

**AUTHORIZING A BAR LIQUOR LICENSE WITH SUPPLEMENTAL
LICENSURE FOR VIDEO GAMING FOR HAYMAKER ENTERPRISES, 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 Bar Liquor License with supplemental licensure for video gaming, 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, Bar, with supplemental license for up to six (6) video gaming terminals, 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. The 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 License 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 obtain a state liquor license prior to commencing liquor operations, and shall obtain a state video gaming license prior to commencing video gaming operations;
 - e. 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;


- f. The applicant shall be required to adhere to the occupancy limit, once established; and
 - g. The applicant shall operate the premises in accordance with all applicable codes and ordinances and shall collect and remit all taxes required under applicable federal, state or local laws.
4. The License shall be deemed to permanently include the following restrictions:
 - a. The property shall otherwise comply with all applicable City Codes and Ordinances.
 - b. The property shall comply with applicable Unified Development Ordinance requirements and parking restrictions.
 - c. The License shall not authorize the installation or maintenance of more than five (5) Video Gaming Terminals.
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 (1) 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, Faivre.

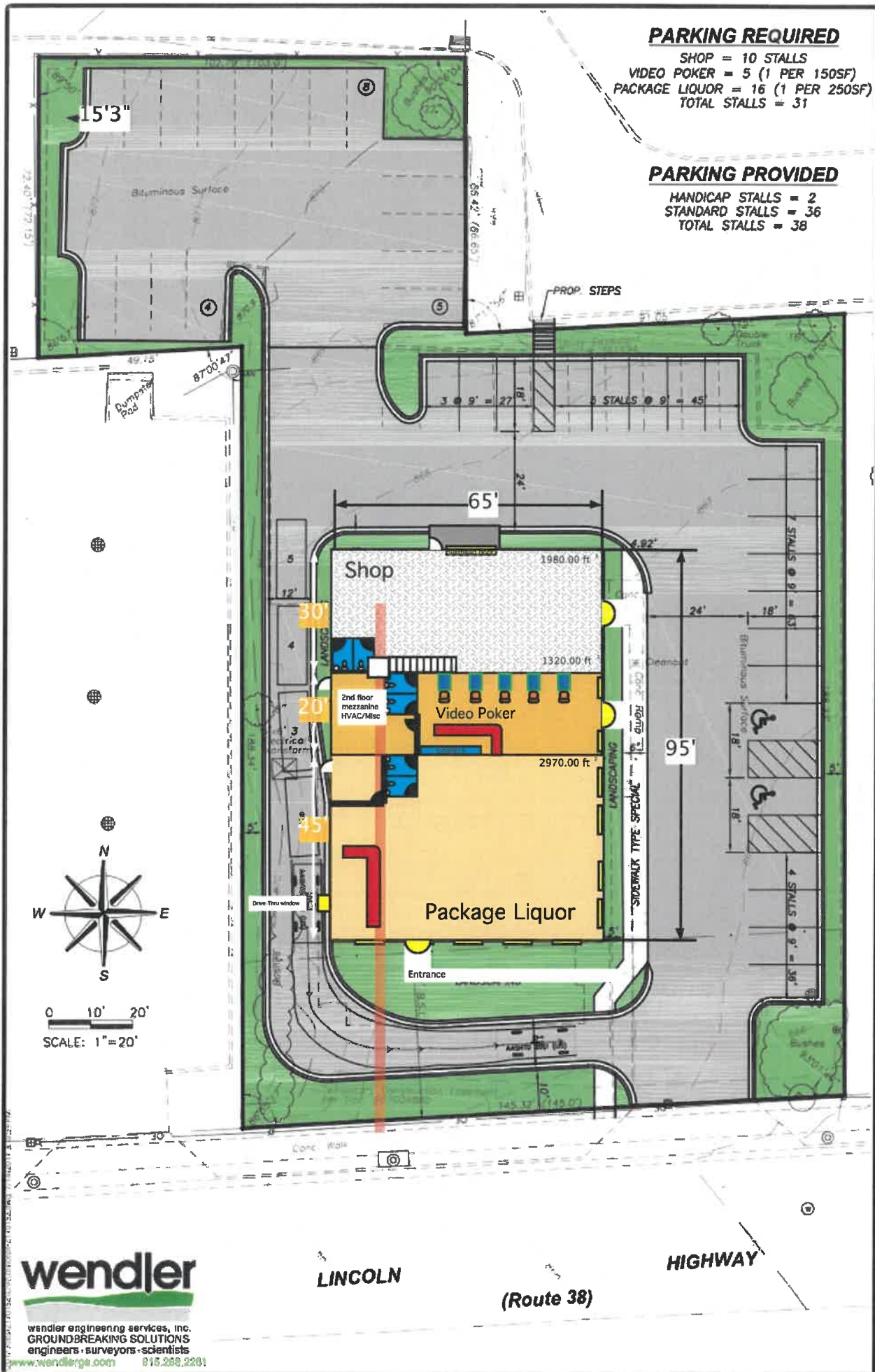
ATTEST:


