

**APPROVING A LAUNDROMAT LIQUOR LICENSE FOR SOUTH 4<sup>TH</sup> STREET MEGA LAUNDROMAT, LLC, LOCATED AT 1387 S. FOURTH STREET, DEKALB, ILLINOIS, WITH SUPPLEMENTAL LICENSURE FOR VIDEO GAMING.**

**WHEREAS**, the City of DeKalb (the "City") is a home rule unit of local government which may exercise any power and perform any function pertaining to its government and affairs pursuant to Article VII, Section 6, of the Illinois Constitution of 1970; and

**WHEREAS**, the City 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's Municipal Code; and

**WHEREAS**, the Local Liquor Commissioner and City staff have received, reviewed, and recommended approval of an application for a Bar Liquor License with supplemental licensure for video gaming and exemption from or waiver of the 100-foot setback from any school, for the establishment known as South 4<sup>th</sup> Street Mega Laundromat, LLC, located at 1387 S. Fourth Street, DeKalb, Illinois; and

**WHEREAS**, the City's corporate authorities find that the approval of this Resolution is in the City's best interests and promotes the public health, safety and welfare.

**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 and exemption from or waiver of the 100-foot setback from any school, shall be issued for South 4<sup>th</sup> Street Mega Laundromat, LLC, located at 1387 S. Fourth Street, DeKalb, Illinois ("Licensee"), subject to the following terms and conditions:

1. After issuance, the license shall be subject to all provisions of the City's Municipal Code, including those provisions pertaining to the term of an initial issuance of liquor license, renewal of liquor license, and similar provisions, unless specifically waived herein.
2. The City Council expressly authorizes the Liquor Commissioner to approve of further and specific regulations of the uses of the Premises within the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.
3. The City Council approves waiver of the 100' setback
4. The License shall be conditioned upon the following conditions precedent to final issuance:
  - a. The applicants shall be required to obtain and maintain at all times a Fire Life Safety license for the licensed premises;
  - b. The applicants shall be required to obtain all required building permits for interior and exterior modifications, to complete all modifications in accordance with approved plans, and thereafter to obtain an acceptable final inspection of the premises;

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

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

**SECTION 2:** This Resolution and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such resolution should (a) contain terms contrary to the provisions of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the corporate authorities of the City of DeKalb that to the extent that the terms of this Resolution should be inconsistent with any non-preemptive state law, that this Resolution shall supersede state law in that regard within its jurisdiction.

**SECTION 3:** That the City Clerk or Executive Assistant of the City of DeKalb, Illinois, be authorized and directed to attest the Mayor's Signature and this resolution shall be in full force and effect from and after its passage and approval as provided by law.

**FAILED BY THE CITY COUNCIL** of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 25<sup>th</sup> day of January 2021 by a 2-5 roll call vote. Aye: Finucane, Smith. Nay: Morris, Perkins, McAdams, Verbic, Faivre.



## 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: South 4th Street mega laundromat, LLC

Business Name (d/b/a): \_\_\_\_\_

Business Address: 1387 S 4th Street Dekalb, IL 60115

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**

- +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")

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.

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: Jim, LLC

Role: ☐ Owner ☒ Manager

\* Name: Linda R Mason, LLC *needs background*

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.**

*new liquor license category. Applicant holds a liquor license for ~~another~~ an indoor golf simulator establishment.*

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-1AM	6AM-1AM	6AM-1AM	6AM-1AM	6AM-2AM	6AM-2AM	6AM-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.

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

- see attached*
- 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.



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.)

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.

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.)

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. *and \$100.00 application fee.*

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)**

*[Signature]*

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.

*[Signature]*

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".

*[Signature]*

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.

*[Signature]*

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

Signed and submitted under Oath this 29 day of OCT, 2020.

Applicant Signature: *James C. Mason*

Print Name: JAMES C. MASON

Title: OWNER MANAGER

*additional requested info*  
**RECEIVED**  
NOV 18 2020  
BY:

## **South 4<sup>th</sup> Street Mega Laundromat**

7. No Outdoor Seating at this time.

### **8. Security Plan**

a) Age Verification: Our establishment will sell liquor in the bar of the establishment only allow alcohol in this area. We will card all patrons at the bar area before any adult beverages are served.

b) All alcoholic beverages will be located behind the bar area for sale as well as stored in coolers in the bar storage area that will be locked at all times.

c) We will be securing access to the bar area during closed hours by locking all doors that have access to that side of the facility.

d) All staff in the bar area will be BASSET trained and certified.

e) Rowdy and disruptive patrons will be asked to leave. We will train our staff on how to handle rowdy and disruptive patrons by staying calm and trying to diffuse the situation before calling the police. If the patrons refuse to behave the police will be called and a trespass notice will be issued for future access to our establishment.

f) Anti theft policies will be in place. All stock will be inventoried when it is delivered. The manager of the facility will check the sales and inventory daily to prevent theft at this facility. The premise is also be equipped with a security alarm, fire alarm, and security cameras.

g) We have security cameras, security alarm, and fire alarms.

h) All answered above

i) not applicable

### **9. Signage plan**

Our signage plan will include posting all required signs for restaurants and bars including signs required by federal and state standards. Additional signs we will post will prohibited under 21 liquor sales reading "To be sold or served alcoholic beverages on this premises your birth date must be on or before this date of this year.

