RESOLUTION 2020-111

AUTHORIZING A PACKAGE LIQUOR LICENSE WITH SUPPLEMENTAL DRIVE-THRU LICENSURE FOR HAYMAKER ENTERPRISES, INC., 1221 W. LINCOLN HIGHWAY, DEKALB, ILLINOIS.

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

WHEREAS, the City has received and reviewed an application for a Package Liquor License with supplemental licensure for drive-thru operations, for the establishment located at 1221 W. Lincoln Highway, DeKalb, Illinois, and to be operated by Haymaker Enterprises, Inc., and 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, Package, with supplemental license for a drive-through, shall be issued for Haymaker Enterprises, Inc., 1221 W. Lincoln Highway, 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. This Licensee shall be required to obtain the Liquor Commissioner's approval of a Business Plan and Premises Plan which provide for the orderly conduct of the Licensee. Said Plans shall be subject to approval by the Liquor Commissioner with the advice and recommendation of the Chief of Police, and must be approved prior to commencement of operations of the Premises. 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 Licensee shall be conditioned upon the following conditions precedent to final issuance:

   a. The applicant shall be required to obtain all required zoning approvals and special use permits;

   b. The applicant shall be required to obtain and maintain at all times a fire life safety license for the licensed premises;

   c. The applicant 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;

   d. The applicant shall be required to obtain the Liquor Commissioner's approval of its business plan, premises plan and security plan with the recommendation of the Chief of Police;

   e. The applicant shall be required to adhere to the occupancy limit, once established; and,
f. The applicant shall operate the premises in accordance with all applicable codes and ordinances, and shall collect and remit all taxes required under applicable federal, state or local laws.

4. The License shall be deemed to permanently include the following restrictions:

a. The property shall otherwise comply with all applicable City Codes and Ordinances.

b. The property shall comply with applicable UDO requirements and parking restrictions.

c. The License authorize the construction of one drive-through window for the sale of alcoholic beverages as a supplemental license to the Package liquor license.

d. The drive-through shall require the following security measures:

   i. Proximity alert for vehicles in the drive-through.

   ii. Video surveillance cameras with a recording system showing view of: a) license plates for vehicles in the drive-through; b) transaction area; c) driver of vehicle; d) rear seat area of vehicle; e) rear of car; f) interior of package liquor store (including entryway); and, g) common area and parking lot. Licensee shall grant the City of DeKalb Police Department access to view camera footage at any time during normal business hours upon request, and if available, will provide the Police Department with remote access to be able to view camera footage through a secure online portal.

   iii. Alarm with panic button.

   iv. Bullet-resistant surround at drive-through window.

   v. Compliance with all requirements of the City Code pertaining to drive-through use in liquor sales.

5. The City Council expressly acknowledges that based upon the timing required for approval of related zoning authorization as well as for construction of the licensed premises, the Licensee shall have a period of one year during which this license shall be available for issuance, unless earlier terminated or revoked by the City Council through approval of a resolution superseding this action. This one-year period may be extended by the City Manager for a period of up to six additional months (or longer if authorized by the City Council) if the Licensee has applied for and obtained any required zoning and building approvals and is working diligently towards completion of the licensed premises.

6. At any time prior to issuance of the license, the Licensee may change the corporate name of the licensee to be listed on the liquor license (provided that ownership remains with the Licensee or its owners), it being acknowledged that the Licensee intends to form a new corporate entity (under common ownership) to own and operate the licensed premises.

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 issue. 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 the 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 12th day of October 2020 and approved by me as Mayor on the same day. Passed by a 6-0-2 roll call vote. Aye: Morris, Finucane, Smith, Perkins, McAdams, Mayor Smith. Nay: None. Absent: Verbic, Failre.

ATTEST:

RUTH A. SCOTT, Executive Assistant

JERRY SMITH, Mayor
July 10, 2018

Dean,

As per our discussions, I am also requesting issuance of a package liquor license for a package liquor store, also to be located in the new building to be constructed at the property. It will be within a separate unit of the building, and will incorporate those safety and security measures discussed with City staff. It would be my request that this license also be conditionally approved, subject to conditions acceptable to the City. If approved, the package liquor license would be issued to a newly formed corporate entity under the same ownership and control.

