

**APPROVING A BAR LIQUOR LICENSE WITH ACCESSORY USE
LICENSURE FOR VIDEO GAMING FOR LORD STANLEY'S OF DEKALB LLC,
142 E. LINCOLN HIGHWAY, DEKALB, ILLINOIS.**

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

WHEREAS, the City has received and reviewed an application for a Bar Liquor License with Accessory Use Licensure for Video Gaming for the establishment known as Lord Stanley's of DeKalb LLC, located at 142 E. Lincoln Highway, 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, Bar, shall be issued for Lord Stanley's of DeKalb LLC, 142 E. Lincoln Highway, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

1. After issuance, the license shall be subject to all provisions of the City Code of the City of DeKalb, including those provisions pertaining to the term of an initial issuance of liquor license, renewal of liquor license, and similar provisions, unless specifically waived herein.
2. The 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 adhere to the occupancy limit, once established;
 - c. 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;
 - d. The applicants shall obtain a State of Illinois liquor license prior to commencing liquor operations;
 - e. The applicants shall obtain a State of Illinois gaming license prior to commencing gaming operations;
 - f. 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
 - g. 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:
- The property shall otherwise comply with all applicable City Codes and Ordinances.
 - 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 26th 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, Smith, Perkins, Verbic, Faivre, Barnes. Nay: None. Absent: Larson, McAdams.




COHEN BARNES, Mayor

ATTEST:


Ruth A. Scott, Executive Assistant



2021-2927

LIQUOR LICENSE APPLICATION

Municipal Code Chapter 38 "Intoxicating Liquors"

Applicants are strongly encouraged to review Chapter 38 in its entirety, prior to completing this application.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

Corporation/LLC Name: Lord Stanley's of DeKalb LLC

Business Name (d/b/a): _____

Business Address: 142 E Lincoln Hwy 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: Matthew D Brender *pending approved* Role: ☒ Owner ☒ Manager

Name: Joshua Crifenden *pending approved* Role: ☒ Owner ☐ Manager

Name: Richard Benson *pending approved* Role: ☒ Owner ☐ Manager

Name: Dustin Davenport *pending approved* 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 have been working in the restaurant field since 1994. I have been a general manager at Denny's for 7 years. Also owner of SPS World Famous Pizza since 2009.

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
4-12	3-1	3-1	3-1	3-2	3-2	3-2

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. *see attached***

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

- Attach a site plan showing the outdoor seating area, fencing, controlled access points, location relative to parking, private property, and public rights-of-way, location where alcohol will be stored and served, seating area, occupancy limits, and similar information. detailed outdoor seating plan.
- Provide a narrative below describing operation plans for running, servicing, monitoring and security of the outdoor seating area.

See attached

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

- a. Measures for age verification prior to entry into the establishment and/or prior to the sale of alcohol.
- b. The method of storing and securing alcohol prior to sale.
- c. The method of securing site access.
- d. Training to be provided to employees and alcohol servers.
- e. The security plan for rowdy or disruptive patrons.
- f. Anti-theft policies and countermeasures.
- g. Surveillance equipment to be utilized and a surveillance plan.
- h. Any other related security information.
- i. Address any license-specific security measures (common examples: for Bars, how will over-the-counter package sales be conducted; for Hotels, how will mini-bars be secured from unauthorized access; for Grocery stores, how will small containers (e.g. "fifths") be secured.

9. **Provide a detailed signage plan.** Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved. (Examples of accepted signage can be found on the Illinois Liquor Control Commission website.) *see attached **
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.)
will need to apply for 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 _____ day of _____, 20____.

Applicant Signature: _____

Print Name: _____

Matthew D Binder

Title: _____

Owner



Open Response Questions for Liquor License Application –

4. With more than three decades' experience in the restaurant and service industry, Mr. Binder has a proven track record of managing successful food and bar businesses. Mr. Binder got his start in the restaurant industry in his teenage years, continuing that passion into adulthood and eventually went on to open his own. Since 2009, Mr. Binder has operated two successful pizza restaurants in the Chicago area.