RUTH A. SCOTT, Executive Assistant


JERRY SMITH, Mayor


SHOP = 10 STALLS
VIDEO POKER = 5 (1 PER 150SF)
PACKAGE LIQUOR = 16 (1 PER 250SF)
TOTAL STALLS = 31

HANDICAP STALLS = 2
STANDARD STALLS = 36
TOTAL STALLS = 38







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: 1221 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 ☐

☐ **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 ☐
 - +Tasting Permit ☐

☒ **Package Liquor Store w/drive thru**

- +Tasting Permit ☐

☐ **Liquor Production**

- +Annual Catering Permit ☐
- +Live Entertainment Permit ☐

☐ **Golf Course**

- +Bar License
- +Restaurant Sales
- +Hospitality License for Banquet Sales
- +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") See attached

2. **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)*

3. **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 DOBLE Role: ☒ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

4. **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.

5. **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".

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-2am	10am-1am	10am-1am	10-1am	10am-2am	10am-2am	10am-2am

6. **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.

N/A **Outdoor Seating.** If outdoor seating is desired, please provide the following: (Reference Section 38.14 "Outdoor Seating Areas")

- 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.
- Provide a narrative below describing operation plans for running, servicing, monitoring and security of the outdoor seating area.

** See attachment A **

8. Provide a detailed description of the security plan for the proposed establishment as follows:

☒ a. Measures for age verification prior to entry into the establishment and/or prior to the 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.

☒ h. Any other related security information.

☒ 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.

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 f)1.)

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)

- AP 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.
- AP 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".
- AP 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.
- ~~AP d. The licensee consents to the inspection provisions of Section 39.09 "Restrictions Generally Applicable, subsection a).~~

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

Applicant Signature: AP

Print Name: JEFF Dotir

Title: president



164 E Lincoln Hwy
DeKalb, IL 60115
(815) 748-2000
<https://www.cityofdekalb.com/>

Business Address:

HAYMAKER ENTERPRISES, INC. (SEE ADDITIONAL INFO)
JEFF DOBIE
1221 W LINCOLN HWY
DEKALB, IL 60115

INVOICE NO.

00003777

State Tax ID

License #

2020-0949

Invoice Date

10/05/2020

Due Date

10/05/2020

Amount Due

\$18.00

<u>Invoice #:</u>	<u>License #:</u>	<u>License Type:</u>	<u>Application Date:</u>	<u>Expiration Date:</u>
00003777	2020-0949	BUSINESS LICENSE	10/05/2020	

<u>Fee Description</u>	<u>Amount Due</u>
LIQUOR LICENSE - APPLICATION FEE	\$18.00

*app fee is being
prorated. see email*

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number:

00003777

Billing/Mailing Address:

HAYMAKER ENTERPRISES, INC. (SEE ADDITIONAL I
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

1675

702153719

DATE

9/27/2020

PAY
TO THE
ORDER OF

City of Dekalb

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and

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\$ 18-

DOLLARS



Photo
ID
Required
On All
Checks

FIRST STATE BANK

FOR

Licenses renewal 1224

AL

Scott, Ruth

From: Scott, Ruth
Sent: Thursday, September 3, 2020 3:40 PM
To: Jeff Dobie
Cc: Olson, Dan
Subject: Haymaker - New Liquor License & Gambling Device Application(s)
Attachments: Application - New Liquor License w BGI Form.pdf

Jeff,

Dan Olson asked me to forward the attached to you. Note that the application has changed some since the last time you 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@cityofdekalb.com