10. Our training plan will be to send our servers to BASSET training at one of the BASSET classes listed on the Illinois Liquor Control Commissioner's website in the Northern Illinois region.

11. We will not be cross marketing.
12. We are requesting a conditional liquor license subject to state approval and gaming license permit.

#13

**LICENSE FEE**

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

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

Fee after January 31: DOUBLED



☒ NEW ☐ RENEWAL

LICENSE #:

**Fire-Life Safety License Application**

Municipal Code, Chapter 16

COPY

Incomplete applications will be returned to applicant

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 TO AVOID THE LATE FEE.

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

Return ORIGINAL completed application with license fee to:

Finance Department, City of DeKalb, 200 S. 4<sup>th</sup> Street, DeKalb, IL 60115

**MAKE CHECKS PAYABLE TO "CITY OF DEKALB"**

Application is hereby made for a Fire-Life Safety License for the period **May 1 through April 30**

<b>BUSINESS INFORMATION</b> (Please make any necessary changes – type or print clearly)	
Company or Corporation Name:	South 4th Street Mega Laundromat, LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Business Name (DBA):	
Building Address:	1387 S 4th Street
License Issued to:	South 4th Street Mega Laundromat, LLC Occupancy:
<b>NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY</b>	
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS</b>	
Name	Mailing Address (Please include City/State/Zip in Address)
Business Owner & Phone #	Address: 120 N Annie Glidden Rd City, State, Zip Code: DeKalb, IL 60115
Business Manager	Address: 120 N Annie Glidden Rd City, State, Zip Code: DeKalb, IL 60115
<b>LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED</b>	
Mail Correspondence (including renewal applications) to (check one): <input checked="" type="checkbox"/> Business Owner/Corporate <input type="checkbox"/> Business Manager Licensing Dept.	
E-Mail address of contact person :	Whitinga@masonproperties.com

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

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

**SIGNATURE** \*

Print Name and Title:

Date:

**FOR CITY USE ONLY**

Date Payment Received: \_\_\_\_\_

PAID/STAMP HERE

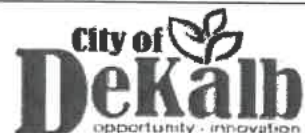
Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: ☐

Questions about this form? Call (815) 748-2387



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

EMERGENCY CONTACT INFORMATION – BUSINESS	DEKALB POLICE & FIRE DEPARTMENT																								
<b>BUSINESS INFORMATION</b>  BUSINESS NAME <u>South 4th Street mega Laundromat, LLC</u> BUILDING ADDRESS: <u>120 W Annie Glidden Rd</u> PHONE <u>(815) 901-0817</u> DATE OF UPDATE: _____	<b>FIRE DEPARTMENT INFORMATION</b> to be completed by Fire Prevention Officer STANDPIPE LOCATION: _____  KNOX BOX LOCATION: _____																								
<b>AFTER HOURS EMERGENCY CONTACT INFORMATION</b> <b>*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*</b>	<b>OTHER FIRE DEPARTMENT INFORMATION:</b>																								
<b>CONTACT #1</b> NAME: <u>Jim Mason</u> HOME PHONE: <u>(815) 901-4309</u> CELL PHONE/PAGER: ( ) <u>Same</u>	COPY																								
<b>CONTACT #2</b> NAME: <u>Ryan mason</u> HOME PHONE: <u>(815) 739-5812</u> CELL PHONE/PAGER: ( ) <u>Same</u>																									
<b>CONTACT #3</b> NAME: <u><del>Wanda</del> Tony Brandt</u> HOME PHONE: <u>(815) 761-0141</u> CELL PHONE/PAGER: ( ) <u>Same</u>																									
<b>CONTACT #4</b> NAME: <u>Sarah Whiting</u> HOME PHONE: <u>(815) 751-8849</u> CELL PHONE/PAGER: ( ) <u>Same</u>																									
	<b>ADDITIONAL INFORMATION</b> ALARM COMPANY NAME: <u>USA Central station monitoring</u> ALARM COMPANY 24 HOUR PHONE NUMBER: <u>(888) 872-3640</u>																								
	<b>BUSINESS HOURS:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>OPEN:</th> <th>CLOSE:</th> </tr> </thead> <tbody> <tr> <td>MONDAY</td> <td><u>TBD</u></td> <td><u>TBD</u></td> </tr> <tr> <td>TUESDAY</td> <td><u>↓</u></td> <td><u>↓</u></td> </tr> <tr> <td>WEDNESDAY</td> <td><u>↓</u></td> <td><u>↓</u></td> </tr> <tr> <td>THURSDAY</td> <td><u>↓</u></td> <td><u>↓</u></td> </tr> <tr> <td>FRIDAY</td> <td><u>↓</u></td> <td><u>↓</u></td> </tr> <tr> <td>SATURDAY</td> <td><u>↓</u></td> <td><u>↓</u></td> </tr> <tr> <td>SUNDAY</td> <td><u>↓</u></td> <td><u>↓</u></td> </tr> </tbody> </table>		OPEN:	CLOSE:	MONDAY	<u>TBD</u>	<u>TBD</u>	TUESDAY	<u>↓</u>	<u>↓</u>	WEDNESDAY	<u>↓</u>	<u>↓</u>	THURSDAY	<u>↓</u>	<u>↓</u>	FRIDAY	<u>↓</u>	<u>↓</u>	SATURDAY	<u>↓</u>	<u>↓</u>	SUNDAY	<u>↓</u>	<u>↓</u>
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<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Rachel.pacey@cityofdekalb.com) FAX: 815-748-2304            IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.</p>																									