5. N/A No outdoor seating

8. Security plan

a. Measures for age verification prior to entry and/or prior to the sale of alcohol
Entry will only be permitted for those 21 and older or accompanied by a legal guardian. Bartenders will be responsible to check ID prior to serving patrons to ensure sale of alcohol only to those 21 years of age and older. Relevant signage will be posted at all entry points detailing these restrictions. Patrons will not be permitted to exit the premises with any alcoholic beverages purchases within.

b. Method of storing and securing
Managers and ownership will be responsible for ordering, receiving and assessing inventory. All sitting inventory of beer, wine and liquor not at the bar station will be kept in a securely locked, management-only restricted access room. The establishment will utilize a perpetual inventory system to track inventory in real time, a periodical physical inventory system, and a transfer log requiring record keeping for every bottle removed from inventory to ensure easy cross-referencing. Any managers that do conduct receiving will be trained on these procedures, including the process of checking purchase orders and delivery invoices. Outside delivery entrance will be kept locked unless in active use. Purchasing and receiving will not be conducted by the same individual. Storage areas will be monitored by video camera. Inventory control procedures will be implemented to ensure managers are aware of product amounts, and to ensure that beverages are kept in storage for the shortest amount of time possible, following a "First in, first out" procedure to prevent expiration and product spoilage. Incoming products will be marked with delivery date and rotated to ensure delivery date is prominent and visible. Storage areas will be routinely cleaned, subjected to pest control procedures, and kept well lit. Product-specific storage temperatures for beer, wine and liquor as relevant will be maintained. Storage shall be undertaken in a way to minimize the collection of dust and dirt, and enable easy product rotation.

c. Method of securing site access
Trained security personnel will be located near the establishment entrance during hours of operation, to control entry and look out or deny entrance to any patrons deemed intoxicated, disruptive or a danger to themselves or others. In the event that security encounters the latter, 911 will be called.
The bar area will be completely enclosed and inaccessible as a "pass-thru" to other areas of the premises. The bar area will be separated from the rest of the premises by a barrier, passed only



by employees. Entrances will be under direct supervision at all hours of operation. All purchases of alcohol will be made through Bar employees who retrieve the beverages.

The movement of inventory to storage areas will be undertaken by management personnel, and not by delivery workers. Deliveries will be received, added to inventory and moved promptly to storage upon receipt to prevent theft.

The premises will be monitored by seven (7) security cameras, including the monitoring of all entrances, bar and storage areas.

d. Training to be provided to employees

All employees will complete Training for Intervention Procedures (TIPS) and an accredited BASSET training program prior to beginning their work, within 120 days of each employee's date of hire. Any employee who is within the 120 days but has not yet completed their training will only serve alcohol under the direct supervision of an employee who has completed their training. Trainings will be repeated and kept up to date as necessary per the requirements of the City of DeKalb Chief of Police. Owner Matt Binder has completed all necessary trainings.

e. Security plan for rowdy or disruptive patrons

All front of house employees are accountable for checking patrons IDs, watch for signs of intoxication, and present disruptive behavior. All employees will receive training on how to recognize signs of intoxication and disruptive behavior. Bartenders will maintain the right to cease service to any patron who is suspected of public intoxication and/or disruptive behavior. If a server suspects a patron of intoxication and/or disruptive behavior, they will attempt to slow service, or cut service off entirely as the case may require, and alert a manager to the situation. Security will be alerted and involved to remove disruptive patrons from the premises as necessary. If a patron appears to be ill or require medical assistance, employees will be expected to intervene and offer help, phone a friend or family member, and/or call 911 if a medical issue becomes apparent. At the first sign that a patron's behavior has become a danger to themselves or others, employees will call 911.