Warm regards,
Jeff Dobie

Fattys Pub And Grill
LIQUOR LICENSE APPLICATION
Municipal Code Chapter 38 "Intoxicating Liquors"
Applicants are strongly encouraged to review Chapter 38 in its entirety, prior to completing this application.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

Corporation/LLC Name: Haymaker Enterprises Inc
Business Name (d/b/a): TBD
Business Address: 22 W. Lincoln Hwy

1. Choose the type of liquor license sought: (pick one primary license classification, and all applicable sub-licenses/permits desired) (Reference Section 38.01 "Definitions" and Section 38.07 "Classifications of Liquor Licenses")

☐ Bar (Primary Bar)
  □ w/Over-the-Counter Package Liquor Sales
    □ Restaurant Sales □
    □ Hospitality License for Banquet Sales □
    □ Annual Catering Permit □
    □ Live Entertainment Permit □
    □ Tasting Permit □

☐ Restaurant (Primary Restaurant)
  Type of Liquor Sales: (select one)
  □ Low Alcohol by Volume (Low ABV)
  □ Unrestricted (Full Variety of Liquor)
  □ Bar License □
  □ Hospitality License for Banquet Sales □
  □ BYOB Supplement □
  □ Annual Catering Permit □
  □ Live Entertainment Permit □
  □ Tasting Permit □

☐ Hospitality
  Primary Nature of Establishment: (select one)
  □ Hotel
  □ Banquet
  □ Bowling Alley
  □ Indoor Sports Simulator Facility
  □ Annual Catering Permit □
  □ Live Entertainment Permit □
  □ Tasting Permit □

☐ Package Liquor Store w/drive-thru
  +Tasting Permit □

☐ PENP (Public Entity/Non-Profit)
  □ Live Entertainment Permit □
  □ 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.)
  □ Annual Catering Permit □
  □ Live Entertainment Permit □
  □ Tasting Permit □

☐ Liquor Production
  □ Annual Catering Permit □
  □ Live Entertainment Permit □

☐ Golf Course
  □ Bar License
  □ Restaurant Sales
  □ Hospitality License for Banquet Sales
  □ Annual Catering Permit □
  □ Live Entertainment Permit
  □ Tasting Permit

☐ Auditorium (Limited Licenses)

☐ BYOB (Standalone Licensure)

☐ Laundromats

NOTE: If the proposed establishment listed above qualifies and wishes to apply for a supplemental Gambling/Video Gaming Device license, a separate application must be filed. (Reference Section 38.27 "Gambling Devices")
Application Fee Required. A $538.00 non-refundable application fee is required and must be submitted with this application in the form of a Certified Check. See 9-3-2020 Email (attached).

List the names of each owner and manager of the proposed establishment below and attach a Liquor License Background Investigation form for each, completely filled out, signed and notarized. A non-refundable $50.00 background investigation fee is required for each owner and manager listed and must be submitted with this application (use a separate sheet of paper if more space is needed). (Reference Section 38.04 “Application for and Renewal of Liquor License or Permit”) Note: This application will not be submitted for review by the Liquor Commissioner and City Council until all background investigations are complete.

Name: JEFF DOGEL
Role: Owner, Manager

Name: 
Role: Owner, Manager

Name: 
Role: Owner, Manager

Name: 
Role: Owner, Manager

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

Owner/Operator of Fatty’s Pub for twenty-two years.

Provide the proposed hours of operation for the proposed establishment. If different areas of the establishment will have different hours of operation, please identify. Hours of operation must comply with those listed in Section 38.25 “Hours for Sale of Alcohol”.

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Attach a detailed floor plan for the proposed establishment (if more than one floor will be utilized, provide a floor plan for each floor). 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.

Outdoor Seating. If outdoor seating is desired, please provide the following: (Reference Section 38.14 “Outdoor Seating Areas”)

a. Attach 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. Detailed outdoor seating plan.

b. Provide a narrative below describing operation plans for running, servicing, monitoring and security of the outdoor seating area.
8. Provide a detailed description of the security plan for the proposed establishment as follows:

☒ Measures for age verification prior to entry into the establishment and/or prior to the sale of alcohol.

☒ The method of storing and securing alcohol prior to sale.

☒ The method of securing site access.

☒ Training to be provided to employees and alcohol servers.

