

APPROVING A PACKAGE LIQUOR LICENSE FOR D&T SWAMI GROUP 01 LLC, D/B/A DEKALB LIQUOR MART, 1352 E. DRESSER ROAD, DEKALB, ILLINOIS.

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

WHEREAS, the City has received and reviewed an application for a Package Liquor License for the establishment known as D&T Swami Group 01 LLC, d/b/a DeKalb Liquor Mart (the "Applicant"), located at 1352 E. Dresser Road, DeKalb, Illinois (the "Premises"), and the City's corporate authorities find that approving the application, subject to the terms and conditions provided for herein, is in the City's best interests for the protection of the public health, safety, morals and welfare; and

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

SECTION 1: A liquor license, Package, shall be issued for D&T Swami Group 01 LLC, d/b/a DeKalb Liquor Mart, located at 1352 E. Dresser Road, DeKalb, Illinois, 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 Applicant shall be required to obtain and maintain at all times a Fire Life Safety license for the licensed premises;
 - b. The Applicant shall be required to adhere to the occupancy limit, once established;
 - c. The Applicant shall be required to obtain all required building permits for interior and exterior modifications, to complete all modifications in accordance with approved plans, and thereafter to obtain an acceptable final inspection of the premises;
 - d. The Applicant shall obtain a State of Illinois liquor license prior to commencing liquor operations;
 - e. The Applicant 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 Applicant and employees start serving, preparing or selling alcohol; and

- f. The Applicant shall operate the premises in accordance with all applicable codes and ordinances and shall collect and remit all taxes required under applicable federal, state or local laws.
4. The License shall be deemed to permanently include the following restrictions:
 - a. The Premises shall otherwise comply with all applicable City Codes and Ordinances.
 - b. The Premises 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 9th day of August 2021 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Morris, Larson, Smith, Perkins, McAdams, Verbic, Faivre, Barnes. Nay: None.




COHEN BARNES, Mayor

ATTEST:


Ruth A. Scott, Executive Assistant



LIQUOR LICENSE

License No: 2021-2938

Class: Package

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 for retail package sale of alcoholic liquor for consumption off the premises at 159 W. Lincoln Highway.

Corporation Name: D&T Swami Group 01 LLC
Business Name (d/b/a): DeKalb Liquor Mart
Business Address: 1352 E. Dresser Road
Term of License: August 9, 2021 – December 31, 2021



Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 9th day of August, A.D., 2021.

John Dan

Mayor/Liquor Commissioner

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT

ALL CONDITIONS MET



2021-2938



LIQUOR LICENSE APPLICATION

Municipal Code Chapter 38 "Intoxicating Liquors" BY:

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:

D & T Swami Group LLC

Business Name (d/b/a):

Dekalb Liquor mart

Business Address:

1352 E Dresser Rd 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: Tarun m Patel *approved* Role: ☒ Owner ☐ Manager

Name: Jayeshkumar m Patel *approved* Role: ☒ Owner ☒ Manager

Name: Vanitben Patel *approved* Role: ☒ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

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

*owner has 6 to 8 years Experience in
Liquor & other Businesses*

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
9 AM - 12 AM	9 AM - 12 AM	9 AM - 12 AM	9 AM - 12 AM	9 AM - 12 AM	9 AM - 12 AM	9 AM - 12 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")

- N/A*
- Attach a site plan showing the outdoor seating area, fencing, controlled access points, location relative to parking, private property, and public rights-of-way, location where alcohol will be stored and served, seating area, occupancy limits, and similar information. detailed outdoor seating plan.
 - 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.

A state issued ID would be Requested

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

Stored within a store and store would only be accessed by an eligible employees

c. The method of securing site access.

All entry & exit doors would be locked out at times (except Business hours) as necessary

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

yes, as & if Required by the applicable laws

e. The security plan for rowdy or disruptive patrons.

They would be Requested to leave the Business
Quarant away

f. Anti-theft policies and countermeasures.

video surveillance system would be in place

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

yes

h. Any other related security information.

Not Applicable

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.

Small Containers would be stored on
Shelving behind the sale counter.

8.
 - a. A state issued ID would be requested.
 - b. Stored within a store and Store would only be accessed by an eligible employee(s).
 - c. All entry & exit doors would be locked at all times (except Business hours) as necessary.
 - d. Yes, as & if required by the applicable Laws.
 - e. They would be requested to leave the Business right away.
 - f. Video surveillance system would be in place.
 - g. Yes.
 - h. Not applicable.
 - i. Small containers would be stored on shelving behind the Sales Counter.