BN 10/6/2020





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/28/2020

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 Resource Insurance 555 Bethany Rd DeKalb IL 60115-1746		CONTACT NAME: Charles Nihan PHONE (A/C No. Ext.): (815) 748-1489 FAX (A/C No.): (815) 748-1480 E-MAIL ADDRESS:													
INSURED Haymaker Enterprises Inc 1312 W Lincoln Hwy DeKalb IL 60115-2906		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Owners Insurance Company</td><td>NAIC # 32700</td></tr><tr><td>INSURER B: Hartford Accident and Indemnity Company</td><td>22357</td></tr><tr><td>INSURER C: Lloyd's - Atrium Liquor</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Owners Insurance Company	NAIC # 32700	INSURER B: Hartford Accident and Indemnity Company	22357	INSURER C: Lloyd's - Atrium Liquor		INSURER D:		INSURER E:		INSURER F:	
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INSURER C: Lloyd's - Atrium Liquor															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: CL2082804318

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		07840483	02/22/2020	02/22/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td>PRODUCTS - COM/POP AGG</td><td>\$ 1,000,000</td></tr><tr><td>Premises/Operations</td><td>\$</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Uninsured motorist BI</td><td>\$ 1,000,000</td></tr><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 1,000,000	PRODUCTS - COM/POP AGG	\$ 1,000,000	Premises/Operations	\$	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Uninsured motorist BI	\$ 1,000,000	EACH OCCURRENCE	\$	AGGREGATE	\$
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	83WECBT3734	10/18/2018	10/18/2020																													
C	Liquor Liability	Y		LIQ227981	04/26/2020	04/26/2021	1,000,000																												

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

CANCELLATION

City of DeKalb 164 E Lincoln Highway 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
--	---

A Hachmont A

8. 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 be 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 cameras and ID scanning capabilities.

*** Attachment B ***

9. ~~8~~ 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.

pg. 2
of app

10. 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

11. 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.

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of app

12. Please provide a brief narrative of your experience in the line of business you are seeking a license for.

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.

**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: 217 782-2138
WEBSITE: ILCC.Illinois.gov**

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

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

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

RETAILER'S LIQUOR LICENSE

FEE: \$750.00

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 premise;
- 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.

LICENSE NO
DATE ISSUED
EXPIRATION DATE

Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

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

A. FEIN

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

FEIN
36-4226196

B. ILLINOIS SALES TAX ACCOUNT ID

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

ILLINOIS SALES TAX ACCOUNT ID
2A74-3969

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
Itanmaker 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.

STREET ADDRESS		AREA CODE/TELEPHONE NO.	
		() EXT.	
COUNTY	CITY	STATE	ZIP CODE

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

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

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

2. STATUS OF BUSINESS

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

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

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

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

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

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

3. OWNERSHIP INFORMATION

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

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
Dobric JEFF A			1455 C-Hidden Ave		DeKalb	IL	60115
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
			president				100
NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
					()		
NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
					()		
NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
					()		

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

4. BUSINESS LOCATION INFORMATION

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

A. NAME/DOING BUSINESS AS (DBA)

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

NAME/DOING BUSINESS AS (DBA)
Tanys Pub + Grill

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
(815) 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 Hwy	DeKalb	IL	60115	DeKalb

D. BUSINESS TYPE

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

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

E. WAREHOUSING

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

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

F. RIGHTS TO THE PROPERTY

- ☒ I hereby certify that the property is owned by the applicant
☐ I hereby certify that the property is leased from the landlord
☐ I hereby certify that the property is managed via an operating or management agreement

LANDLORD NAME		AREA CODE/PHONE NUMBER (Home, cell, etc.)		
		()		
EMAIL ADDRESS		FAX NUMBER		
		()		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY

6. CERTIFICATE OF INSURANCE

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

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

7. ELIGIBILITY QUESTIONS

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

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

8. VIDEO GAMING

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

9. APPLICANT CONTACT INFORMATION

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

CONTACT PERSON'S NAME (First, Last)	BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER (Home, Cell, etc.)
JEFF DUBOIS	(815) 758-7737	
EMAIL ADDRESS	FAX NUMBER	
	()	

10. SIGNATURE/TITLE/DATE

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

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

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

 SIGNATURE OF APPLICANT	 TITLE/POSITION	 DATE
--	--	--

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



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.