SOUT4TH-01

JPARKER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/2020

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).

<b>PRODUCER</b> InsureChampaign 1704 South Neil Street, Suite A Champaign, IL 61820	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (217) 356-3111	<b>FAX (A/C, No):</b> (217) 356-3112
<b>INSURED</b>  South 4th Street Mega Laundromat, LLC James C Mason 120 N Annie Glidden Rd De Kalb, IL 60115	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Grange Insurance Company	
	<b>INSURER B:</b> U.S. Insurance Company Of America	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 14060		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BP 2783430	5/22/2020	5/22/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BP 2783430	5/22/2020	5/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Liquor Liability			20IL0000039LL00	10/22/2020	5/22/2021	Liquor Liability 1,000,000

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

## CERTIFICATE HOLDER

## 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

Proof of Insurance

ACORD 25 (2016/03)

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**Illinois Liquor Control  
Commission**



**JB Pritzker  
Governor**

**100 W. RANDOLPH ST., SUITE 7-801  
CHICAGO, ILLINOIS 60601  
TELEPHONE: 312 814-2206  
TDD: 312 814-1844**

**300 W. JEFFERSON ST., SUITE 300  
SPRINGFIELD, ILLINOIS 62702  
TELEPHONE: 217 782-2136  
WEBSITE: ILCC.Illinois.gov**

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

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

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

**RETAILER'S LIQUOR LICENSE**

**FEE: \$750.00**

**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](mailto: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 #
47-3920980

#### 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](http://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
4186-6657

#### 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
South 4th Street Mega Laundromat, LLC

#### 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.	
120 N Annie Glidden Rd		(815) 756-1198 EXT.	
COUNTY	CITY	STATE	ZIP CODE
DeKalb	DeKalb	IL	60115

#### 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: 4-9-15  
Date of Formation: 4-9-15  
Date of Incorporation: 4-9-15  
State of Incorporation: IL  
IL Secretary of State File #: 0505131  
Date Qualified to do Business in IL: 4-9-15

## 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
Jim. LLC			120 N Annie Glidden		Dekalb	IL	60115
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
			Manager				50

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
Linda R Mason LLC			120 N Annie Glidden Rd		Dekalb	IL	60115
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
			Manager				50

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)
South 4th Street Mega Laundromat, LLC

##### B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
(815) 901-0817 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
1387 S 4th Street	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 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 checked="" type="checkbox"/> OTHER <u>Laundromat</u> |

##### 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
N/A				

##### 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.)			
JLAR Illinois, LLC	(815) 756-1198			
EMAIL ADDRESS	FAX NUMBER			
whiting5a@masonproperties.com	(815) 756-1679			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
120 N Annie Glidden Rd	Dekalb	IL	60115	Dekalb



## 5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

### A. LOCAL LIQUOR LICENSE INFORMATION

#### YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE

*Your local license must contain the expiration date, issue date, and license number.*

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business location. Alcoholic beverages may not be sold or offered for sale prior to the date that the state liquor license is issued. If you began selling alcoholic beverage products before obtaining this license, you are required to fill out a delinquency affidavit to explain the circumstances. **Note: In unincorporated areas, the county acts as the local liquor licensing authority.**

MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE	LOCAL LICENSE NO.	DATE ISSUED	EXPIRATION DATE	DATE YOU BEGAN LIQUOR SALES AT THIS LOCATION

### B. FIRST LICENSE APPLICATION - LICENSE HISTORY

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

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ☐ NO ☒

IF NO, PROVIDE DATE FIRST APPLIED: July 14, 2020

DISPOSITION: GRANTED ☒ DENIED ☐ WITHDRAWN ☐

ADDRESS OF FIRST STATE APPLICATION: 1500 Sycamore Rd  
DeKalb, IL 60115

### C. TYPE OF LIQUOR LICENSE

Check the box which describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.