☒ The security plan for rowdy or disruptive patrons.

☒ Anti-theft policies and countermeasures.

☒ Surveillance equipment to be utilized and a surveillance plan.

☒ Any other related security information.

☒ 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.)
9. Provide a detailed signage plan. Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved. (Examples of accepted signage can be found on the Illinois Liquor Control Commission website.) See attachment B

10. Provide a detailed description of the training plan for Alcohol Servers. All alcohol servers must complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program and/or approved by the City of DeKalb prior to the date employees start serving, preparing or selling alcohol.

attachment B

11. Cross Marketing. If cross-marketing is permitted for the proposed establishment, provide a description below of the cross-marketing plan. (Reference Section 38.01 “Definitions” and Section 38.07 “Classifications of Liquor Licenses”, Subsection b))

12. Conditional Liquor License. If the proposed establishment is requesting a Conditional Liquor License prior to the issuance of a Certificate of Occupancy, describe below the reason for the request. (Reference Section 38.04 “Application for and Renewal of Liquor License or Permit”, Subsection f1.)

Yes, proposed building is contingent on license. Was issued in 2018.

13. Attach a copy of the City of DeKalb issued Fire-Life Safety license, or a copy of a completed Fire-Life Safety application. Fire-Life Safety application fees are based on square footage and provided on the application.

Building is proposed. Will submit after

14. Attach a Certificate of Insurance that is compliant with Section 38.06 “Insurance”. The certificate must name the City of DeKalb as an additional primary insured without right of subrogation, with a 30-day notice of cancellation, on statutory dram shop liability insurance and on a minimum $1,000,000.00 comprehensive general liability insurance policy.

15. Attach a completed and signed copy of the proposed establishment’s application for a State of Illinois Liquor License, with all required supplements. By applying for a City of DeKalb Liquor License, the applicant agrees to provide to the City copies of all correspondence between the licensed establishment and the Illinois Liquor Control Commission.

16. Attach a completed and signed Registration for Restaurant, Bar and Package Liquor Tax application.

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

By submitting this signed application, the applicant certifies under oath, and subject penalties of perjury, that: (initial each statement)
a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.

b. Chapter 38 “Intoxicating Liquors” of the City of DeKalb Municipal code has been reviewed by the licensee who shall comply therewith, including but not limited to, Section 38.09 “Restrictions Generally Applicable”, Section 38.21 “Persons Under the Age of 21”, and Section 38.23 “Change in Information”.

c. All of the contents on the State of Illinois Liquor License application, the City of DeKalb Liquor License application, and any attachments hereto are true and accurate and fully disclose all relevant facts and information.

d. The licensee consents to the inspection provisions of Section 39.09 “Restrictions Generally Application, subsection a).

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

Applicant Signature: [Signature]

Print Name: [Jeff Delii]

Title: [President]
INVOICE NO.
00003777

State Tax ID

License 
2020-0949

Invoice Date
10/05/2020

Due Date
10/05/2020

Amount Due
$18.00

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Fee Description
LIQUOR LICENSE - APPLICATION FEE

Amount Due
$18.00

App fee is being
promoted. Seeemail.

Remit to:
City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

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

Billing/Mailing Address:
HAYMAKER ENTERPRISES, INC. (SEE ADDITIONAL INFO)
DEKALB, IL 60115

Billing/Invoice Date: 10/05/2020
Total Due: $18.00
Due Date: 10/05/2020
Haymaker Enterprises, Inc
DBA Fatty's
1312 W Lincoln Hwy
DeKalb, IL 60115

Pay to the order of City of DeKalb
Eighteen and 00/100

Date 9/27/2020

Dollars

First State Bank

For: Licenses & Bonds 12/21

Signature

$18
Jeff,

Dan Olson asked me to forward the attached to you. Note that the application has changed some since the last time your completed it. Links to all the required documents (gambling device, Illinois Liquor License, Fire-Life Safety) are now linked to the application. The background investigation form is also attached in case you need it for a new manager or additional owner. There’s a $50.00 fee for each background investigation request.

Also, the liquor license application fee is now $538.00. You paid $520.00 in 2018. You’ll only need to pay the difference of $18.00 when you resubmit. The gaming device fees aren’t due until you’re issued a State of Illinois Gambling Device license for the new location.

