Pay to the  
Order Of: City of Dekalb

\$688.00

Six Hundred Eighty Eight and 00/100\*\*\*\*\* Dollars

MEMO:

NON-NEGOTIABLE  
VOID - COPY



DATE 05/04/2020  
CHECK 5042  
PAID TO City of Dekalb  
AMOUNT \$688.00  
MEMO

\$538.00 <sup>liquor</sup> application fee  
\$100.00 FLS license ~~copy~~ fee  
\$50.00 Background  
Investigation  
fee.

Randi Hoffstead