- ☒ ON-PREMISES CONSUMPTION (patrons consume alcoholic beverages on the premises only)  
☐ OFF-PREMISES CONSUMPTION (carry-out purchases only)  
☐ ON/OFF-PREMISES CONSUMPTION COMBINATION (both on the premises consumption and carry-outs)

### D. AUTHORIZED HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
6AM-1AM	6AM-1AM	6AM-1AM	6AM-2AM	6AM-2AM	6AM-2AM	10AM-1AM

### E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
9AM-4:30PM	9AM-4:30PM	9AM-4:30PM	9AM-4:30PM	9AM-4:30PM		

### F. EXPECTED OPENING DATE

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

11-1-20

## 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.

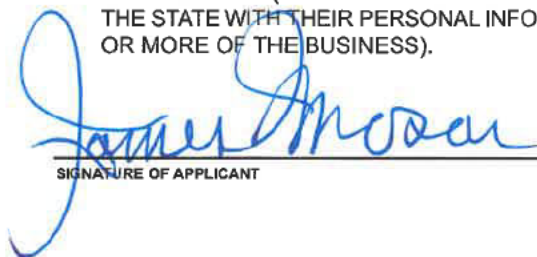
CONTACT PERSON'S NAME (First, Last)	BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER (Home, Cell, etc.)
James mason	(815) 756-1198	
EMAIL ADDRESS	FAX NUMBER	
	(815) 756-1198	

## 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

MANAGER OWNER

TITLE/POSITION

10.29.20

DATE

#16

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

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

When completed, mail this form to:

COPY

City of DeKalb  
 164 E Lincoln Highway  
 DeKalb, IL 60115

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

1) Applicant Name ("D/B/A"): South 4th Street Mega Landromat, LLC  
 Address: 1387 S 4th Street Telephone: (815) 901-0817  
 City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: \_\_\_\_\_

Registered Agent Name \_\_\_\_\_

Billing Address (If Different From #1): 120 N Annie Glidden Rd

City: DeKalb State: IL Zip: 60115

Telephone: (815) 756-1198 Email: whitinga@masonproperties.com

3) Illinois Retail Occupation Tax Number [ IBT# ] 4186-6657

Federal Employer IDS ( FEIN ) 47-3920980

Type of Business: Landromat

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

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

6) Registrant's type of business organization:

( ) Sole Proprietorship

☒ Partnership

( ) Other

( ) Corporation

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

Title	Name	Residence Address	Date of Birth
Manager	Linda R. Mason, LLC	120 N Annie Gladden Rd DeKalb.	

Title	Name	Residence Address	Date of Birth
-------	------	-------------------	---------------

Title	Name	Residence Address	Date of Birth
-------	------	-------------------	---------------

8) Name of Manager, if owner is not on premises. \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

Name: Greg Davis Title: Controller  
Address: 120 N Annie Gladden Rd Telephone: (815) 756-1198  
City: DeKalb State: IL Zip: 60115  
Email address: gdavis@masonproperties.com

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

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

Date 10-29-20

Signature

Printed Name

# Taxpayer Notification

## Business Authorization



#BWNKMGV  
#CNXX X2X4 7461 4888#  
SOUTH 4TH STREET MEGA LAUNDROMAT LL  
120 N ANNIE GLIDDEN RD  
DEKALB IL 60115-2702

April 2, 2020



Letter ID: CNXXX2X474614888

Account ID: 4186-6657

COPY

### We have enclosed your Certificate of Registration.

We have enclosed your Illinois Business Authorization. Please verify that all of the information on the attached Business Authorization is correct. In particular, be sure to verify that the information correctly represents whether you are within or outside of a municipality. If you are registered for Sales and Use Tax and the retail sales location listed is incorrect, contact our Local Tax Allocation Division at 217 785-6518.

If all of the information is correct, your authorization must be visibly displayed at the address listed.

**Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19030  
SPRINGFIELD IL 62794-9030

217 785-3707



Verify that all of your Illinois Business Authorization information is correct.

Verify that the information below correctly represents your business location. In particular, be sure to verify that the information correctly represents whether you are within or outside of a municipality. If you have registered for Sales and Use Tax and the retail sales location listed is incorrect, contact our Local Tax Allocation Division at 217 785-6518.

DeKalb  
DeKalb County

For all other corrections, contact our Central Registration Division at 217 785-3707.