You’re the first person I’ve sent this application revision to. Please let me know if you have any issues with it.

Take care,

Ruth A. Scott
Executive Assistant
City of DeKalb
164 E. Lincoln Highway
DeKalb, Illinois 60115
Phone: (815) 748-2090
Fax: (815) 748-2091
Email: ruth.scott@cityofdekab.com

CENSUS 2020
the 615 counts
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERES 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.

**PRODUCER**

Charles Nihen
Resource Insurance
555 Bethany Rd
DeKalb, IL 60115-1746

**INSURED**

Haymaker Enterprises Inc
1312 W Lincoln Hwy
DeKalb, IL 60115-2006

**COVERAGE**

Certificate Number: CL2062804316

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.

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

Certificate Holder is Additional Insured.

**CERTIFICATE HOLDER**

City of DeKalb
164 E Lincoln Highway
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

[Signature]

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ACORD 25 (2016/03)  The ACORD name and logo are registered marks of ACORD
PARKING REQUIRED
SHOP = 10 STALLS
VIDEO POKER = 5 (1 PER 1500SF)
PACKAGE LIQUOR = 18 (1 PER 2500SF)
TOTAL STALLS = 31

PARKING PROVIDED
HANDICAP STALLS = 2
STANDARD STALLS = 38
TOTAL STALLS = 40
Please provide a detailed, written description of the security plan for the premises. The security plan should address: a) measures for age verification prior to entry into the premises and/or prior to sale of alcohol; b) method of storing and securing alcohol prior to sale; c) method of securing site access; d) training to be provided to employees and alcohol servers; e) security plan for rowdy or disruptive patrons; f) anti-theft policies and countermeasures; g) surveillance equipment to be utilized and surveillance plan; and, h) any other related security information. In addition, please 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.

A) Signage will be displayed on front door and throughout facility. Staff will only admit 21 years and older. State id and secondary form must be present.

B) All alcohol will be stored in locked cabinets and coolers behind employee staffed bar.

C) Doors will be locked during non-business hours. Security and alarm system will be activated.

D) All employees will be TIP Certified through Police Dept training program.

E) Employee handbook will detail how to handle all types of customers. Employees must complete training program.

F) A POS system will be used to track all sales and inventory. Surveillance system will also be installed.

G) Video cameras will be installed in facility, over liquor sales area, over front door, and in storage areas. A 30 day DVR will record all footage and archive.

H) Liquor sales will occur in designated area and customer will have age verified.

I) 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.

Drive thru will have license plate camera and ID scanning capabilities.
9. Please provide a detailed signage plan. Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted.

Signage will be displayed on exterior of building and throughout interior.

8. Please describe the proposed hours of operation for the licensed premises. If different areas of the premises are to have different hours of operation, please identify. Please insure that hours of operation comply with City Code Section 38.25.d.e

Hours of Operation:
Monday thru Wednesday: 10am-11pm
Thursday Thru Saturday: 10 am till midnight
Sunday: 10am thru 10pm

10. Please provide a detailed description of your training plan for Alcohol Servers. Please note that all Alcohol Servers, as defined in 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 A PRIOR TO THE DATE ON WHICH SUCH EMPLOYEES START SERVING, PREPARING OR SELLING ALCOHOL.

All employees will complete City TIPS program. In addition, an in house training program will be implemented in conjunction with GEM vending corporation. All staff will have to pass training exam for both alcohol and gaming education.

Haymaker ent. dba Fattys has been in the liquor business for 20 years. Gaming has been a part of our operation for the last 4 years. We have always held ourselves to a high standard in the enforcement of all liquor and gaming laws.
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 licenses 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(j)). 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

Effective September 1, 2020 all new applicants will have the option to email their new liquor license applications and supporting documents to LCC.Licensing@Illinois.gov for review and processing.

License fee payments shall be made by check or money order through the mail within 3-7 business days to the Illinois Liquor Control Commission 100 W Randolph Suite 7-801, Chicago, IL or 300 W Jefferson Suite 300, Springfield, IL 62702.