f. Anti-theft policies

With years' experience in hiring for service industry, management will put in place a hiring process that identifies experienced, trustworthy individuals, and ensures mutual success. Further, all employees will be fully trained in the operations, policies and expectations regarding sales and the point-of-sale system. Every sale, including spills or comps, will be accounted for in the system. Employees will not be permitted to drink during a shift. Drinks will be rung up prior to being poured. Cash drawers will be closed out and cash removed after each shift. Management will regularly check Bartenders' tabs. All system passwords will be safeguarded by management. Bartenders will be trained on a pour policy and regarding the measures in place to prevent theft. Storage areas with sitting inventory will be secured and locked at all times with keys accessible to limited management only. Liquor inventory will be assessed daily and compared to quantities tracked in point-of-sale system. Managers will be responsible for monitoring bar operations for at least 10 minutes every hour. Employee belongings will be kept in a locked room. Employees who steal will be terminated.



g. Surveillance equipment

The premises will be fully equipped with intelligent home security and surveillance equipment by Vivint.SmartHome. These include: a SmartHome kit, 1 motion sensor, 4 smart sensors, 7 security cameras, a Smart door lock, a thermostat, 2 glass break sensors, and a sign. Smart technology will enable managers to directly observe security measures from a cell phone application. Smart sensors sound an alarm and alert management to intruders in the event of an attempted break in.

h. Any other related security information

No persons other than Bar employees will be permitted to remain in the premises outside the permitted hours of sale. Relevant signage will be posted advising patrons of the restrictions applicable to possession and consumption of alcoholic beverages.

i. License-specific security measures: Over the counter package sales

Package sales not for consumption on premises will be sold over the counter only and will consist of the retail sale of packaged beer, wine, and liquor in original packages for consumption off the premises only. All purchases will be made through properly trained employees, patrons may not select their own alcohol for purchase. Open container will not be permitted. Patrons making package purchases may not consume said purchase on the premises. Employees will be trained to watch said purchases when made and ensure patrons who make them exit the premises without consuming them.

9. Signage – CONTENT & LOCATION

All access points to the premise will have prominent signage depicting rules and regulations regarding the entry and sale of alcohol to minors, e.g., that the sale of alcohol is not permitted to minors, and that entry will be denied to any individuals who are not either 21 years of age or older, or otherwise accompanied by a parent or legal guardian.

10. Provide a detailed description of the training plan for alcohol servers

All employees, including bartenders, bar backs and managers, will complete Training for Intervention Procedures (TIPS) and an accredited BASSET training program prior to beginning their work, within 120 days of each employees date of hire. Any employee who is within the 120 days but has not yet completed their training will only serve alcohol under the direct supervision of an employee who has completed their training. Trainings will be repeated and kept up to date as necessary per the requirements of the City of DeKalb Chief of Police. Owner Matt Binder has completed all necessary trainings.



11. Cross-marketing plan

12. Conditional liquor license

*will need to apply for
State liquor license.*



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

Business Address:

LORD STANLEY'S OF DEKALB
MATTHEW BINDER
142 E LINCOLN HWY
DEKALB, IL 60115

INVOICE NO.

00007202

State Tax ID

License #

2021-2927

Invoice Date

05/25/2021

Due Date

05/25/2021

Amount Due

\$738.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007202	2021-2927	LIQUOR LICENSE	05/25/2021	

Fee Description	Amount Due
LIQUOR LICENSE - APPLICATION FEE	\$538.00
BACKGROUND CHECK FEE	\$200.00

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00007202**

Billing/Mailing Address:

LORD STANLEY'S OF DEKALB
MATTHEW BINDER
142 E LINCOLN HWY
DEKALB, IL 60115

Billing/Invoice Date: 05/25/2021

Total Due: \$738.00

Due Date: 05/25/2021

ARTIFICIAL WATERMARK PAPER - HOLD TO LIGHT TO VIEW



fnbo

1620 Dodge Street * Omaha NE 68107

DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER WITH INVISIBLE FIBERS, AND THE REVERSE SIDE INCLUDES MICROPRINTED ENDORSEMENT LINES