If all of the information is correct, cut along the dotted line (fits a standard 5" x 7" frame). Your authorization must be visibly displayed at the address listed. **Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

COPY

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

**Illinois Business Authorization**

**SOUTH 4TH STREET MEGA LAUNDROMAT LL**

**120 N ANNIE GLIDDEN RD**  
**DEKALB IL 60115-2702**

Loc. Code: 019-0005-6-001

**DeKalb**  
**DeKalb County**

Expiration Date:  
**6/1/2021**

**Certificate of Registration**  
Sales and use taxes and fees

(4186-6657)

ILLINOIS REVENUE

Director:

OFFICIAL DOCUMENT

Issued Date: **04/02/2020**

**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:	South 4th Street Mega Laundromat	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Corporation Name:		
Building Address:	1387 S 4th Street DeKalb	
Original license will be mailed to this address		
License to be Issued to:	South 4th Street Mega Laundromat, LLC	
Principal Business conducted at this location:	Laundromat	

**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
<b>Business Owner</b>	South 4th Street Laundromat, LLC	Address: 120 N Annie Glidden Rd
		City, State, Zip Code: DeKalb, IL 60115
		Email Address: whitingsa@masonproperties.com
<b>Business Manager</b>	Jim, LLC	Address: 120 N Annie Glidden Rd
		City, State, Zip Code: DeKalb, IL 60115
		Email Address: whitingsa@masonproperties.com
<b>Vending Machine Company</b>	Accel Entertainment P.O. Box 1218	Address: P.O. Box 1218
		City, State, Zip Code: Bolingbrook, IL 60440
		Email Address:

**Email Correspondence to:**

(this includes renewal applications)

☒ Business Owner ☐ Business Manager ☐ Vending Machine Company

**Email** Mail copy of license to a different address?

☐ Yes ☒ 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. *upon placement*
- 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. *after received*
- 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. *after gaming licence is approved.*
- 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.

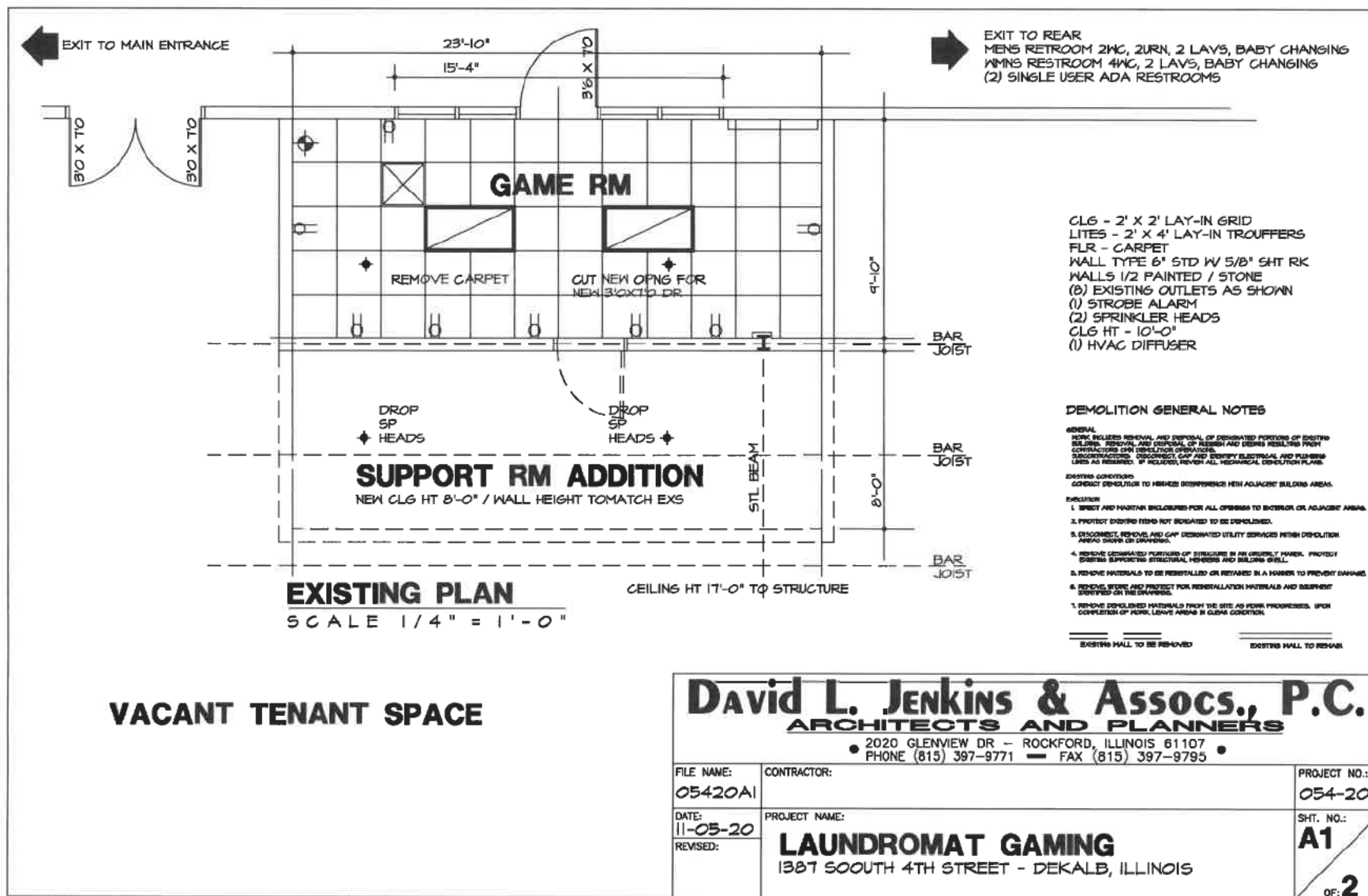
Signature: James Mason

Date: 10.29.20

Print Name & Title:

James Mason Manager

6



VACANT TENANT SPACE

<b>David L. Jenkins &amp; Assocs., P.C.</b> <b>ARCHITECTS AND PLANNERS</b> 2020 GLENVIEW DR - ROCKFORD, ILLINOIS 61107 PHONE (815) 397-9771 — FAX (815) 397-9795		
FILE NAME: <b>05420A1</b>	CONTRACTOR:	PROJECT NO.: <b>054-20</b>
DATE: <b>11-05-20</b> REVISED:	PROJECT NAME: <b>LAUNDROMAT GAMING</b> 1387 SOUTH 4TH STREET - DEKALB, ILLINOIS	SHT. NO.: <b>A1</b> OF: <b>2</b>



[illegible]

**INVOICE NO.**

00004500

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

**State Tax ID****License #**

2021-1434

**Invoice Date**

11/24/2020

**Due Date**

11/24/2020

**Amount Due**

\$14,354.00

**Business Address:**

SOUTH 4TH MEGA GRANDE LAUNDROMAT  
1387 S 4TH ST  
DEKALB, IL 60115-4603

<b>Invoice #:</b>	<b>License #:</b>	<b>License Type:</b>	<b>Application Date:</b>	<b>Expiration Date:</b>
00004500	2021-1434	LIQUOR LICENSE	11/24/2020	12/31/2021

Fee Description	Amount Due
BAR INITIAL <i>to be paid after Council approval</i>	\$10,766.00
LIQUOR LICENSE - APPLICATION FEE	\$538.00
BACKGROUND CHECK FEE	\$50.00
VIDEO GAMING LICENSE <i>to be paid after Council approval/receipt of license from IGB</i>	\$3,000.00

**Remit to:**

City of DeKalb  
164 E Lincoln Hwy  
DeKalb, IL 60115

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

Invoice Number:

**00004500****Billing/Mailing Address:**

SOUTH 4TH MEGA GRANDE LAUNDROMAT  
JAMES MASON  
120 N ANNIE GLIDDEN RD  
DEKALB, IL 60115-2702

**Billing/Invoice Date:** 11/24/2020**Total Due:** \$14,354.00**Due Date:** 11/24/2020





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

**Business Address:**

SOUTH 4TH MEGA GRANDE LAUNDROMAT  
1387 S 4TH ST  
DEKALB, IL 60115-4603

**INVOICE NO.**

00004501

**State Tax ID**

**License #**

2020-1435

**Invoice Date**

11/24/2020

**Due Date**

11/24/2020

**Amount Due**

\$100.00

<b>Invoice #:</b>	<b>License #:</b>	<b>License Type:</b>	<b>Application Date:</b>	<b>Expiration Date:</b>
00004501	2020-1435	FIRE LIFE SAFETY LICENSE	11/24/2020	04/30/2021

Fee Description	Amount Due
FIRE LIFE SAFETY LICENSES <i>for liquor license, if approved</i>	\$100.00

**Remit to:**

City of DeKalb  
164 E Lincoln Hwy  
DeKalb, IL 60115

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

Invoice Number:

**00004501**

**Billing/Mailing Address:**

SOUTH 4TH MEGA GRANDE LAUNDROMAT  
JAMES MASON  
120 N ANNIE GLIDDEN RD  
DEKALB, IL 60115-2702

**Billing/Invoice Date:** 11/24/2020

**Total Due:** \$100.00

**Due Date:** 11/24/2020

**MASON PROPERTIES**

JLAR, LLC  
120 N. ANNIE GLIDDEN RD.  
DEKALB, IL 60115



First Midwest Bank

6058

70-160/719

DATE

11/05/20 : \$688.00\*\*\*\*\*

**PAY**

\*\*\*\* SIX HUNDRED EIGHTY EIGHT AND 00/100 DOLLARS

TO THE  
ORDER OF

CITY OF DEKALB  
ATTN: RUTH SCOTT  
164 E LINCOLN HWY  
DEKALB, IL 60115

VOID AFTER 90 DAYS



AUTHORIZED SIGNATURE



⑈006058⑈

DATE: 11/05/20 SK# 6058 TOTAL: \$688.00\*\*\*\*\* BANK: bdk - (FMB) EGC/BSquare/1888E/mgl  
PAYEE: CITY OF DEKALB (vcitymgr)