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

1) Photocopy of current Local Liquor License (contact your Local Liquor Commission)
2) Photocopy of Certificate of Insurance (not the Policy Declaration) if alcohol will be consumed on the premises;
3) Proof of Purchase (e.g., bill of sale, closing statement, lease, recorded deed) IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the property. If there is an existing state liquor license on the premises, you will need to provide a copy of the bill of sale for the business and any inventory (Brand Name, Bottle Size & Quantity) purchased.
   Note: The closing on the purchase of the business must occur prior to applying for your state license
4) COPY of the Check or Money Order payable to: ILLINOIS LIQUOR CONTROL COMMISSION (ILCC).

License fee payments shall be made through the mail within 3-7 business days

Processing time for a Retailer Liquor License is approximately 3 - 10 business days

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

1. APPLICANT - CORPORATE INFORMATION

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

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.

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
Haymaker Ent 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.

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>AREA CODE/TELEPHONE NO.</th>
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<tr>
<th>COUNTY</th>
<th>CITY</th>
<th>STATE</th>
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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.

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>CITY</th>
<th>STATE</th>
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<tbody>
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</table>
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 1963" 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. **Drivers License copy required.**

<table>
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<tr>
<th></th>
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<th>Date filed with County Clerk:</th>
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<tbody>
<tr>
<td>A.</td>
<td>Sole Proprietorship</td>
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<tr>
<td>B.</td>
<td>Partnership</td>
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<td>C.</td>
<td>Illinois Corporation</td>
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<td>D.</td>
<td>Foreign Corporation</td>
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<td>E.</td>
<td>Limited Liability Company</td>
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<td>F.</td>
<td>Not-For-Profit</td>
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<td>G.</td>
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<td>I.</td>
<td>Trust/Estate</td>
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<td>IL Secretary of State File #:</td>
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<td>Date Qualified to do Business in IL:</td>
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</table>

3. OWNERSHIP INFORMATION

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

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

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

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**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)

Fancy's Pub + Grill

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.

(918) 758-7737 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

1312 W. Lincoln

D. BUSINESS TYPE

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

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

E. WAREHOUSING

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

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 (P.O. BOX, ETC.)

EMAIL 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.

<table>
<thead>
<tr>
<th>Municipality/County</th>
<th>License No.</th>
<th>Date Issued</th>
<th>Expiration Date</th>
<th>Date You Began Liquor Sales at This Location</th>
</tr>
</thead>
</table>

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

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ☐ NO ☑
IF NO, PROVIDE DATE FIRST APPLIED: 1/1/1970
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-out)

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
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<td>11am-1am</td>
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</tbody>
</table>

E. AVAILABLE HOURS
These hours indicate when a representative is available for an inspection of the premises:

<table>
<thead>
<tr>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
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<td>9am-1pm</td>
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<td>9am-1pm</td>
</tr>
</tbody>
</table>

F. EXPECTED OPENING DATE
WHAT IS THE FIRST DAY YOU EXPECT TO BE OPEN AND SELLING ALCOHOL? N/A
6. CERTIFICATE OF INSURANCE
ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (not the Policy Declaration)
You MUST provide a copy of your Certificate of Insurance if alcohol is consumed on the premises (this certificate is not required for carry-out only establishments). The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) the applicant named as the insured (e.g., if the applicant is a corporation, then the corporation’s name must be listed; if the applicant is a sole proprietor, then the sole proprietor’s name must be listed); 2) the address of the location where the liquor is being consumed; and 3) the dates of coverage and the coverage limits.

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

7A ☐ YES ☒ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]

7B ☐ YES ☒ NO Are you delinquent under the cash beer law?

7C ☐ YES ☒ NO If a retailer, are you delinquent under the 30-day credit law?

7D ☐ YES ☒ NO Have you ever submitted an application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]

7E ☐ YES ☒ NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]

7F ☐ YES ☒ NO Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]

7G ☐ YES ☒ NO Have you ever been convicted of a gambling offense as defined under Section 6-2 of the Illinois Liquor Control Act which includes offenses enumerated in 720 ILCS 5/29-1(a)(11), gambling, 720 ILCS 5/29-1.1(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 100/10-55(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 5/2] 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.

<table>
<thead>
<tr>
<th>CONTACT PERSON'S NAME (First, Last)</th>
<th>BUSINESS PHONE NUMBER</th>
<th>ALTERNATE PHONE NUMBER (Home, Cell, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Doe</td>
<td>(918) 778-7737</td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td></td>
<td></td>
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<tr>
<td>FAX NUMBER</td>
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</tbody>
</table>

10. **SIGNATURE/TITLE/DATE**

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


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

[Signature of Applicant]  [President]  [9/20/2020]
**GAMBLING DEVICE LICENSE APPLICATION**

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

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

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.