CASHIER'S CHECK

27-1
1040

REMITTER:

LORD STANLEYS OF DEKALB LLC

CHECK
NUMBER: 2583427

DATE:
05/19/2021

PAY EXACTLY **538 DOLLARS AND 00 CENTS**

PAY TO THE ORDER OF:



CITY OF DEKALB

**538.00

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

HEAT SENSITIVE RED IMAGE DISAPPEARS WITH HEAT

LORD STANLEYS OF DEKALB LLC 04-21
142 E LINCOLN HWY.
DEKALB, IL 60115

70-262/719

1078

DATE

5/25/21

PAY TO
THE ORDER OF

City of Dekalb

\$ 200.00

Two hundred 200/100

DOLLARS

Heat
Reactive
Ink



MEMO

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

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

Paid By:
LORD STANLEY'S OF DEKALB
142 E LINCOLN HWY
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006210	05/25/2021
Business ID	
2048	
Cashier	
AMY.FRANTZ	
Payment Method	
Many	1078

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2927	00007202	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00
2021-2927	00007202	BACKGROUND CHECK FEE	BACKCH	200.00

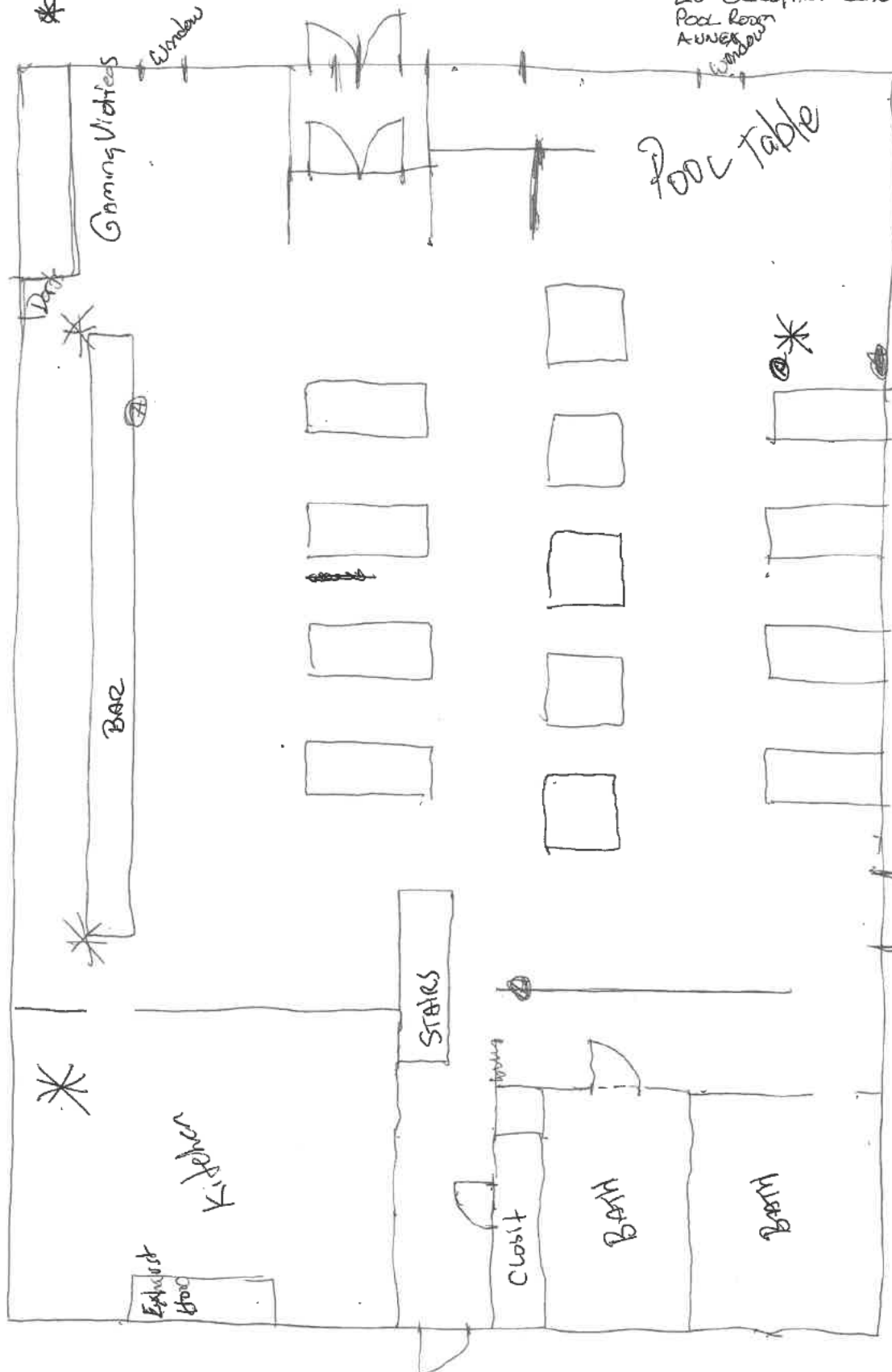
Total Amount Paid
738.00

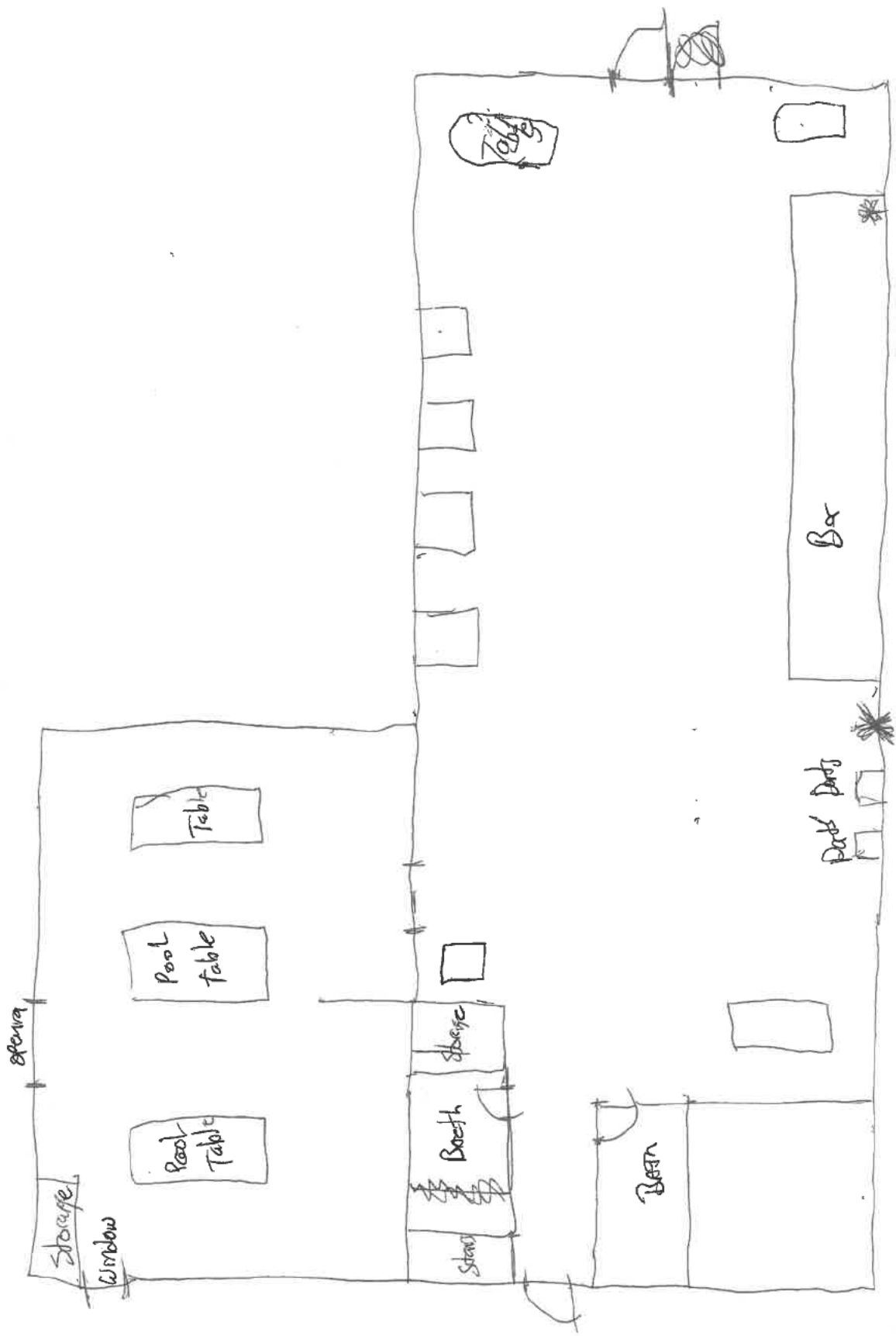
A - Emergency Light
 * Fire Extinguisher