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. *See attached.*

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.)

A conditional liquor license will be issued in order to apply for the State of Illinois liquor 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 [State of Illinois Liquor License](#), with all required supplements. By applying for a City of DeKalb Liquor License, the applicant agrees to provide to the City copies of all correspondence between the licensed establishment and the Illinois Liquor Control Commission.

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

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

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

- ☒ a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.
- ☒ b. Chapter 38 "Intoxicating Liquors" of the City of DeKalb Municipal code has been reviewed by the licensee who shall comply therewith, including but not limited to, Section 38.09 "Restrictions Generally Applicable", Section 38.21 "Persons Under the Age of 21", and Section 38.23 "Change in Information".
- ☒ c. All of the contents on the State of Illinois Liquor License application, the City of DeKalb Liquor License application, and any attachments hereto are true and accurate and fully disclose all relevant facts and information.
- ☒ d. The licensee consents to the inspection provisions of Section 39.09 "Restrictions Generally Application, subsection a).

Signed and submitted under Oath this 12th day of July, 2021.

Applicant Signature: T. M. Peter

Print Name: Tarun Peter

Title: owner



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

Business Address:
D&T SWAMI GROUP 01 LLC
DEKALB LIQUOR MART
1352 E DRESSER RD
DEKALB, IL 60115

INVOICE NO.

00007483

State Tax ID**License #**

2021-2938

Invoice Date

07/12/2021

Due Date

07/12/2021

Amount Due

\$538.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007483	2021-2938	LIQUOR LICENSE	06/15/2021	

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

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

Print
receipt(s) 

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00007483**

Billing/Mailing Address:

D&T SWAMI GROUP 01 LLC
TARUN M. PATEL
581 CLAYTON CIR
SYCAMORE, IL 60178

Billing/Invoice Date: 07/12/2021**Total Due:** \$538.00**Due Date:** 07/12/2021

#538 = Liquor License application

* 100 = FLS application

TARUN M PATEL
581 Clayton Circle
Sycamore, IL 60178

1002

25-3/440

Date 7-12-2021

PAY to the
order of

City of Decatur

\$ 638 ⁰⁰/₁₀₀

Six Hundred Thirty eight Dollars ⁰⁰/₁₀₀

Dollars



CHASE
JP MORGAN CHASE BANK N.A.
WWW.CHASE.COM

FOR Liquor Fee

T.M. Patel



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

Paid By:
D&T SWAMI GROUP 01 LLC
1352 E DRESSER RD
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006597	07/19/2021
Business ID	
2057	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	1002

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2938	00007483	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00

Total Amount Paid
538.00



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

Business Address:

D&T SWAMI GROUP 01 LLC
DEKALB LIQUOR MART
1352 E DRESSER RD
DEKALB, IL 60115

INVOICE NO.

00007285

State Tax ID

License #

2021-2938

Invoice Date

06/15/2021

Due Date

06/15/2021

Amount Due

\$0.00

<u>Invoice #:</u>	<u>License #:</u>	<u>License Type:</u>	<u>Application Date:</u>	<u>Expiration Date:</u>
00007285	2021-2938	LIQUOR LICENSE	06/15/2021	

<u>Fee Description</u>	<u>Amount Due</u>
BACKGROUND CHECK FEE	\$0.00

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00007285**

Billing/Mailing Address:

D&T SWAMI GROUP 01 LLC
TARUN M. PATEL
581 CLAYTON CIR
SYCAMORE, IL 60178

Billing/Invoice Date: 06/15/2021

Total Due: \$0.00

Due Date: 06/15/2021

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

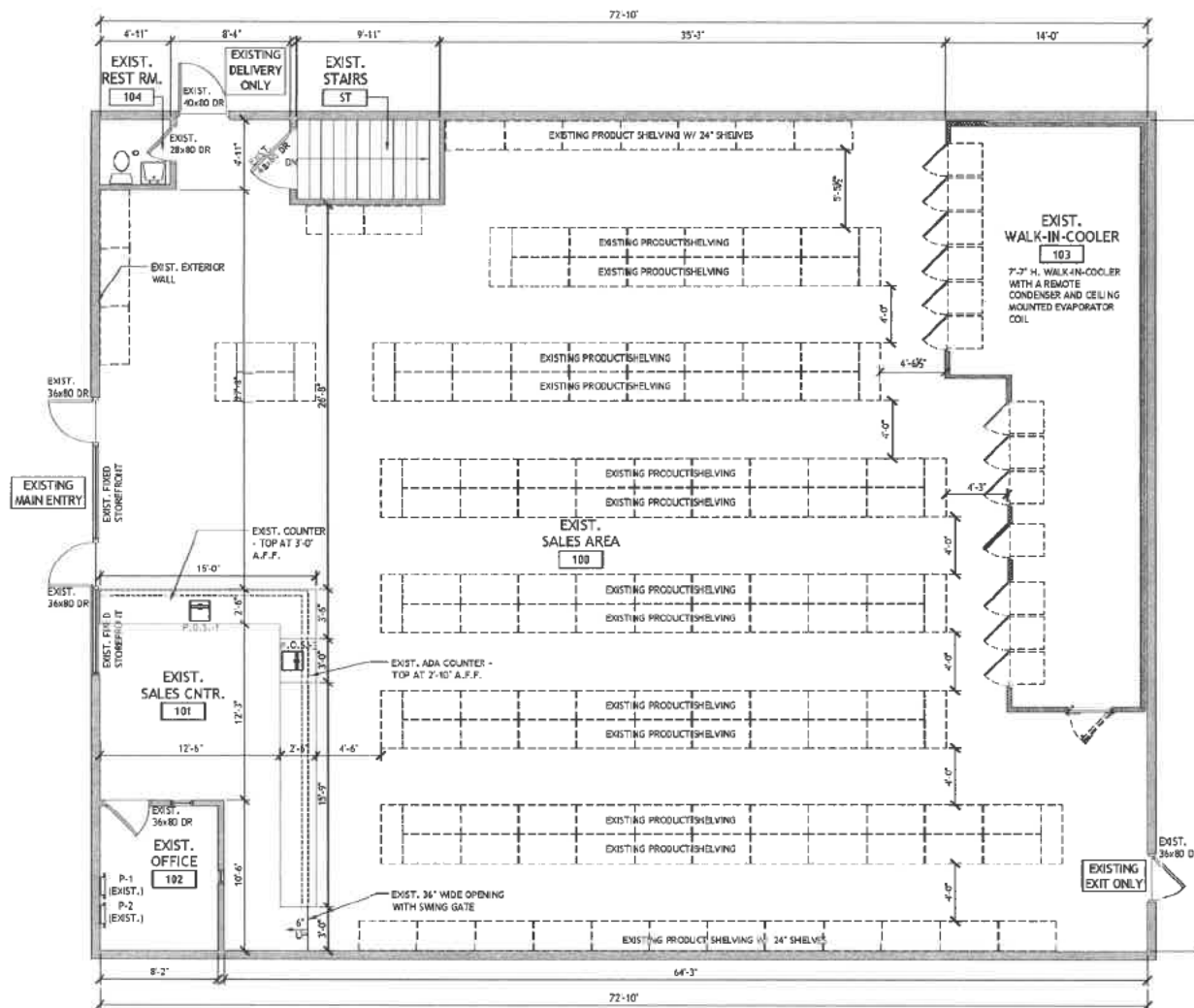
Paid By:
D&T SWAMI GROUP 01 LLC
1352 E DRESSER RD
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006334	06/15/2021
Business ID	
2057	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	1001

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2938	00007285	BACKGROUND CHECK FEE	BACKCH	150.00

