

**APPROVING A RESTAURANT/BAR LIQUOR LICENSE FOR JERK FUZION
SPORTS BAR & GRILL, 930 PAPPAS DRIVE, DEKALB, ILLINOIS.**

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

WHEREAS, the City has received and reviewed an application for a Restaurant/Bar Liquor License for the establishment known as Jerk Fuzion Sports Bar & Grill, located at 930 Pappas Drive, DeKalb, Illinois. 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, Restaurant/Bar, shall be issued for Jerk Fuzion Sports Bar & Grill, 930 Pappas Drive, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

1. After issuance, the license shall be subject to all provisions of the City Code of the City of DeKalb, including those provisions pertaining to the term of an initial issuance of liquor license, renewal of liquor license, and similar provisions, unless specifically waived herein.
2. The City Council expressly authorizes the Liquor Commissioner to approve of further and specific regulations of the uses of the Premises within the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.
3. The License shall be conditioned upon the following conditions precedent to final issuance:
 - a. The applicants shall be required to obtain and maintain at all times a Fire Life Safety license for the licensed premises;
 - b. The applicants shall be required to obtain all required building permits for interior and exterior modifications, to complete all modifications in accordance with approved plans, and thereafter to obtain an acceptable final inspection of the premises;
 - c. The applicants shall obtain a State of Illinois liquor license prior to commencing liquor operations;
 - d. The applicants shall be required to adhere to the occupancy limit, once established;
 - e. The applicants and all employees must successfully complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program prior to the date on which the applicants and employees start serving, preparing or selling alcohol; and
 - f. The applicants shall operate the premises in accordance with all applicable codes and ordinances and shall collect and remit all taxes required under applicable federal, state or local laws.
4. The License shall be deemed to permanently include the following restrictions:
 - a. The property shall otherwise comply with all applicable City Codes and Ordinances.

- b. The property shall comply with applicable Unified Development Ordinance (UDO) requirements and parking restrictions.

SECTION 2: 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 3: 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 provision 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 4: This resolution shall be in full force and effect from and after its passage and approval as provided by law.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois at a Regular meeting thereof held on the 12th day of July 2021 and approved by me as Mayor on the same day. Passed by a 6-0-2 roll call vote. Aye: Morris, Larson, Smith, Perkins, Verbic, Barnes. Nay: None. Absent: McAdams, Faivre.




COHEN BARNES, Mayor

ATTEST:


Ruth A. Scott, Executive Assistant



LIQUOR LICENSE

License No: 2021-2931

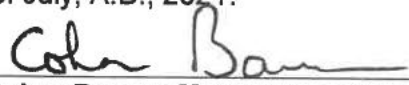
Class: Restaurant/Bar

This Liquor License is issued in accordance with Chapter 38 of the DeKalb Municipal Code and is subject to the provisions of all ordinances now in force and that may hereafter be passed by the City of DeKalb. The business noted below is hereby authorized to sell alcoholic liquor for consumption on the premises at 2370 Sycamore Road, DeKalb, Illinois.

Corporation Name: Jerk Fuzion Sports Bar & Grill
Business Name (d/b/a): Jerk Fuzion Bar & Grill
Business Address: 930 Pappas Drive
Term of License: July 12, 2021 – December 31, 2021



Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 12th day of July, A.D., 2021.


Cohen Barnes, Mayor/Liquor Commissioner

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT

~~Liquor license 2021-2931 is marked as conditional pending the receipt of the following:~~

- ~~• a valid State of Illinois issued liquor license;~~
- ~~• a valid City of DeKalb issued Fire Life Safety license;~~
- ~~• a Certified Alcohol Server Education Program certification for each applicant and employee prior to the date on which they start serving, preparing, and/or selling alcohol; and~~
- ~~• the completion of all other conditions listed in the approval letter and Resolution 2021-052.~~

All conditions met as of August 24, 2021.


Cohen Barnes, Mayor/Liquor Commissioner – August 31, 2021



LIQUOR LICENSE (CONDITIONAL)

License No: 2021-2931

Class: Restaurant/Bar

COPY

This Liquor License is issued in accordance with Chapter 38 of the DeKalb Municipal Code and is subject to the provisions of all ordinances now in force and that may hereafter be passed by the City of DeKalb. The business noted below is hereby authorized to sell alcoholic liquor for consumption on the premises at 2370 Sycamore Road, DeKalb, Illinois.

Corporation Name: Jerk Fuzion Sports Bar & Grill
Business Name (d/b/a): Jerk Fuzion Bar & Grill
Business Address: 930 Pappas Drive
Term of License: July 12, 2021 – December 31, 2021



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Cohen Barnes, Mayor/Liquor Commissioner

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT

Liquor license 2021-2931 is marked as conditional pending the receipt of the following:

- ☒ a valid State of Illinois issued liquor license;
- ☒ a valid City of DeKalb issued Fire Life Safety license;
- ☒ a Certified Alcohol Server Education Program certification for each applicant and employee prior to the date on which they start serving, preparing, and/or selling alcohol; and
- ☒ the completion of all other conditions listed in the approval letter and Resolution 2021-052.