* Fire Extinguisher
 Fire light
 22'x22' Non opening window
 DART BOARD

A - TABLE
 B - Juke Box
 EX - Exit light

LS OCCUPANT LOAD 262
 Pool Room 52
 AUNEX 162







FIRE LIFE SAFETY LICENSE

Fee Paid: \$100.00

License No. 2021-2925

COPY

BUSINESS NAME (DBA) _____

CORPORATION NAME: LORD STANLEY'S OF DEKALB

BUSINESS ADDRESS: 142 E LINCOLN HWY

TERM OF LICENSE: May 27, 2021 - April 30, 2022

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



City Manager

05/27/2021

Date

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT

6-1-2021
per Fire Chief McMartin, the occupancy
of this establishment just passed
its FLS inspection. No need to
reinspect unless they decide to make
significant changes in the future.



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

Business Address:
LORD STANLEY'S OF DEKALB
MATTHEW BINDER
142 E LINCOLN HWY
DEKALB, IL 60115

INVOICE NO.

00007200

State Tax ID**License #**

2021-2925

Invoice Date

05/24/2021

Due Date

05/24/2021

Amount Due

\$0.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007200	2021-2925	FIRE LIFE SAFETY LICENSE	05/24/2021	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:

00007200

Billing/Mailing Address:
LORD STANLEY'S OF DEKALB
MATTHEW BINDER
1000 EMMSEN DR APT #6
SYCAMORE, IL 60178

Billing/Invoice Date: 05/24/2021**Total Due:** \$0.00**Due Date:** 05/24/2021

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

Paid By:
LORD STANLEY'S OF DEKALB
142 E LINCOLN HWY
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00006207	05/24/2021
Business ID	
2048	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	1079

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-2925	00007200	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00



LORDS-2

OP ID: KF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/19/2021

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 Larry Forsberg	815-758-4447	CONTACT NAME: Pardridge Insurance PHONE (A/C, No, Ext): 815-758-4447 E-MAIL ADDRESS: kathy.finn@pardridge.com FAX (A/C, No):
INSURED Lord Stanley's of DeKalb LLC 142 E Lincoln Hwy DeKalb, IL 60115		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's, London & International INSURER B: Badger Mutual 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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		578158	08/01/2021	08/01/2022	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 \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X		LIQ/0233603	05/17/2021	05/17/2022	1,000,000

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

City of DeKalb is added as additional insured.

CERTIFICATE HOLDER

CITYDEK

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

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 #

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
Lord Stanley's of DeKalb

D. MAILING ADDRESS/PHONE (if different than physical location address/phone)

Enter the mailing address if different than physical location address. Include: street address, county, city, state, ZIP code, telephone number (with area code and extension, if applicable) of the sole proprietorship, corporation, etc.

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

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

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

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

2. STATUS OF BUSINESS

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

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

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

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

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

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

3. OWNERSHIP INFORMATION

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

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
Binder Matthew D				
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.
			Owner	
				25

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
Crittenden Joshua H				
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.
			Owner	
				25

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
Benson Richard				
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.
			owner	
				25

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP
Davenport Dustin W				
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.
			owner	
				25

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)
Lord Stanley's of DeKalb LLC

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.	EXT.
(815) 751-6774	

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 REV.BulkSales@illinois.gov.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
142 E Lincoln Hwy	DeKalb	IL	60115	DeKalb

D. BUSINESS TYPE

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

- | | | |
|---|---|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input checked="" 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
3-1	3-1	3-1	3-2	3-2	3-2	3-1

E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
3-1	3-1	3-1	3-2	3-2	3-2	3-2

F. EXPECTED OPENING DATE

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

~~6/1/21~~ 7/1/21

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.)
Matthew Binder	(815) 751-6774	()
EMAIL ADDRESS		FAX NUMBER
binder.matt@		()

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

5/17/21

DATE

Reset

Print



LORDS-2

OP ID: KF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/19/2021

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 Larry Forsberg	815-758-4447 CONTACT NAME: Pardridge Insurance PHONE (A/C, No, Ext): 815-758-4447 FAX (A/C, No): E-MAIL ADDRESS: kathy.finn@pardridge.com INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's, London & Internationa INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
---	--

INSURED
 Lord Stanley's of DeKalb LLC
 142 E Lincoln Hwy
 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 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"/> 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 <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						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			LIQ/0233603	05/17/2021	05/17/2022	1,000,000

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

CERTIFICATE HOLDER

ILLILIQ

Illinois Liquor Control
 Commission
 100 W. Randolph, Ste. 7-801
 Chicago, IL 60601

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

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"): Lord Stanley's of DeKalb
Address: 142 E Lincoln Hwy Telephone: 815 751-6774
City: DeKalb State: IL Zip: 60178

2) Applicant's Corporation Name: Lord Stanley's of DeKalb

Registered Agent Name _____

Billing Address (If Different From #1): _____

City: _____ State: _____ Zip: _____

Telephone: (815) 751-6774 Email: 

3) Illinois Retail Occupation Tax Number [IBT#] 

Federal Employer IDS (FEIN) _____

Type of Business: Bar

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

5) Date business commenced sales within City of DeKalb (mo/ day /yr): 07/05/21

6) Registrant's type of business organization:

() Sole Proprietorship

() Partnership

() Other

(☒) Corporation

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

Owner Matt Binder
Title Name

Owner Isheal Pittenden
Title Name

Owner Dustin Devanport
Title Name

Residence Address

Date of Birth

Residence Address

Date of Birth

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

Telephone: ()

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

Name: Matthew D Binder

Title: Owner

Address:

Telephone: (85) 751-6774

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

5/3/21

Signature

Matthew D Binder

Printed Name



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

Business Address:
LORD STANLEY'S OF DEKALB
MATTHEW BINDER
142 E LINCOLN HWY
DEKALB, IL 60115

INVOICE NO.

00007593

State Tax ID**License #**

2021-2927

Invoice Date

07/20/2021

Due Date

07/20/2021

Amount Due

\$10,766.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007593	2021-2927	LIQUOR LICENSE	05/25/2021	

Fee Description**Amount Due**

PACKAGE LIQUOR - INITIAL

\$10,766.00

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

*to be paid
upon
approval
of liquor
license*

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number:

00007593**Billing/Mailing Address:**

LORD STANLEY'S OF DEKALB
MATTHEW BINDER
1000 EMMSEN DR APT #6
SYCAMORE, IL 60178

Billing/Invoice Date: 07/20/2021**Total Due:** \$10,766.00**Due Date:** 07/20/2021

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



CEIV
MAY 26 2021

GAMBLING DEVICE LICENSE APPLICATION

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

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

Application is hereby made for a Gambling Device License

Note: A valid City of DeKalb Liquor License (Bar, Golf Course or PENP) is required in order to apply for the Gambling Device License.

BUSINESS INFORMATION (Type or Print clearly)

Business Name:	Lord Stanley's of DeKalb	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Corporation Name:	Lord Stanley's of DeKalb	
Building Address:	142 E Lincoln Hwy DeKalb IL 60115	
Original license will be mailed to this address		
License to be Issued to:	Lord Stanley's of DeKalb	
Principal Business conducted at this location:	Bar	

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT OWED TO THE CITY OF DEKALB

Are there any liens of the City of DeKalb against the property?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you owe money to any other city department?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has applicant(s) ever been convicted of any violation of the Gaming Laws of the State of Illinois or any other state or any Federal Gaming Laws?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

IDENTIFICATION (To be completed by all applicants)

	Name	Mailing Address
Business Owner	Matthew Binder	Address: [REDACTED]
		City, State, Zip Code: [REDACTED]
		Email Address: [REDACTED]
Business Manager	Matthew Binder	Address: [REDACTED]
		City, State, Zip Code: [REDACTED]
		Email Address: [REDACTED]
Vending Machine Company	Universal Gaming Group	Address: 240 Laura Dr
		City, State, Zip Code: Addison IL 60101
		Email Address: info@ugaminggroup.com

Email Correspondence to:

(this includes renewal applications)

☒ Business Owner ☐ Business Manager ☐ Vending Machine Company

Email Mail copy of license to a different address?

☐ Yes ☒ No

If yes, please provide email address to send copy to:

Fees

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

Number of Video Gaming Terminals Sought: 5 (maximum 6)Total Amount Due: \$ 2500**DESCRIPTION OF DEVICE(S) & PLAN FOR LOCATION**

- Description, mechanical features and name of manufacturer of device(s) on hand at time of application.
- Attach a layout detailing the plan of the location (including security measures) showing the separation from the area that minors are located, location of adults supervising measures, and layout of video terminals and cash terminals: *(if necessary, please attach a separate sheet of paper)*.

REQUIRED DOCUMENTS

Confirm that all of the following documents are included with this application:

- A copy of the license from State of Illinois Gaming Board.
- A drawing of the location within the licensed premises where the Video Gaming Terminals are proposed to be installed as detailed in previous section.
- Applicable fees as outlined in this application.
- Any other such information as the Liquor Commissioner shall require.

I HEREBY AGREE TO THE FOLLOWING:

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

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

The undersigned further understands that the DeKalb City Council has established the authorized number of liquor licenses for Video Gaming Establishments (Ordinance 2019-072). From the date of this application, the applicant has 120 days to receive the necessary state and local licensure to proceed with a Video Gaming Establishment. During this interval, no other application for video gaming license will be processed. At the end of the 120-day period, a new application may be considered, provided the number of Video Gaming licenses does not exceed the limit established by the DeKalb City Council.

Signature: Date: 5/26/21Print Name & Title: Matthew D Binder



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

Business Address:
LORD STANLEY'S OF DEKALB
MATTHEW BINDER
142 E LINCOLN HWY
DEKALB, IL 60115

INVOICE NO.

00007239

State Tax ID
License # 2021-2927
Invoice Date 05/27/2021
Due Date 05/27/2021
Amount Due \$2,500.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00007239	2021-2927	LIQUOR LICENSE	05/25/2021	

Fee Description	Amount Due
VIDEO GAMING LICENSE	\$2,500.00

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

*to be paid
after state
gaming
license
is
received*

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00007239**

Billing/Mailing Address:
LORD STANLEY'S OF DEKALB
MATTHEW BINDER
142 E LINCOLN HWY
DEKALB, IL 60115

Billing/Invoice Date: 05/27/2021
Total Due: \$2,500.00
Due Date: 05/27/2021