6058

Property Account	Invoice	Description	Amount
mgl 7620	Liquor License MGL	Liquor License 1387 S 4th St, DeKalb <i>app</i>	538.00
mgl 7620	Liquor License MGL	Liquor License 1387 S 4th St, DeKalb <i>background</i>	50.00
mgl 7620	Liquor License MGL	Liquor License 1387 S 4th St, DeKalb <i>FLS</i>	100.00
			<hr/> 688.00

**RECEIVED**  
NOV 18 2020  
BY: \_\_\_\_\_

City of DeKalb  
164 E. LINCOLN HWY  
DeKalb, IL 60115

**Paid By:**  
SOUTH 4TH MEGA GRANDE LAUNDROMAT  
1387 S 4TH ST  
DEKALB, IL 60115-4603

# RECEIPT

Receipt #	Post Date
00003740	11/24/2020
Business ID	
261	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	6058

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-1434	00004500	BAR INITIAL	BAR	688.00

#538 application fee  
\$50 background fee  
\$100 FLS fee

Total Amount Paid
688.00

Scott, Ruth

---

**From:** Redel, Bob  
**Sent:** Friday, January 15, 2021 1:00 PM  
**To:** Smith, Jerry  
**Cc:** Scott, Ruth; Nicklas, Bill  
**Subject:** Re: Laundromat Liquor License

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

I'm good.

Sent from my iPhone

On Jan 15, 2021, at 9:16 AM, Smith, Jerry <Jerry.Smith@cityofdekalb.com> wrote:

1/15

I will defer to Chief Redel's decision; if he okays these clarifications, I am OK with moving this to the January 25 meeting.

Jerry Smith

---

**From:** Scott, Ruth <Ruth.Scott@CITYOFDEKALB.com>  
**Sent:** Friday, January 15, 2021 7:49 AM  
**To:** Redel, Bob <BRedel@CITYOFDEKALB.com>; Smith, Jerry <Jerry.Smith@CITYOFDEKALB.com>  
**Cc:** Nicklas, Bill <bill.nicklas@CITYOFDEKALB.com>  
**Subject:** FW: Laundromat Liquor License

Please see Sarah's response below. Will that do or would you prefer further information?

Ruth

---

**From:** Sarah Whiting <whittingsa@masonproperties.com>  
**Sent:** Thursday, January 14, 2021 12:48 PM  
**To:** Scott, Ruth <Ruth.Scott@CITYOFDEKALB.com>  
**Subject:** Re: Laundromat Liquor License

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

Hey Ruth.

We already have a camera in the area we are putting the gaming. Also. The wording the police chief wants is exactly what we put just saying it a different way. So we are ok with that addition as well.

Sent from my iPhone

On Jan 14, 2021, at 12:43 PM, Scott, Ruth <[Ruth.Scott@cityofdekalb.com](mailto:Ruth.Scott@cityofdekalb.com)> wrote:

Sarah,

The Liquor Commissioner and Police Chief have the following concerns regarding the liquor license application for the laundromat:

*The plan looks good but I would like to see more specific wording in the plan. The plan states it will have security cameras. The business currently has security cameras on the outside and inside the laundromat, I want to ensure that cameras will be installed and used inside the bar/gaming area. The plan also states that the business "will sell liquor in the bar of the establishment only allow alcohol in this area". I would like further wording that states that alcohol will not be allowed outside the bar/gaming area.*

I've attached a copy of the application for your convenience.

Please note that this item is scheduled for review at the January 25 Council meeting. I will need a response regarding these concerns no later than 12:00 p.m. on Tuesday, January 19, otherwise the item will be pushed to the February 8 meeting.

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](mailto:ruth.scott@cityofdekalb.com)

<image003.jpg>

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<S. 4th Street Mega Laundromat.pdf>

## **South 4<sup>th</sup> Street Mega Laundromat**

7. No Outdoor Seating at this time.

### **8. Security Plan**

a) Age Verification: Our establishment will sell liquor in the bar of the establishment only allow alcohol in this area. We will card all patrons at the bar area before any adult beverages are served.

b) All alcoholic beverages will be located behind the bar area for sale as well as stored in coolers in the bar storage area that will be locked at all times.

c) We will be securing access to the bar area during closed hours by locking all doors that have access to that side of the facility. Alcohol will not be allowed outside the gaming/bar area.

d) All staff in the bar area will be BASSET trained and certified.

e) Rowdy and disruptive patrons will be asked to leave. We will train our staff on how to handle rowdy and disruptive patrons by staying calm and trying to diffuse the situation before calling the police. If the patrons refuse to behave the police will be called and a trespass notice will be issued for future access to our establishment.

f) Anti theft policies will be in place. All stock will be inventoried when it is delivered. The manager of the facility will check the sales and inventory daily to prevent theft at this facility. The premise is also be equipped with a security alarm, fire alarm, and security cameras.

g) We have security cameras, security alarm, and fire alarms. There is currently a camera already installed and working in the proposed gaming area.

h) All answered above

i) not applicable

### **9. Signage plan**

Our signage plan will include posting all required signs for restaurants and bars including signs required by federal and state standards. Additional signs we will post will prohibited under 21 liquor sales reading "To be sold or served alcoholic beverages on this premises your birth date must be on or before this date of this year.