Cohen Barnes, Mayor/Liquor Commissioner – July 12, 2021



CATERER'S PERMIT – ANNUAL

CA Permit No.: 2021-2931

This Catering Permit is issued in accordance with Chapter 38.18 of the DeKalb Municipal Code and is subject to the provisions of all Ordinances now in force and that may hereafter be passed by the City of DeKalb.

Business Name (d/b/a): Jerk Fuzion Bar & Grill
Corporation Name: Jerk Fuzion Sports Bar & Grill
Business Address: 930 Pappas Drive
Term of License: July 12, 2021 – December 31, 2021

COPY



Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 13th day of July, A.D. 2021.



Cohen Barnes, Mayor / Liquor Commissioner

LICENSE NOT TRANSFERABLE BY SALE OR ASSIGNMENT



LIVE ENTERTAINMENT PERMIT

Permit No.: LE2021-2931

This Live Entertainment Permit is issued in accordance with Chapter 38.16 of the DeKalb Municipal Code and is subject to the provisions of all Ordinances now in force and that may hereafter be passed by the City of DeKalb.

Business Name (d/b/a): Jerk Fuzion Bar & Grill
Corporation Name: Jerk Fuzion Sports Bar & Grill
Business Address: 930 Pappas Drive
Term of License: July 12, 2021 – December 31, 2021

COPY



Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 12th day of July, A.D. 2021.



Cohen Barnes, Mayor / Liquor Commissioner

LICENSE NOT TRANSFERABLE BY SALE OR ASSIGNMENT



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

Business Address:

JERK FUZION BAR & GRILL
930 PAPPAS DR
DEKALB, IL 60115

INVOICE NO.

00007443

State Tax ID

License #

2021-2931

Invoice Date

07/06/2021

Due Date

07/06/2021

Amount Due

\$11,520.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007443	2021-2931	LIQUOR LICENSE	05/27/2021	04/30/2022

Fee Description	Amount Due
BAR INITIAL	\$10,766.00
CATERER PERMIT FEES	\$377.00
LIVE ENTERTAINMENT PERMIT	\$377.00

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00007443**

Billing/Invoice Date: 07/06/2021

Total Due: \$11,520.00

Due Date: 07/06/2021

Billing/Mailing Address:

JERK FUZION BAR & GRILL
JACKIE REA
3324 TULIP DR
HAZEL CREST, IL 60429

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

Paid By:
JERK FUZION BAR & GRILL
930 PAPPAS DR
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006579	07/14/2021
Business ID	
2051	
Cashier	
AMY.FRANTZ	
Payment Method	
Cash	

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2931	00007443	BAR INITIAL	BAR	10,766.00
2021-2931	00007443	CATERER PERMIT FEES	CATERE	377.00
2021-2931	00007443	LIVE ENTERTAINMENT PERMIT	LIVEENT	377.00

Total Amount Paid
11,520.00

July 13, 2021

Jerk Fuzion Sports Bar & Grill
ICO Ms. Jackie N. Rea
3324 Tulip Drive
Hazelcrest, Illinois 60429

Dear Ms. Rea:

Congratulations on the approval of a Restaurant/Bar liquor license for Jerk Fuzion Sports Bar & Grill, located at 930 Pappas Drive, DeKalb, Illinois.

Please note the following:

1. An initial fee of \$10,766.00 for the liquor license is due prior to issuance. Upon receipt of the fee, a conditional license will be issued so that you can begin the process of obtaining a State of Illinois issued liquor license. Upon receipt of the State of Illinois liquor license, a copy should be forwarded to the attention of Executive Assistant Ruth Scott. The establishment must obtain the State of Illinois liquor license prior to commencing liquor operations.
2. A fee of \$377.00 for the annual caterer license will be due prior to issuance.
3. A fee of \$377.00 for the annual live entertainment license will be due prior to issuance.

Please contact Executive Assistant Ruth Scott to arrange payment of the initial fees. She can be reached by phone at (815) 748-2090 or via email at ruth.scott@cityofdekalb.com.

4. Based on the timeline of the application, the license will be valid through December 31, 2021. Since the license is being issued six months into the current licensing term, the establishment will be eligible for a 50% renewal fee reduction for the 2022 licensing term. A letter with the amount due will be mailed to the business address at the time of renewal.
5. The establishment will be responsible for payment of Restaurant, Bar and Package Liquor Tax (RBT) as required by Chapter 60 "Restaurant, Bar, and Package Liquor Tax" of the Municipal Code of the City of DeKalb. For more information regarding RBT, please contact the Finance Division at (815) 748-2080.

Further information regarding the conditions of the license can be found in the attached resolution. Careful review of Chapter 38 "Intoxicating Liquors" of the City's Municipal Code is encouraged as it pertains to restrictions applicable to Restaurant/Bar liquor licenses.

We look forward to working with you on a successful business.

Sincerely,


Cohen Barnes
Mayor / Liquor Commissioner

COPY



LIQUOR LICENSE APPLICATION

Liz # 2021-2931
eligible for a 50% reduction in renewal fee.