BUSINESS INFORMATION (Type or Print clearly)			
Business Name:	FATTY'S PUB & GRILL	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Corporation Name:	Hammer Ent Inc		
Building Address: <small>Original license will be mailed to this address</small>	1312 W. LINCOLN Hwy		
License to be Issued to:	1221 W. LINCOLN Hwy		
Principal Business conducted at this location:	GAMING 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you owe money to any other city department?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has applicant(s) ever been convicted of any violation of the Gaming Laws of the State of Illinois or any other state or any Federal Gaming Laws?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IDENTIFICATION (To be completed by all applicants)			
	Name	Mailing Address	
Business Owner	JEFF DOWE	Address: 1155 GLIDDEN AVE	
		City, State, Zip Code: DEKALB, IL 60115	
		Email Address: [REDACTED]	
Business Manager		Address: [REDACTED]	
		City, State, Zip Code:	
		Email Address:	
Vending Machine Company		Address:	
		City, State, Zip Code:	
		Email Address:	
Email Correspondence to: (this includes renewal applications) <input checked="" type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Vending Machine Company			
Email Mail copy of license to a different address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide email address to send copy to:			

Fees

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

Number of Video Gaming Terminals Sought: 6 (maximum 6)Total Amount Due: \$ 3000**DESCRIPTION OF DEVICE(S) & PLAN FOR LOCATION**

- Description, mechanical features and name of manufacturer of device(s) on hand at time of application. *pending*
- ✓ 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: *Jeff Dobie*Date: 10/4/2020

Print Name & Title:

JEFF DOBIEPRESIDENT



ILLINOIS GAMING BOARD

JB Pritzker • Governor Charles Schumaker • Chairman Marcus D. Fruchter • Administrator

160 North LaSalle ♣ Suite 300 ♣ Chicago, Illinois 60601 ♥ tel 312/814-4700 ♦ fax 312/814-4602

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,

A handwritten signature in black ink, appearing to read "Marcus D. Fruchter".

Marcus D. Fruchter
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).

A handwritten signature in black ink, appearing to read "Marcus D. Fruchter".