10. Our training plan will be to send our servers to BASSET training at one of the BASSET classes listed on the Illinois Liquor Control Commissioner's website in the Northern Illinois region.



Scott, Ruth

---

**From:** Redel, Bob  
**Sent:** Thursday, January 14, 2021 11:41 AM  
**To:** Scott, Ruth; Smith, Jerry  
**Cc:** Nicklas, Bill; Harper, Dawn; Olson, Dan; McMaster, Jeff  
**Subject:** RE: Liquor License Request - South 4th Street Mega Laundromat, 1387 S. 4th Street

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Ruth,

The plan looks good but I would like to see more specific wording in the plan. The plan states it will have security cameras. The business currently has security cameras on the outside and inside the laundromat, I want to ensure that cameras will be installed and used inside the bar/gaming area. The plan also states that the business "will sell liquor in the bar of the establishment only allow alcohol in this area". I would like further wording that states that alcohol will not be allowed outside the bar/gaming area.

Bob

---

**From:** Scott, Ruth <Ruth.Scott@CITYOFDEKALB.com>  
**Sent:** Wednesday, January 13, 2021 5:05 PM  
**To:** Smith, Jerry <Jerry.Smith@CITYOFDEKALB.com>; Redel, Bob <BRedel@CITYOFDEKALB.com>  
**Cc:** Nicklas, Bill <bill.nicklas@CITYOFDEKALB.com>; Harper, Dawn <Dawn.Harper@CITYOFDEKALB.com>; Olson, Dan <Dan.Olson@CITYOFDEKALB.com>; McMaster, Jeff <Jeff.Mcmaster@CITYOFDEKALB.com>  
**Subject:** Liquor License Request - South 4th Street Mega Laundromat, 1387 S. 4th Street  
**Importance:** High

Mayor Smith and Chief Redel,

The owners of the subject business have submitted an application for a laundromat liquor license. Please review the attached and advise of your approval or disapproval. If you disapprove, please indicate the reason.

Respectfully,

**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](mailto:ruth.scott@cityofdekalb.com)



Scott, Ruth

---

**From:** Smith, Jerry  
**Sent:** Thursday, January 14, 2021 11:45 AM  
**To:** Redel, Bob; Scott, Ruth  
**Cc:** Nicklas, Bill; Harper, Dawn; Olson, Dan; McMaster, Jeff  
**Subject:** RE: Liquor License Request - South 4th Street Mega Laundromat, 1387 S. 4th Street

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

I would like to see further information, per Chief Redel's concerns, prior to my OK.

Jerry Smith

---

**From:** Redel, Bob <BRedel@CITYOFDEKALB.com>  
**Sent:** Thursday, January 14, 2021 11:41 AM  
**To:** Scott, Ruth <Ruth.Scott@CITYOFDEKALB.com>; Smith, Jerry <Jerry.Smith@CITYOFDEKALB.com>  
**Cc:** Nicklas, Bill <bill.nicklas@CITYOFDEKALB.com>; Harper, Dawn <Dawn.Harper@CITYOFDEKALB.com>; Olson, Dan <Dan.Olson@CITYOFDEKALB.com>; McMaster, Jeff <Jeff.Mcmaster@CITYOFDEKALB.com>  
**Subject:** RE: Liquor License Request - South 4th Street Mega Laundromat, 1387 S. 4th Street

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Bob

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**Sent:** Wednesday, January 13, 2021 5:05 PM  
**To:** Smith, Jerry <Jerry.Smith@CITYOFDEKALB.com>; Redel, Bob <BRedel@CITYOFDEKALB.com>  
**Cc:** Nicklas, Bill <bill.nicklas@CITYOFDEKALB.com>; Harper, Dawn <Dawn.Harper@CITYOFDEKALB.com>; Olson, Dan <Dan.Olson@CITYOFDEKALB.com>; McMaster, Jeff <Jeff.Mcmaster@CITYOFDEKALB.com>  
**Subject:** Liquor License Request - South 4th Street Mega Laundromat, 1387 S. 4th Street  
**Importance:** High

Mayor Smith and Chief Redel,

The owners of the subject business have submitted an application for a laundromat liquor license. Please review the attached and advise of your approval or disapproval. If you disapprove, please indicate the reason.

Respectfully,

**Ruth A. Scott**  
Executive Assistant  
City of DeKalb  
164 E. Lincoln Highway