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION (Type or Print clearly)</th>
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<tbody>
<tr>
<td>Business Name:</td>
</tr>
<tr>
<td>Corporation Name:</td>
</tr>
<tr>
<td>Building Address:</td>
</tr>
<tr>
<td>Original license will be mailed to this address</td>
</tr>
<tr>
<td>License to be issued to:</td>
</tr>
<tr>
<td>Principal Business conducted at this location:</td>
</tr>
</tbody>
</table>

```
FAITH'S PUB & GRILL
Haymaker Ent Inc
3112 W. Lincoln Hwy
1221 W. Lincoln Hwy
GAMBLING CAFE
```

---

**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 □ No □

Do you owe money to any other city department? 

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? 

---

**IDENTIFICATION** (To be completed by all applicants)

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
</tr>
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<tbody>
<tr>
<td><strong>Business Owner</strong></td>
<td>1155 G hidden Ave</td>
</tr>
<tr>
<td><strong>Business Manager</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vending Machine Company</strong></td>
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</tbody>
</table>

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<tr>
<th>Email Address:</th>
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<tbody>
<tr>
<td><strong>Business Owner</strong></td>
</tr>
<tr>
<td><strong>Business Manager</strong></td>
</tr>
<tr>
<td><strong>Vending Machine Company</strong></td>
</tr>
</tbody>
</table>

Email Correspondence to: [ ] Business Owner [ ] Business Manager [ ] Vending Machine Company

Email Mail copy of license to a different address? Yes □ No □
 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: 0 (maximum 6)
Total Amount Due: $3,000

DESCRIPTION OF DEVICE(S) & PLAN FOR LOCATION:

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.
- 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: paid upon approval.
- Any other such information as the Liquor Commissioner shall require.

I HEREBY AGREE TO THE FOLLOWING:

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

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

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

Signature: ________________  Date: 10/4/2020
Print Name & Title: JEFF DUBIE  President
January 31, 2020

Haymaker Enterprises, Inc. - 130703040
d/b/a Fatty's Pub & Grill
1312 W. Lincoln Hwy
DeKalb, IL 60115
Via email: Jeff.fattys@gmail.com

Re: Video Gaming Establishment Renewed License Certificate

On January 30, 2020, the Illinois Gaming Board ("IGB") adopted a motion to renew the Video Gaming Establishment License for Haymaker Enterprises, Inc., d/b/a Fatty's Pub & Grill. Your license is effective for a period of one (1) year expiring in January 2021. Your renewed license certificate is enclosed.

Please note, you are required to display your license certificate at your establishment. As a licensee, you have a continuing duty to promptly disclose all changes in information provided in your application, including any ownership changes; Video Gaming Manager changes; and arrests or criminal charges, regardless of the outcome.

Sincerely,

Marcus D. Frucher
Administrator
STATE OF ILLINOIS

ILLINOIS GAMING BOARD

VIDEO GAMING ESTABLISHMENT LICENSE

Haymaker Enterprises, Inc. - 130703040
d/b/a Fatty's Pub & Grill
1312 W. Lincoln Hwy
DeKalb, IL 60115

License No: 130703040
Date Issued: 01/30/2020
Expiration Date: 01/2021

This certifies that the entity listed above is hereby issued a Video Gaming Establishment License as authorized by Illinois Gaming Board Adopted Rules. All Video Gaming Establishment licensees are subject to, and must abide by, all provisions of the Video Gaming Act and Illinois Gaming Board Rules, including but not limited to 11 Illinois Administrative Code Sections 1800.250(e) and 1800.420(b).

Marcus D. Fruchter
Administrator
PARKING REQUIRED
SHOP = 10 STALLS
VIDEO PORCH = 5 (1 PER 1500SF)
PACkAGE LIQOUR = 10 (1 PER 2500SF)
TOTAL STALLS = 31

PARKING PROVIDED
HANDICAP STALLS = 2
STANDARD STALLS = 38
TOTAL STALLS = 38

LINCOLN
(Route 38)
HIGHWAY