Total Amount Paid
150.00



License Expires: Nov. 30, 2022

Handwritten signature: Hemal Purohit

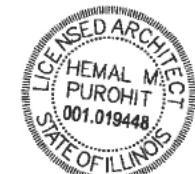
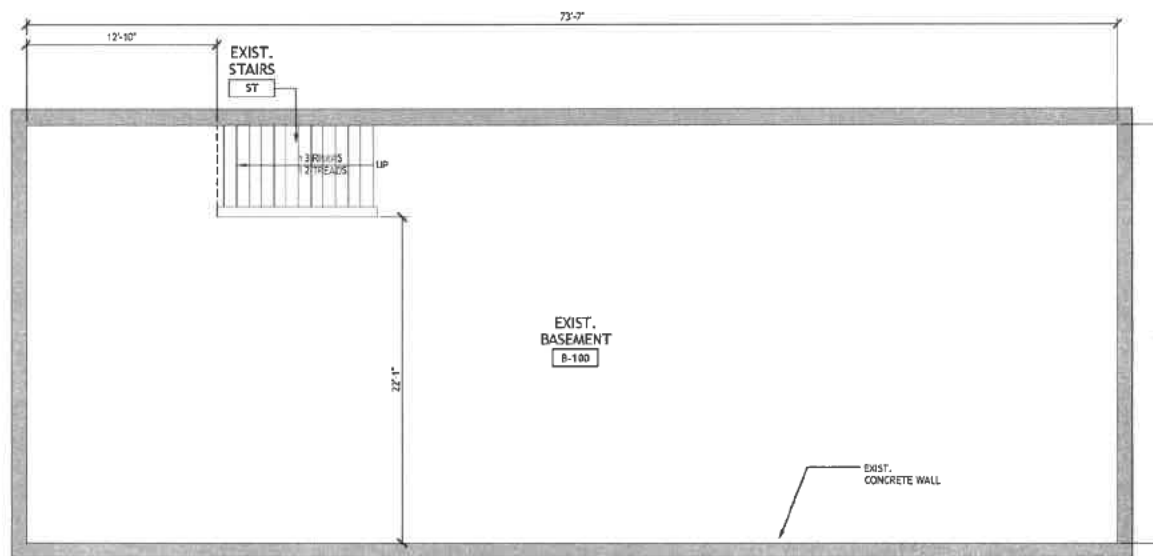
DeKalb Liquor Mart

Ownership: D&T Swami Group 1 LLC
1352 E. Dresser Road, DeKalb, IL 60115

Existing Main Floor Plan
Scale: 1/8" = 1'-0"

Existing Liquor Store
July 8, 2021

A1



License Expires: Nov. 30, 2022

Hemal Purohit

DeKalb Liquor Mart

Ownership: D&T Swami Group 1 LLC
1352 E. Dresser Road, DeKalb, IL 60115

Existing Basement Plan


Scale: 1/8" = 1'-0"

Existing Liquor Store

July 8, 2021

A2

D&T Swami Group 01 LLC
1352 E Dresser Road
DeKalb, IL 60115



07/20/2021

The attached signs are approved by the *Illinois Liquor Control Commission* it will be shown on the main entrance door and the register counter. All signage ~~will~~ be framed and posted in a conspicuous place within the premises.

Each employee will be trained to check ID and verify age of purchaser of alcohol during the time of transaction taking place.

A valid current driver's license or photo ID card issued by the Illinois Secretary of State's Office or any other State; a valid Armed Forces ID; and a valid U.S. passport or foreign passport (with U.S. travel visa) containing the holder's photograph will be used to verify the age.

The establishment will also have a *Pregnancy Warning* sign which is also approved by the Illinois Liquor Control Commission. Signage will be framed and posted in a conspicuous place within the premises.

Thank you,



Tarun Patel
Officer



GOVERNMENT WARNING

According to the Surgeon General,
women should not drink alcoholic
beverages during pregnancy
because of the risk of birth defects.

If you need assistance for substance abuse,
please call the Office of Alcoholism and
Substance Abuse (OASA) at 1.800.843.6154.

Illinois Liquor Control Commission

Posting of this sign, in plain view, is required of all Illinois retail liquor licensees in accordance with Public Acts 86-823, 96-387, and Section 5/6-24a of the Illinois Liquor Control Act.



Illinois Liquor Control Commission

Be prepared to show PROOF OF AGE.

To be sold or served alcoholic beverages on these premises,
your birthday must be on or before today's date in

2000

TO BE DISPLAYED DURING 2021

It is **ILLEGAL** to provide alcohol to a person under age 21,
or for a minor to use a fake ID.

Certificate of Completion



TARUN PATEL

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 6/29/2021

from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan", written over a horizontal line.

Jeff Pairan

Certificate of Completion



VANITABEN PATEL

Has diligently and with merit completed the
Off-Premise BASSET Alcohol Certification on 7/6/2021

from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan", written over a horizontal line.

Jeff Pairan

Certificate of Completion



JAYESHKUMAR PATEL

Has diligently and with merit completed the
On-Premise BASSET Alcohol Certification on 6/27/2021

from the American Safety Council.

A handwritten signature in black ink, appearing to read "Jeff Pairan", written over a horizontal line.