Corporation/LLC Name: Jerk Fuzion Sports Bar & Grill
Business Name (d/b/a): Jerk Fuzion Bar & Grill
Business Address: 930 Pappas Dr 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 ☒ *initial fee \$10766.00*
+Live Entertainment Permit ☒ *\$377*
+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 "Gambling Devices" must be filed. (Reference Section 38.27)

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: Jackie Rea *pending* 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.**

I helped manage my families restaurant for 10 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
11am -10 pm	11 am - 12pm	11 am-12 pm	11 am -12 pm	11 am-1am	11am-2 am	11 am-2 am

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")

- 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.

1. Age verification (Our establishment will ensure all liquor sale is on the bar side of the establishmentwe will card all patrons at the bar before any alcohol beverages are served

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

Alcoholic beverages will be stored in coolers and will be located behind the bar area for sale which will always remain locked or monitored.

c. The method of securing site access.

We will be securing the bar area during closed hours by locking all doors that have access to the bar. and the main and secondary entrance to the building will remain locked during closing hours

d. Training to be provided to employees and alcohol servers.

All Staff will be BASSET trained and certified

e. The security plan for rowdy or disruptive patrons.

Rowdy and disruptive customers will be asked to leave and our staff will be properly trained as to how to diffused situations by remaining calm and professional. if the police is called for misconduct patrons will be as to leave and possible denial from access for the future

f. Anti-theft policies and countermeasures.

The premises will be equipped with security alarm, fire alarm and security cameras. All stocks will be inventoried upon delivery and daily checks will be made by the managers to prevent theft

g. Surveillance equipment to be utilized and a surveillance plan.

Security Cameras , Security Alarm and fire Alarm

h. Any other related security information.

The Certificate of insurance will be supplied in accordance and compliance with section 38.08 and there will be a security personnel at the door with a metal detector

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.

The facility will primarily be a restaurant and sports bar at 930 Pappas Dr Dekalb 60115. All alcohol beverages will be put away and properly stored during the hours that alcohol is not to be served. the area for food is separated from bar so therefore securing the alcohol beverages during closer will not inter-fare with the operation of the restaurant

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 [City of DeKalb website](#).)

10. **Provide a detailed description of the training plan for Alcohol Servers.** All alcohol servers must complete a [Basset 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.

All Servers will be trained prior to serving alcohol

Our signage will include posting all required signs for restaurant and bars to include federal and state standard.. there will be signs prohibiting under 21 liquor sales

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))

No outdoor seating

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.)

Just Bar I am requesting a conditional liquor license based on city approval. The facility will be requesting a ~~hospitality~~ liquor license and for the facility to be considered as a Jerk bar & Grill in the current UDO. I would like to open mid summer of 2021. but the opening date will be determined based on city approvals

will need for State license

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.

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** [City of DeKalb 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)



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

Business Address:
JERK FUZION BAR & GRILL
930 PAPPAS DR
DEKALB, IL 60115

INVOICE NO.

00007243

State Tax ID**License #**

2021-2931

Invoice Date

05/27/2021

Due Date

05/27/2021

Amount Due

\$588.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007243	2021-2931	LIQUOR LICENSE	05/27/2021	04/30/2022

Fee Description	Amount Due
BACKGROUND CHECK FEE	\$50.00
LIQUOR LICENSE - APPLICATION FEE	\$538.00

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number:

00007243

Print Receipts

Billing/Mailing Address:

JERK FUZION BAR & GRILL
JACKIE REA
3324 TULIP DR
HAZEL CREST, IL 60429

Billing/Invoice Date: 05/27/2021**Total Due:** \$588.00**Due Date:** 05/27/2021

1-2/1221

1006

JACKIE N. RÉA

DATE 5/27/21

PAY TO THE
ORDER OF

City of Dekalb

\$ 688.00

Six hundred and eighty eight & 00/100

DOLLARS



Security Features
Included
Details on Back

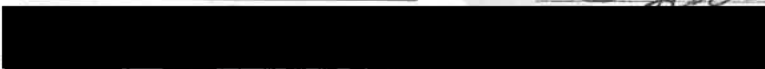


JPMorgan Chase Bank, N.A.
www.Chase.com

Jackie N

MP

MEMO



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

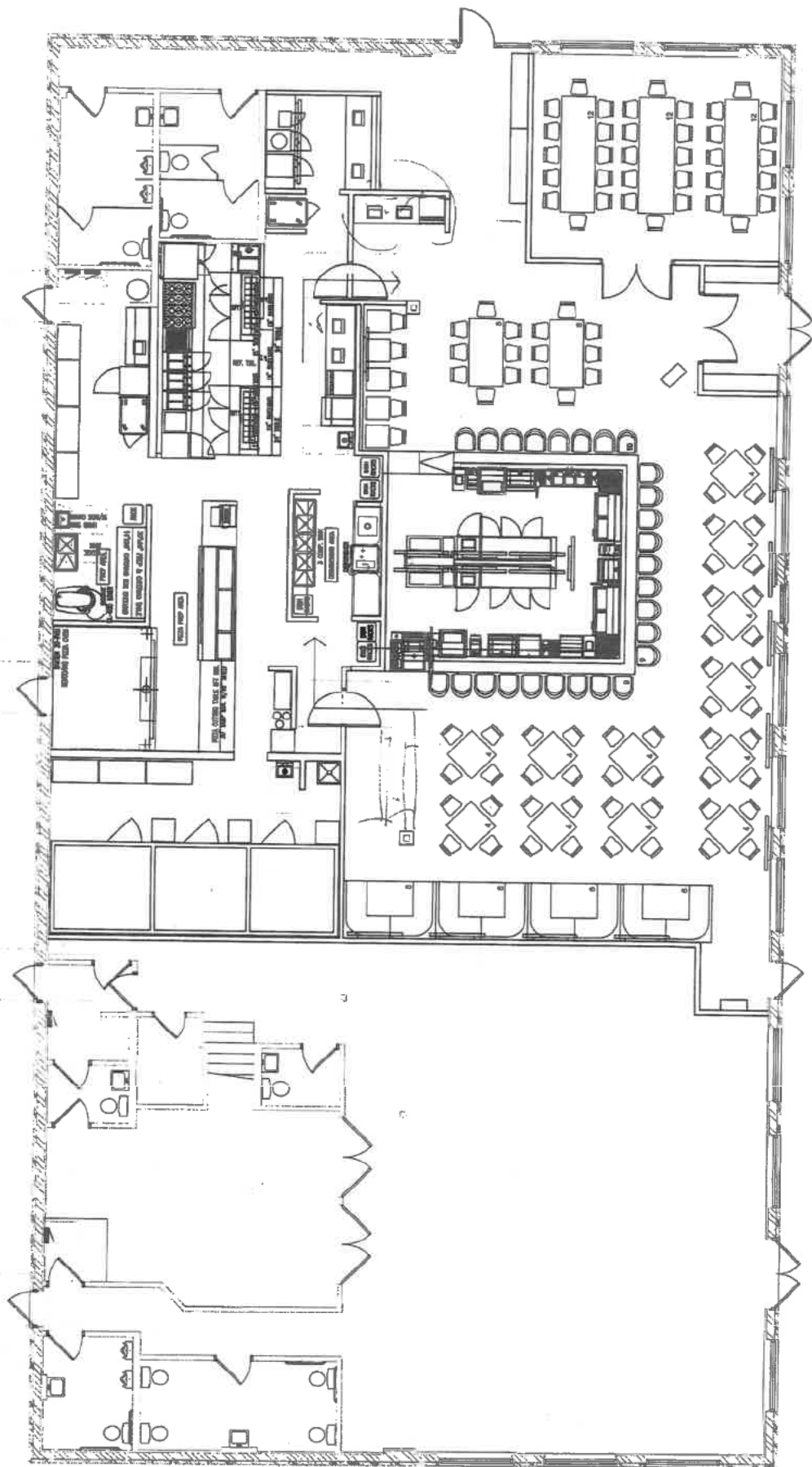
Paid By:
JERK FUZION BAR & GRILL
930 PAPPAS DR
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006261	05/27/2021
Business ID	
2051	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	1006

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2931	00007243	BACKGROUND CHECK FEE	BACKCH	50.00
2021-2931	00007243	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00

Total Amount Paid
588.00





FIRE LIFE SAFETY LICENSE

Fee Paid: \$100.00

License No. 2021-2930

BUSINESS NAME (DBA) _____

CORPORATION NAME: JERK FUZION BAR & GRILL

BUSINESS ADDRESS: 930 PAPPAS DR

TERM OF LICENSE: August 24, 2021 - April 30, 2022

**LICENSE ISSUED IN ACCORDANCE WITH CHAPTER 16 OF
THE CITY OF DEKALB MUNICIPAL CODE**



City Manager

08/24/2021

Date

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT

Scott, Ruth

From: McMaster, Jeff
Sent: Monday, August 23, 2021 3:31 PM
To: Scott, Ruth
Cc: Nicklas, Bill; Barnes, Cohen
Subject: Jerk Fuzion *Fire/Life Safety Update*

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon Ruth,

To clarify the Fire Department's position on Jerk Fuzion and their Fire/Life Safety:

- They received a FLS inspection on Friday, August 20.
- In the restaurant area, they had a few minor infractions including replacing a light fixture, fixing a hole in a wall, securing the CO2 cylinders, and moving their dumpsters to the rear of the building. These are infractions that are easily remedied. They are scheduled for a reinspection this Thursday, August 26 in the morning.
- The restaurant desires to cook using two large smokers in the parking lot. This was not reflected in their business or FLS applications, but the smokers were on-site. They were given thirty (30) days to work out a plan with the Building Department for an appropriate enclosure to house the smokers.

In my opinion, if they remedy the minor violations by this Thursday, they can receive their FLS. However, they should not use the smokers until they have the enclosures approved and completed per the Building Department. The FPO gave them a contingency until September 20 to have the approved enclosure completed. Their opening is also dependent on other City licenses and requirements.

Thank you.

Jeff McMaster | Fire Chief
DeKalb Fire Department | 700 Pine Street | DeKalb, IL 60115
Station 815-748-8460 | Mobile 815-901-5088

LICENSE FEE

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

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

Fee after January 31: DOUBLED

☐ NEW ☐ RENEWAL

LICENSE #:

COPY

Fire-Life Safety License Application

Municipal Code, Chapter 16

Incomplete applications will be returned to applicant

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

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

Return ORIGINAL completed application with license fee to:Finance Department, City of DeKalb, 200 S. 4th Street, DeKalb, IL 60115

MAKE CHECKS PAYABLE TO "CITY OF DEKALB"

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

BUSINESS INFORMATION (Please make any necessary changes – type or print clearly)		
Company or Corporation Name:	Jerk Fuzion Sports Bar & Grill	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Business Name (DBA):	Jerk Fuzion Bar & Grill	
Building Address:	930 Pappas Dr DeKalb, IL 60115	
License Issued to:		Occupancy:
NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY		
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?		Yes <input type="checkbox"/> No <input type="checkbox"/>
IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS		
	Name	Mailing Address (Please include City/State/Zip in Address)
Business Owner & Phone #	Jackie Rea	Address: 3324 Tulip Dr
	407 967 9727	City, State, Zip Code: Hazel Crest, IL 60115
Business Manager		Address:
		City, State, Zip Code:
LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED		
Mail Correspondence (including renewal applications) to (check one):		<input checked="" type="checkbox"/> Business Owner/Corporate <input type="checkbox"/> Business Manager
Licensing Dept.		
E-Mail address of contact person :		Jackie.rea@icloud.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 X

Print Name and Title: Jackie Rea owner

Date: 4.11.21

FOR CITY USE ONLY

Date Payment Received: _____

Payment 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																						
BUSINESS INFORMATION BUSINESS NAME <u>Jerk Fuzion</u> BUILDING ADDRESS: <u>Bar 3 Grill</u> <u>930 Pappas Dr. Decatur</u> PHONE: [REDACTED] <u>Ext 115</u> DATE OF UPDATE: _____		FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer STANDPIPE LOCATION: _____ KNOX BOX LOCATION: _____																						
AFTER HOURS EMERGENCY CONTACT INFORMATION *EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*		OTHER FIRE DEPARTMENT INFORMATION: <div style="height: 100px; border: 1px solid black;"></div>																						
<u>CONTACT #1</u> NAME: <u>Jackie Rea</u> HOME PHONE: () _____ CELL PHONE/PAGER: [REDACTED]		ADDITIONAL INFORMATION ALARM COMPANY NAME: _____ ALARM COMPANY 24 HOUR PHONE NUMBER: () _____																						
<u>CONTACT #2</u> NAME: <u>Jermaine Satchwell</u> HOME PHONE: [REDACTED] CELL PHONE/PAGER: () _____		BUSINESS HOURS: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">MONDAY</td> <td>OPEN: <u>11am</u></td> <td>CLOSE: <u>12pm</u></td> </tr> <tr> <td style="text-align: center;">TUESDAY</td> <td>OPEN: <u>11am</u></td> <td>CLOSE: <u>12pm</u></td> </tr> <tr> <td style="text-align: center;">WEDNESDAY</td> <td>OPEN: <u>11am</u></td> <td>CLOSE: <u>12pm</u></td> </tr> <tr> <td style="text-align: center;">THURSDAY</td> <td>OPEN: <u>11am</u></td> <td>CLOSE: <u>1am</u></td> </tr> <tr> <td style="text-align: center;">FRIDAY</td> <td>OPEN: <u>11am</u></td> <td>CLOSE: <u>2am</u></td> </tr> <tr> <td style="text-align: center;">SATURDAY</td> <td>OPEN: <u>11am</u></td> <td>CLOSE: <u>2am</u></td> </tr> <tr> <td style="text-align: center;">SUNDAY</td> <td>OPEN: <u>11am</u></td> <td>CLOSE: <u>6pm</u></td> </tr> </table>		MONDAY	OPEN: <u>11am</u>	CLOSE: <u>12pm</u>	TUESDAY	OPEN: <u>11am</u>	CLOSE: <u>12pm</u>	WEDNESDAY	OPEN: <u>11am</u>	CLOSE: <u>12pm</u>	THURSDAY	OPEN: <u>11am</u>	CLOSE: <u>1am</u>	FRIDAY	OPEN: <u>11am</u>	CLOSE: <u>2am</u>	SATURDAY	OPEN: <u>11am</u>	CLOSE: <u>2am</u>	SUNDAY	OPEN: <u>11am</u>	CLOSE: <u>6pm</u>
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<u>CONTACT #3</u> NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____		FOR POLICE DEPARTMENT USE ONLY <input type="checkbox"/> NEW STREET <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS <input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS <input type="checkbox"/> NEW BUSINESS/NEW ADDRESS <input type="checkbox"/> BUSINESS CLOSED DATE RECEIVED: _____ BY TC#: _____ DATE CAD MODIFIED: _____ BY TC#: _____																						
<u>CONTACT #4</u> NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____		<div style="border: 1px solid black; padding: 5px;"> <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</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.</p> </div>																						





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

Business Address:
JERK FUZION BAR & GRILL
930 PAPPAS DR
DEKALB, IL 60115

INVOICE NO.

00007242

State Tax ID**License #**

2021-2930

Invoice Date

05/27/2021

Due Date

05/27/2021

Amount Due

\$0.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007242	2021-2930	FIRE LIFE SAFETY LICENSE	05/27/2021	04/30/2022

Fee Description	Amount Due
FIRE LIFE SAFETY LICENSES	\$0.00

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number:

00007242**Billing/Mailing Address:**

JERK FUZION BAR & GRILL
JACKIE REA
3324 TULIP DR
HAZEL CREST, IL 60429

Billing/Invoice Date: 05/27/2021**Total Due:** \$0.00**Due Date:** 05/27/2021

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

Paid By:
JERK FUZION BAR & GRILL
930 PAPPAS DR
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006260	05/27/2021
Business ID	
2051	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	1006

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2930	00007242	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00



JERKF-1

OP ID: SC

CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
05/24/2021

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 Pardridge Insurance, Inc. 2580 DeKalb Ave Sycamore, IL 60178 Curtis Pardridge	CONTACT NAME: Curtis Pardridge PHONE (A/C, No, Ext): 815-758-4447 FAX (A/C, No): 815-758-3111 E-MAIL ADDRESS: curt@pardridge.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Grinnell Mutual	
NAIC # 14117	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR </div> <div> <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </div> </div>	X		0001021272	05/24/2021	05/24/2022	<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</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	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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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				<table style="width: 100%;"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$</td></tr> </table>	PER STATUTE	OTH-ER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$		
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A	Liquor Liability	X		0001021272	05/24/2021	05/24/2022	<table style="width: 100%;"> <tr><td>Occurrence</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">2,000,000</td></tr> </table>	Occurrence	1,000,000	Aggregate	2,000,000										
Occurrence	1,000,000																				
Aggregate	2,000,000																				

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

The City of DeKalb is Additional Insured on the General Liability and Liquor Liability.

CERTIFICATE HOLDER

City of DeKalb
 164 E. Lincoln Hwy
 DeKalb, IL 60115

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Curtis Pardridge

Businessowners Additional Interest Schedule



Named Insured
JERK FUZION SPORTS BAR & GRILL

Policy Period
05/24/2021 to 05/24/2022

Policy Number
0001021272

Agent Name
PARDRIDGE INSURANCE INC

Agent Phone
815-758-4447

Agent Number
8019 02-218-40 A

CITY OF DEKALB
164 E LINCOLN HWY
DEKALB, IL 60115

Interest Type: BP0452-Addl Ins-State/Pol Sub-Permits

Insured: JERK FUZION SPORTS BAR & GRILL
930 PAPPAS DR.
DEKALB IL 60115

Premises	Building	Address	Insured Amount	Valuation
000	000			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Liability is amended as follows:

A. The following is added to Paragraph C. Who Is An Insured:

3. Any state or governmental agency or subdivision or political subdivision shown in the Schedule is also an additional insured, subject to the following provisions:

- a. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- (1) The insurance afforded to such additional insured only applies to the extent permitted by law; and
- (2) If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

b. This insurance does not apply to:

- (1) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph D. Liability And Medical Expenses Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits Of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

Liquor License



August 5, 2021




JERK FUZION SPORTS BAR & GRILL LLC
JERK FUZION BAR & GRILL
3324 TULIP DR
HAZEL CREST IL 60429-1053

Letter ID: L0973407952

License No.: 1A-1148433
Expiration Date: 06/30/22
License Type: RETAILER
Account ID: 44064187

The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.

Letter ID: L0973407952													
 STATE OF ILLINOIS LIQUOR CONTROL COMMISSION Governor JB Pritzker	1A-1148433												
	License Number												
<p>IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:</p> <p>JERK FUZION SPORTS BAR & GRILL LLC JERK FUZION BAR & GRILL 930 PAPPAS DR DEKALB IL 60115-6087</p> <p style="text-align: right;">DeKalb</p>	<table border="1"><tr><td colspan="2">HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:</td><td colspan="2" style="text-align: center;">RETAILER ON-PREMISES</td></tr><tr><td>ISSUE DATE:</td><td>08/05/21</td><td>Effective:</td><td>08/05/21</td></tr><tr><td>THIS LICENSE EXPIRES ON:</td><td colspan="3">06/30/22</td></tr></table>	HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:		RETAILER ON-PREMISES		ISSUE DATE:	08/05/21	Effective:	08/05/21	THIS LICENSE EXPIRES ON:	06/30/22		
HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:		RETAILER ON-PREMISES											
ISSUE DATE:	08/05/21	Effective:	08/05/21										
THIS LICENSE EXPIRES ON:	06/30/22												
<p>THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.</p> <p>Warehouse: N/A</p> <p style="text-align: center;">Sales Tax Acct # 44064187</p> <p style="text-align: right;">THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL</p>													



Retail Liquor Establishments: Notice of Your Recordkeeping Requirements for Sales Taxes

As part of the issuance of your Illinois Liquor License, the Illinois Department of Revenue is informing you about our regulations regarding recordkeeping for retail sales made by liquor establishments. For information about Illinois Liquor Control Commission recordkeeping requirements, please visit their

What records must I maintain about my sales of tangible personal property at retail?

At a minimum, you must keep

- the cash register tapes and other data that provide a daily record of the gross amount of sales;
- a record of the amount of merchandise purchased, such as vendor invoices or purchase orders; and
- an annual inventory of the value of the merchandise on hand.

For more information, see 86 Ill. Adm. Code 130.805.

As a retailer, you must keep records of all sales and purchases of tangible personal property, including, but not limited to,

- invoices;
- purchase orders;
- inventory reports and records of inventory changes, shipments, or other transactions;
- accounting ledgers and accounting journals and statements; and
- tax returns with schedules and pertinent working papers.

For more information, see 86 Ill. Adm. Code 130.801.

You must keep records that document receipts and purchases for the reporting period covered by your return for a minimum of three and one half years after you have filed an original or amended return. 86 Ill. Adm. Code 130.815.

How must I maintain my records?

Your records must

- distinguish taxable from non-taxable transactions (You must keep records for all sales, regardless of whether you believe they are taxable.);
- be available for inspection or audit at all times by the Department during normal business hours;
- be kept in the English language; and
- be kept within Illinois (Exception: Upon written permission from the Department, records may be kept outside Illinois at the head office and, when requested, must be made available for inspection at an Illinois location within a reasonable time.).

For more information, see 86 Ill. Adm. Code 130.801.

REMINDER: Illinois banned the use of sales suppression software and devices in 2013. Tax zapper software or tax zapper devices automatically delete some or all of a business's records of cash sales transactions and reconcile data so that reported sales appear to match reported income. **Anyone who knowingly sells, purchases, installs, transfers, possesses, uses, or accesses any automated sales suppression device, zapper, or phantom-ware in Illinois is guilty of a Class 3 felony.**

NOTE: Failure to maintain and provide records will require the use of alternate audit techniques to verify the accuracy of returns and may result in additional penalty.

For additional information about Department of Revenue requirements see tax.illinois.gov. You may also call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336. Our TDD (telecommunications device for the deaf) is 1 800 544-5304. For additional information about Department of Revenue requirements see tax.illinois.gov.



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

August 5, 2021

Illinois Liquor Control Commission
100 W. Randolph Street
Suite 7-801
Chicago, Illinois 60601

Re: Pete's Place, Inc., d/b/a Glidden Hill Grill, 930 Pappas Drive

To Whom It May Concern:

The referenced business no longer holds a valid liquor license with the City of DeKalb as it expired on April 30, 2021 and was not renewed. Further, it was brought to our attention many weeks ago that the referenced business closed without providing notice to the City of DeKalb.

On July 12, 2021, the City of DeKalb City Council approved a liquor license application for Jerk Fuzion Sports Bar & Grill, to be located at 930 Pappas Drive, via Resolution 2021-052.

Please advise if further information is required.

Sincerely,

A handwritten signature in black ink, appearing to read "Ruth A. Scott", with a long horizontal flourish extending to the right.

Ruth A. Scott
Executive Assistant
Phone: (815) 748-2090
Email: ruth.scott@cityofdekalb.com



Liquor License

License No: 2020-0752

Class: Restaurant - Full

COPY

This Liquor License is issued in accordance with Chapter 38 of the DeKalb Municipal Code and is subject to the provisions of all ordinances now in force and that may hereafter be passed by the City of DeKalb. The business noted below is hereby authorized to sell beer and wine for consumption only at the premises noted below.

Corporation Name: Pete's Place, Inc.
Business Name (d/b/a): Glidden Hill Grill
Business Address: 930 Pappas Drive
Term of License: May 26, 2020 – April 30, 2021



Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 26th day of May, A.D., 2020.

Mayor/Liquor Commissioner

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT

License Expired

All conditions met.

Business Closed

**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**

**101 W. JEFFERSON ST., SUITE 3-525
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(f)]. All applicants for licensing as a liquor retailer must complete this application. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a state liquor license.

RETAILER'S LIQUOR LICENSE

FEE: \$750.00

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

- 1) Photocopy of **Certificate of Insurance** (not the Policy Declaration) if alcohol will be consumed on the premise;
- 2) Photocopy of **current local liquor license** (contact your local liquor commission);
- 3) **Prior Illinois state liquor license** (if applicable);
- 4) **Bulk Sales Release Order—Address Release.** For assistance, call the Illinois Department of Revenue at 312 814-3063, if applicable;
- 5) **Proof of Purchase** (e.g., bill of sale, closing statement) **Note:** The closing on the purchase of the business must occur prior to applying for your state license;
IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the property (e.g., recorded deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered, if available.
- 6) **Federal Employer Identification Number (FEIN).** Call the IRS at 1 800 829-3676 for information on how to apply for a number;
- 7) **Illinois Sales Tax Account ID**, if applicable. Visit tax.illinois.gov, click on "Businesses" and then "How do I register?" under the Business Registration section, for information on how to obtain this number. If you have any questions, call the Illinois Department of Revenue at 217 785-3707;
- 8) **Your check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION;** and
(Note: The Commission does not accept U.S. currency/cash as payment)
- 9) This application with the information requested printed or typed in the spaces provided. This form **must** bear an original signature.

Processing time for a Retailer Liquor License is approximately one to ten business days.

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

FOR OFFICE
USE ONLY

SIGNATURE OF AUTHORIZED PERSONNEL

COUNTER ☐

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 #

86-3782619

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

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

Jeek Fuzion Sports Bar & Grill

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
		IL	

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

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

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

2. STATUS OF BUSINESS

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

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

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

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

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

Date filed with County Clerk: _____
Date of Formation: _____
Date of Incorporation: _____
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
Rea, Jackie						IL	
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
			Owner				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)
Jerk Fuzion Bar & Grill

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.	EXT.
[REDACTED]	

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
930 Pappas Dr.	DeKalb	IL	60115	DeKalb

D. BUSINESS TYPE

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

- | | | |
|---|--|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input checked="" type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> 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

5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. LOCAL LIQUOR LICENSE INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE

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

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

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

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

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

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

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSITION: GRANTED ☐ DENIED ☐ WITHDRAWN ☐

ADDRESS OF FIRST STATE APPLICATION: _____

C. TYPE OF LIQUOR LICENSE

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

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

D. AUTHORIZED HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN

E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN

F. EXPECTED OPENING DATE

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

TBD

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.)
	()	()
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

Owner
TITLE/POSITION

5/27/21
DATE

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

Signed and submitted under Oath this 27 day of May, 20 21.

Applicant Signature: *Jack R*

Print Name: *Jackie Rea*

Title: *owner*



JERKF-1

OP ID: SC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2021

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 Pardridge Insurance, Inc. 2580 DeKalb Ave Sycamore, IL 60178 Curtis Pardridge	CONTACT NAME: Curtis Pardridge PHONE (A/C, No, Ext): 815-758-4447 FAX (A/C, No): 815-758-3111 E-MAIL ADDRESS: curt@pardridge.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Grinnell Mutual	
NAIC # 14117	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Jerk Fuzion Sports Bar & Grill, LLC.
Jerk Fuzion Bar & Grill
 930 Pappas Dr.
 DeKalb, IL 60115

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 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			0001021272	05/24/2021	05/24/2022	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 \$ 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 \$
A	Liquor Liability			0001021272	05/24/2021	05/24/2022	Occurrence 1,000,000 Aggregate 2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

State of Illinois Liquor
 Control Commission
 100 W. Randolph St. #7-801
 Chicago, IL 60601

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

Curtis Pardridge



JERKF-1

OP ID: SC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2021

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
Pardridge Insurance, Inc.
2680 DeKalb Ave
Sycamore, IL 60178
Curtis Pardridge

815-758-4447

CONTACT NAME: Curtis Pardridge

PHONE:

815-758-4447

FAX:

815-758-3111

E-MAIL:

curt@pardridge.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Grinnell Mutual

14117

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Jerk Fuzion Sports Bar & Grill, LLC.
Jerk Fuzion Bar & Grill
930 Pappas Dr.
DeKalb, IL 60115

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 SUBR INSR 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 type="checkbox"/> OCCUR	X	0001021272	05/24/2021	05/24/2022	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 \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X	0001021272	05/24/2021	05/24/2022	Occurrence 1,000,000 Aggregate 2,000,000

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

TSAPA & Associates LLC is Additional Insured under the General Liability and Liquor Liability.

CERTIFICATE HOLDER

CANCELLATION

TSAPA & Associates, LLC
632 Oakland Dr.
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

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"): Jerik Fusion Bar & Grill
Address: 930 Pappas Dr. Telephone: 407 967 9727
City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: Jerik Fusion Sports Bar & Grill
Registered Agent Name: Jackie Rea

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

3) Illinois Retail Occupation Tax Number [IBT#]
Federal Employer IDS (FEIN) 86-3782619
Type of Business: Restaurant

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

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

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
	Jackie Ree	[REDACTED]	

Title	Name	Residence Address	Date of Birth
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Title	Name	Residence Address	Date of Birth
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8) Name of Manager, if owner is not on premises. Jackie Ree

Telephone: [REDACTED]

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

Name: Jackie Ree Title: Owner
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Email address: [REDACTED]

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

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

Date: 3.11.21

Signature: [Signature]
Printed Name: Jackie Ree

Certificate of Completion



JACKIE REA

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 6/2/2021

from the American Safety Council.

A handwritten signature in blue ink, appearing to read "Jeff Pairan".

Jeff Pairan



CERTIFICATE OF COMPLETION

This certifies that

Jackie Rea

has successfully completed the course

**Food & Beverage: Takeout, Pickup, & Delivery -
Health and Sanitation Safety Awareness (HASSA) - Manager**



Course Duration
1.0



Completion Date
05/04/2021



Certificate #
000018763389



A handwritten signature in black ink, reading 'Samantha Montalbano'.

Samantha Montalbano
Chief Operating Officer





Illinois BASSET Training

This card certifies that:

JACKIE REA

has completed the
On-Premise BASSET Alcohol Certification

Jackie Rea

7/2/2021

Exp. Date

Certificate of Completion



KUINTON DAVIS

Has diligently and with merit completed the
Off-Premise BASSET Alcohol Certification on 8/16/2021

from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan".

Jeff Pairan



Illinois BASSET Training

This card certifies that:

KUINTON DAVIS

has completed the
Off-Premise BASSET Alcohol Certification


Jeff Peiran

9/15/2021

Exp. Date:

PROMETRIC



This is to certify that



#0659

MICHAEL E RAMIREZ

Has met the necessary requirements for

FOOD MANAGER CERTIFICATION

Exam 7803 Recognized By Conference For Food Protection

009552567

ID #

2120131

Cert #

Exam Date

05/13/21

Expires On

05/13/26