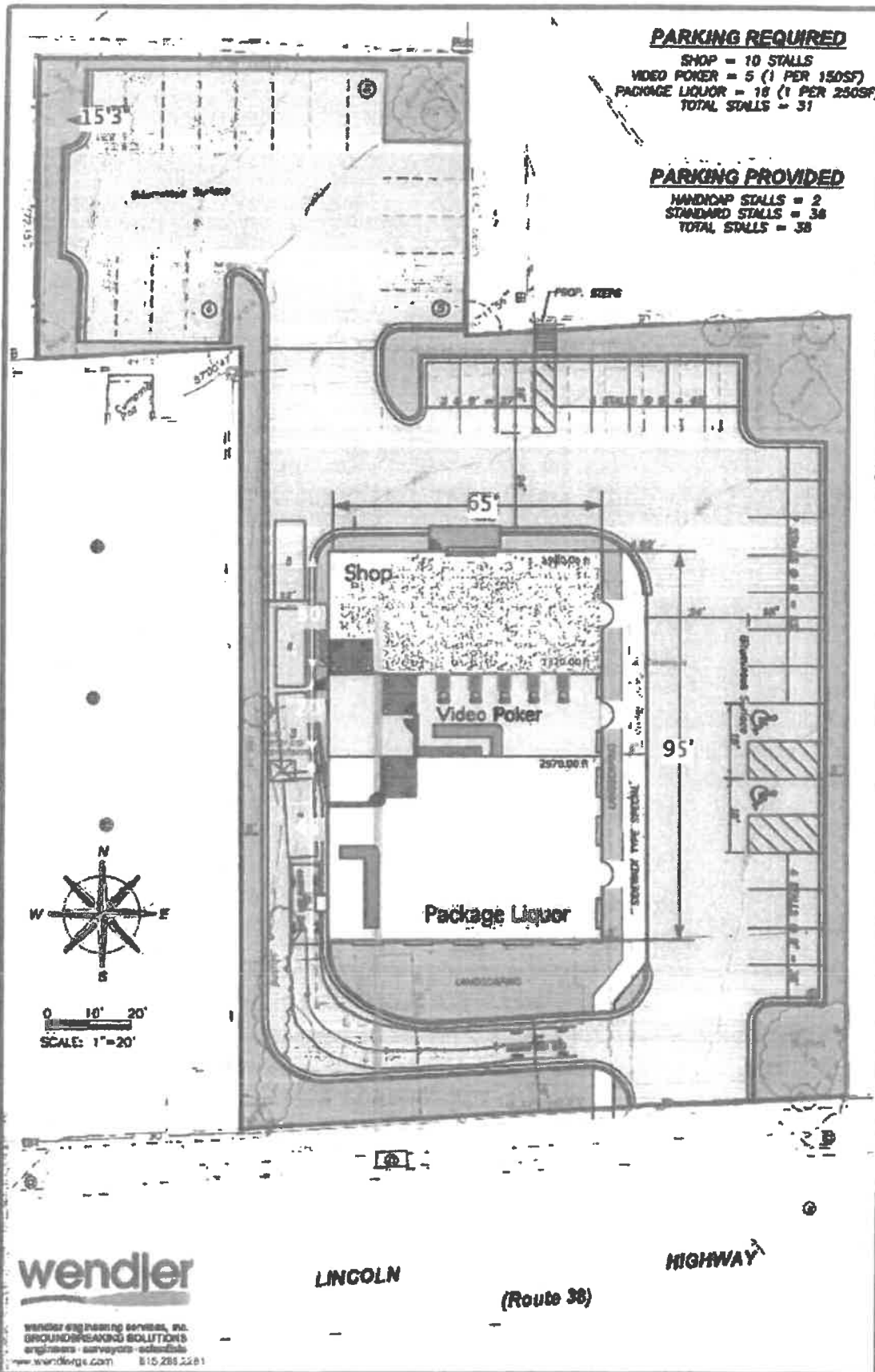
Marcus D. Fruchter
Administrator

PARKING REQUIRED

SHOP = 10 STALLS
VIDEO POKER = 5 (1 PER 150SF)
PACKAGE LIQUOR = 18 (1 PER 250SF)
TOTAL STALLS = 31

PARKING PROVIDED

HANDICAP STALLS = 2
STANDARD STALLS = 38
TOTAL STALLS = 38



wendler

wendler engineering services, inc.
GROUNDWORKING SOLUTIONS
engineers - surveyors - architects
www.wendler.com 815.288.2281

Scott, Ruth

Res 2020-111
Res 2020-112

From: Olson, Dan
Sent: Monday, October 18, 2021 4:54 PM
To: jeff.fattys@gmail.com
Cc: Nicklas, Bill; Scott, Ruth; Jeffrey Richardson
Subject: 1221 W. Lincoln Highway - Extension Letter - Liquor Licenses
Attachments: 1221 W. Lincoln Highway - Extension Letter - Liquor Licenses.pdf; Res 2020-111 Passed 101220 Haymaker.pdf; Res 2020-112 Passed 101220 Haymaker.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Jeff,

Attached is a letter providing a 6-month extension for the liquor licenses (video gaming and drive-thru) for 1221 W. Lincoln Highway till March 12, 2022.

Dan Olson, AICP | Principal Planner
City of DeKalb | 164 E. Lincoln Highway | DeKalb, IL 60115
Phone: 815-748-2361
Email: dan.olson@cityofdekalb.com | Website: www.cityofdekalb.com





164 East Lincoln Highway
DeKalb, Illinois 60115
815.748.2000 • cityofdekalb.com

October 18, 2021

Jeff Dobie
Blue Ridge, LLC
1312 W. Lincoln Hwy.
DeKalb, IL 60115

RE: 1221 W. Lincoln Highway – Extension Letter – Liquor Licenses

Jeff,

I've reviewed the relevant resolutions from 2020 (Resolutions ²⁰²⁰⁻¹¹¹ 2020-011 and 2020-112) and I am hereby extending the conditional liquor licenses for 1221 W. Lincoln Highway for six months from the original October 12, 2021 deadline for completion of the licensed premises at the above location. Please let me know if you have any questions.

Your shared commitment to expand a very successful business in our City is gratefully appreciated.

Kind regards,

A handwritten signature in blue ink, appearing to read "BN", written over a horizontal line.

Bill Nicklas,
City Manager

cc: Dan Olson, Principal Planner
Ruth Scott, Executive Assistant
Jeff Richardson