Jeff Pairan

LICENSE FEE

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

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

Fee after January 31: DOUBLED



COPY

☒ NEW ☐ RENEWAL

LICENSE #:

Fire-Life Safety License Application

Municipal Code, Chapter 16

Incomplete applications will be returned to applicant

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

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

Return ORIGINAL completed application and floor plan with license fee to:

City Manager's Office, City of DeKalb, 200 S. 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:	D&T Swami Group of LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Business Name (DBA):	DeKalb Liquor Mart
Building Address:	1352 E Dresser Rd DeKalb IL 60115
License Issued to:	Occupancy: PKG Store
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 checked="" type="checkbox"/> No <input type="checkbox"/>
If your business is covered by a Fire Alarm, has it had an annual inspection? (Please attach report)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If your business is covered by a Sprinkler System, has it had an annual inspection? (Please attach report)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS	
Business Owner & Phone #	Name: Tarun m Pater Mailing Address (Please include City/State/Zip in Address): Address: City, State, Zip Code:
Business Manager	Name: Jayeshkumar Patel 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:	

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 ☒

T. m. Pater

Print Name and Title:

Tarun m Pater

Date: 7-15-21


FOR CITY USE ONLY

Date Payment Received: _____

Payment Stamp Here

Fee Paid: _____ Check #: _____ Cash: ☐

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

EMERGENCY CONTACT INFORMATION - BUSINESS		DEKALB POLICE & FIRE DEPARTMENT																													
BUSINESS INFORMATION BUSINESS NAME: <u>D & T Swami Group</u> BUILDING ADDRESS: <u>1352 E Dresser Rd</u> PHONE: [REDACTED] DATE OF UPDATE: <u>7-15-21</u>		FIRE DEPARTMENT INFORMATION <small>to be completed by Fire Prevention Officer</small> 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:																													
CONTACT #1 NAME: <u>Tarun m Pater</u> HOME PHONE: [REDACTED] CELL PHONE/P: [REDACTED]		ADDITIONAL INFORMATION ALARM COMPANY NAME: <u>ADT ALARM</u> ALARM COMPANY 24 HOUR PHONE NUMBER: <u>(877) 871-2247</u>																													
CONTACT #2 NAME: <u>Jayesh Kumar m Pater</u> HOME PHONE: [REDACTED] CELL PHONE: [REDACTED]		BUSINESS HOURS: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">MONDAY</td> <td style="width: 25%;">OPEN: <u>9:00 AM</u></td> <td style="width: 25%;">CLOSE: <u>12:00 PM</u></td> <td style="width: 25%;"></td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: <u>9:00 AM</u></td> <td>CLOSE: <u>12:00 PM</u></td> <td></td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: <u>9 AM</u></td> <td>CLOSE: <u>12 PM</u></td> <td></td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: <u>9 AM</u></td> <td>CLOSE: <u>12 PM</u></td> <td></td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: <u>9 AM</u></td> <td>CLOSE: <u>12 PM</u></td> <td></td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: <u>9 AM</u></td> <td>CLOSE: <u>12 PM</u></td> <td></td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: <u>10 AM</u></td> <td>CLOSE: <u>12 PM</u></td> <td></td> </tr> </table>		MONDAY	OPEN: <u>9:00 AM</u>	CLOSE: <u>12:00 PM</u>		TUESDAY	OPEN: <u>9:00 AM</u>	CLOSE: <u>12:00 PM</u>		WEDNESDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>		THURSDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>		FRIDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>		SATURDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>		SUNDAY	OPEN: <u>10 AM</u>	CLOSE: <u>12 PM</u>	
MONDAY	OPEN: <u>9:00 AM</u>	CLOSE: <u>12:00 PM</u>																													
TUESDAY	OPEN: <u>9:00 AM</u>	CLOSE: <u>12:00 PM</u>																													
WEDNESDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>																													
THURSDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>																													
FRIDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>																													
SATURDAY	OPEN: <u>9 AM</u>	CLOSE: <u>12 PM</u>																													
SUNDAY	OPEN: <u>10 AM</u>	CLOSE: <u>12 PM</u>																													
CONTACT #3 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#: _____																													
CONTACT #4 NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____																															
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE CITY MANAGER'S OFFICE (ruth.scott@cityofdekalb.com) FAX: 815-748-2091.</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE CITY MANAGER'S OFFICE AT (815) 748-2090.</p> <div style="text-align: right;">  </div>																															



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

Business Address:

D&T SWAMI GROUP 01 LLC
DEKALB LIQUOR MART
1352 E DRESSER RD
DEKALB, IL 60115

INVOICE NO.

00007546

State Tax ID

License #

2021-2976

Invoice Date

07/19/2021

Due Date

07/19/2021

Amount Due

\$0.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007546	2021-2976	FIRE LIFE SAFETY LICENSE	07/19/2021	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: **00007546**

Billing/Mailing Address:

D&T SWAMI GROUP 01 LLC
TARUN M. PATEL
581 CLAYTON CIR
SYCAMORE, IL 60178

Billing/Invoice Date: 07/19/2021

Total Due: \$0.00

Due Date: 07/19/2021

#538 = Liquor License Application

#100 = FLS Application

TARUN M PATEL 581 Clayton Circle Sycamore, IL 60178		1002 <small>25-a/440</small>
Date <u>7-12-2021</u>		
PAY to the order of <u>City of Decatur</u>	\$ <u>638</u> ⁰⁰ / ₁₀₀	
<u>Six hundred thirty eight Dollars</u> ⁰⁰ / ₁₀₀	Dollars	<small>Photo Date Deposit Details on back</small>
CHASE JP MORGAN CHASE BANK N.A. WWW.CHASE.COM	<u>T.M. Patel</u>	
FOR <u>Liquor Fee</u>		

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

Paid By:
D&T SWAMI GROUP 01 LLC
1352 E DRESSER RD
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006598	07/19/2021
Business ID	
2057	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	1002

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2976	00007546	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/26/2021

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
A & S Insurance Services LLC		NAME: Adnan Shaukat	
750 Delacourte Ave		PHONE (A/C, No, Ext): 630-306-2898	FAX (A/C, No): 630-379-0042
Bolingbrook IL 60490		E-MAIL: adnanas@outlook.com	
		ADDRESS: adnanas@outlook.com	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED		INSURER A: Scottsdale	
D & T Swami Group 01 LLC		INSURER B: Lloyd's of London	
1352 E Dresser Road		INSURER C:	
DeKalb IL 60115		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			APP51682159	07/26/2021	07/26/2022	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 5,000
	OTHER:						PERSONAL & ADV INJURY
							\$ 1,000,000
							GENERAL AGGREGATE
							\$ 2,000,000
							PRODUCTS - COMP/OP AGG
							\$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					\$
							BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$					AGGREGATE
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						
							E.L. EACH ACCIDENT
							\$
							E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$
B	Liquor Liability			LIQ/234205	07/15/2021	07/15/2022	Limit: \$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

City of DeKalb
164 E Lincoln Highway

DeKalb

IL 60115

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

AUTHORIZED REPRESENTATIVE

Adnan Shaukat

© 1988-2014 ACORD CORPORATION. All rights reserved.

Liquor License



October 15, 2021



D&T SWAMI GROUP 01 LLC
DEKALB LIQUOR MART
1352 E DRESSER RD
DEKALB IL 60115-2008

Letter ID: L1076671088

License No.: 1A-1149158
Expiration Date: 07/31/22
License Type: RETAILER
Account ID: 44110995

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



STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor JB Pritzker

Letter ID: L1076671088

1A-1149158

License Number

IN ACCORDANCE WITH THE LIQUOR CONTROL
ACT OF 1934, THIS CERTIFIES THAT:

D&T SWAMI GROUP 01 LLC
DEKALB LIQUOR MART
1352 E DRESSER RD
DEKALB IL 60115-2008

DeKalb

HAS PAID ALL FEES
AND IS ISSUED A
LICENSE IN THE
FOLLOWING CLASS:

RETAILER
OFF-PREMISES

ISSUE DATE:

10/15/21

Effective: 10/15/21

THIS LICENSE
EXPIRES ON:

07/31/22

THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW
IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES.

Warehouse: N/A

Sales Tax Acct # 44110995

**THIS LICENSE NOT TRANSFERABLE
AS TO PRINCIPAL**

**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(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

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 #

87-1156647

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

4411-0995

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

D&T SWAMI GROUP 01 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.	
		() EXT.	
COUNTY	CITY	STATE	ZIP CODE

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

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

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

2. STATUS OF BUSINESS

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

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

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

- 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	
PATEL TARUN M					
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
			OWNER		

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
PATEL JAYESHKUMAR M					
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
			MANAGER/OWNER		

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
PATEL VANITABEN					
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
			OWNER		

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)
DEKALB LIQUOR MART

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
<div style="background-color: black; width: 100px; height: 20px;"></div> 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
1352 E DRESSER RD	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 checked="" 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 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
1352 E DRESSER RD	DEKALB	IL	60115	DEKALB

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.)
TARUN M PATEL	(857) 3336002
EMAIL ADDRESS	FAX NUMBER
<div style="background-color: black; width: 100%; height: 40px;"></div>	<div style="background-color: black; width: 100%; height: 40px;"></div>

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
6 AM TO 1 AM	6 AM TO 1 AM	6 AM TO 1 AM	6 AM TO 2 AM	6AM TO 2 AM	6 am to 2 am	10AM TO 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
9-5	9-5	9-5	9-5	9-5	9-5	9-5

F. EXPECTED OPENING DATE

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

09/01/2021

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.)
TARUN M PATEL		()
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

07/14/2021

DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/15/2021

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 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 A & S Insurance Services LLC 750 Delacourte Ave Bolingbrook IL 60490	CONTACT NAME: Adnan Shaukat PHONE (A/C, No, Ext): 630-306-2898 E-MAIL: adnanas@outlook.com ADDRESS: adnanas@outlook.com	FAX (A/C, No): 630-379-0042
INSURED D & T Swami Group 01 LLC 1352 E Dresser Road DeKalb IL 60115	INSURER(S) AFFORDING COVERAGE INSURER A : Lloyd's of London INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC #

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		LIQ/234205	07/15/2021	07/15/2022	Limit: \$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Illinois Liquor Control Commission
100 W Randolph Street
Suite 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

Adnan Shaukat

© 1988-2014 ACORD CORPORATION. All rights reserved.

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:

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"): DeKalb Liquor mart

Address: 1352 E Dresser Rd Telephone: _____

City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: D&T Swami Group LLC

Registered Agent Name Tarun m Patel

Billing Address (If Different From #1): Same AS Above

City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

3) Illinois Retail Occupation Tax Number [IBT#] 4411-0995

Federal Employer IDS (FEIN) 87-1156647

Type of Business: Retail Package Liquor

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

5) Date business commenced sales within City of DeKalb (mo/ day /yr): After getting Liquor Lic

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
owner	OWNER TARUN M PATEL		
MANAGER	JAYESHKUMAR PATEL		
OWNER	VANITABEN PATEL		

8) Name of Manager, if owner is not on premises. JAYESHKUMAR PATEL

Telephone

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

Name: _____ Title: _____

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____

Email address _____

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 7-12-2021

T. m. Patel
Signature

Tarun m Patel
Printed Name

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.

OFFICIAL DOCUMENT

State of Illinois Department of Revenue

Illinois Business Authorization

D&T SWAMI GROUP 01 LLC

**1352 E DRESSER RD
DEKALB IL 60115-2008**

Loc. Code: 019-0005-6-001

**DeKalb
DeKalb County**

**Expiration Date:
7/10/2022**

Certificate of Registration

Sales and use taxes and fees

(4411-0995)

ILLINOIS REVENUE

[Signature]
Director

Issued Date: 07/10/2021

OFFICIAL DOCUMENT

Taxpayer Notification

Business Authorization



#BWNKMGV
#CNXX XX72 9687 8568#
D&T SWAMI GROUP 01 LLC
1352 E DRESSER RD
DEKALB IL 60115-2008

July 6, 2021



Letter ID: CNXXXXX7296878568

Account ID: 4411-0995

We have enclosed your Certificate of Registration.

Welcome!

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 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** 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

VERSION 1.0

07/15/2021

PRESENTED BY: TARUN M. PATEL

D&T SWAMI GROUP 01 LLC
1352 E DRESSER ROAD, DEKALB, IL 60115

LIQUOR STORE PLAN

PROJECT COMMUNICATION

The plan of *D&T Swami Group 01 LLC* is to renovate, an existing standalone structure located on *1352 E Dresser Road, DeKalb, IL 60115*. This facility has been closed for sometimes. The location housed a liquor store, and the intent of this business plan is to keep the location as a liquor store.

PROJECT COMMUNICATION TABLE

Items	Qty		Update frequency
New Countertop's	2		Within 1-2 Month
HVAC Unit & Compressor's	1		Within 1-2 Month
Interior Painting	1	2 Tone	Within 1-2 Month
Exterior Painting	1	2 Tone	Within 1-2 Month
CCTV	25	w/ Backup 1TB	Within 1-2 Month
Point of Sale System	2	Track Inventory and Sales	Within 1-2 Month
Shelves	10-15		Within 1-2 Month

TIMELINE

After approval of the license *D&T Swami Group 01 LLC Management Team* plans to complete the renovation within a period of 1-2 months. Prolonged vacancy at this location can cause vandalism issues and pose hazards to the community around, the quicker we can utilize this space it will allow us to have a safer neighborhood and a continuous presence in the area. While this location is vacant the community of DeKalb is losing value tax intake through the sale of liquor and other goods.

TEAM GOALS

- Management plans to spend \$ 100,000 in renovating the location.

TEAM HISTORY

The management team has 7-8 years of experience in operating small. Collectively we bring the needed expertise into DeKalb. This will allow us to employ individuals and create jobs on a rolling basis.

LIQUOR STORE LAYOUT

FLOOR PLAN SAMPLE

D & T Swami Group 01 LLC will develop a 4,200 Square Foot Store whose key elements will include the following:

- Main Store
- Coolers
- Liquor Displays
- Wine Racks
- Check-Out Counter (including disability counter)
- Restrooms

The advantage of this liquor store reopening is it will allow us to serve the community a vibrant selection of liquor that is often limited and/or not readily available at larger retail locations. A wider selection can allow more foot traffic into the area and help the surrounding businesses to generate more revenue.




COPY

Res 2021-068
need: State IL
FLS

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

August 10, 2021

DeKalb Liquor Mart
ICO Mr. Tarun Patel


Dear Mr. Patel:

Congratulations on the approval of a Package liquor license for D&T Swami Group 01 LLC, d/b/a DeKalb Liquor Mart, located at 1352 E. Dresser Road, 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.

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.

2. 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.
3. 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



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

Business Address:
D&T SWAMI GROUP 01 LLC
DEKALB LIQUOR MART
1352 E DRESSER RD
DEKALB, IL 60115

INVOICE NO.

00007657

State Tax ID**License #**

2021-2938

Invoice Date

07/27/2021

Due Date

07/27/2021

Amount Due

\$10,766.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007657	2021-2938	LIQUOR LICENSE	06/15/2021	

Fee Description	Amount Due
PACKAGE LIQUOR - INITIAL	\$10,766.00

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

print receipt

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number:

00007657**Billing/Mailing Address:**

D&T SWAMI GROUP 01 LLC
TARUN M. PATEL
581 CLAYTON CIR
SYCAMORE, IL 60178

Billing/Invoice Date: 07/27/2021**Total Due:** \$10,766.00**Due Date:** 07/27/2021



TCF National Bank
2508 S. Louise Avenue
Sioux Falls, SD 57106
1-800-823-2265

OFFICIAL BANK CHECK

420455782

August 11, 2021
DATE

CC#999 7/20 6563388-B

17-7000/2910
5398080886

TEN THOUSAND SEVEN HUNDRED SIXTY SIX DOLLARS AND ZERO CENTS

MATCH THE AMOUNT IN WORDS WITH THE AMOUNT IN NUMBERS *****10,766.00

PAY TO THE
ORDER OF: City Of Dekalb

Fee for liquor license

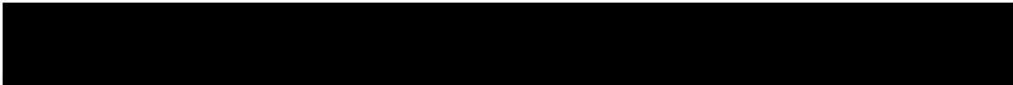
US DOLLARS
ACCOUNT NO. XXXXX1646



Security
Features
Details on
Back

MEMO: D&T Swami Group 01, LLC

Jim Williams
MP



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

Paid By:
D&T SWAMI GROUP 01 LLC
1352 E DRESSER RD
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006814	08/11/2021
Business ID	
2057	
Cashier	
EMILY.HANSON	
Payment Method	
Check	420455782

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2938	00007657	PACKAGE LIQUOR - INITIAL	PCKLIQ	10,766.00

Total Amount Paid
10,766.00



LIQUOR LICENSE (CONDITIONAL)

License No: 2021-2938

Class: Package

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 for retail package sale of alcoholic liquor for consumption off the premises at 159 W. Lincoln Highway.

Corporation Name: D&T Swami Group 01 LLC
Business Name (d/b/a): DeKalb Liquor Mart
Business Address: 1352 E. Dresser Road
Term of License: August 9, 2021 – December 31, 2021



Witness the hand of the Local Liquor Control Commissioner and the Corporate Seal thereof, this 9th day of August, A.D., 2021.

Mayor/Liquor Commissioner

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT