

**APPROVING A BAR LIQUOR LICENSE FOR TANGLED ROOTS BEVERAGE COMPANY, LLC, D/B/A KEG & KERNEL, 106 E. LINCOLN HIGHWAY, DEKALB, ILLINOIS.**

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

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

**WHEREAS**, the City has received and reviewed an application for a Bar Liquor License for the establishment known as Tangled Roots Beverage Company, LLC, located at 106 E. Lincoln Highway, DeKalb, Illinois (the "Application"); and

**WHEREAS**, the City's corporate authorities find that it is in the City's best interests to approve the Application as provided by this Ordinance 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, Bar, shall be issued for Tangled Roots Beverage Company, LLC, d/b/a Keg & Kernel ("Licensee"), 106 E. Lincoln Highway, DeKalb, Illinois (the "Property" or "Premises"), 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:
  - a. Liquor license renewal and supplemental permit fees in the amount of \$3,446 shall be waived for the 2022 license renewal term (January 1 – December 31).
2. The City Council expressly authorizes the Liquor Commissioner to approve regulations of the uses of the Premises in the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.
3. The License shall be subject to the following conditions precedent to final issuance:
  - a. The applicants shall be required to obtain and maintain at all times a Fire Life Safety license for the licensed Premises;
  - b. The applicants shall be required to obtain all required building permits for interior and exterior modifications, to complete all modifications in accordance with approved plans, and thereafter to obtain an acceptable final inspection of the Premises;
  - c. The applicants shall obtain a State of Illinois liquor license prior to commencing liquor operations;
  - d. The applicants shall be required to adhere to the occupancy limit, once established;

- e. The applicants and all employees must successfully complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program prior to the date on which the applicants and employees start serving, preparing or selling alcohol;
  - f. The applicants shall be required to obtain background investigation approval for each person listed on the application.
  - 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:
- a. The Property shall otherwise comply with all applicable City Codes and Ordinances.
  - b. The Property shall comply with applicable Unified Development Ordinance (UDO) requirements and parking restrictions.

**SECTION 2:** City staff are authorized and directed to issue a license upon satisfaction of the conditions precedent to issuance, and to thereafter enforce the terms of licensure included herein. Pending completion of those items, a conditional license shall be issued. Said conditional license may be utilized to obtain any required federal or state licensure and may be relied upon by any superior governmental body.

**SECTION 3:** This resolution and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such resolution should (a) contain terms contrary to the provision of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the corporate authorities of the City of DeKalb that to the extent that the terms of this resolution should be inconsistent with any non-preemptive state law, that this resolution shall supersede state law in that regard within its jurisdiction.

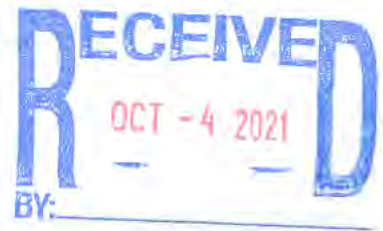
**SECTION 4:** This resolution shall be in full force and effect from and after its passage and approval as provided by law.

**PASSED BY THE CITY COUNCIL** of the City of DeKalb, Illinois at a Regular meeting thereof held on the 11<sup>th</sup> day of October 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 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:** Tangled Roots Beverage Company, LLC

**Business Name (d/b/a):** Keg & Kernel

**Business Address:** 106 E. Lincoln Highway DeKalb, Illinois 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: Peter Limberger Role: ☒ Owner ☐ Manager

Name: Inga Carcus Role: ☒ Owner ☐ Manager

Name: Ami Anderson 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.**

The applicant has several brewpubs/restaurants throughout the State of Illinois. The first brewpub was opened in Ottawa, Illinois on January 15, 2016. The most recent brewpub was opened in Lockport, Illinois in December of 2020.

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
11:00AM-11:00PM	11:00AM-11:00PM	11:00AM-11:00PM	11:00AM-11:00PM	11:00AM-11:00PM	11:00AM-11:00PM	11:00AM-11:00PM

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")

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.

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

The outdoor patio area will be secured in the back of the restaurant and brewery. You can enter and exit the outdoor patio either through the facility or through the patio. The patio also has a fire exit in the event of an emergency. Security cameras will be installed before opening. Staff members will be available outside for all dining needs. No alcohol will be stored outside.

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.**  
Keg & Kernel will have signs posted throughout the facility and will check the identification for all patrons before serving any alcohol. Anyone under 21 will not be served alcohol.
  - b. **The method of storing and securing alcohol prior to sale.**  
All alcohol will be stored and secured out of reach of clients. The same will also be surveillanced by security cameras.
  - c. **The method of securing site access.**  
Security alarms, detex alarms on doors and safe in office.
  - d. **Training to be provided to employees and alcohol servers.**  
All employees will complete a Certified Alcohol Server Education Program/BASSET Training Program and provide a certificate before the date of hire. All new employees will also have on-site training.
  - e. **The security plan for rowdy or disruptive patrons.**  
Any disruptive or rowdy patrons will not be tolerated at the facility. These patrons will be asked to leave and escorted outside and off the private property. Employees will receive training on handling unruly patrons.
  - f. **Anti-theft policies and countermeasures.**  
The liquor cabinet will be locked. Money will be held in a locked safe. All high cost commodities will be locked in a cage.  
All liquor will be locked in a separate area.
  - g. **Surveillance equipment to be utilized and a surveillance plan.**  
24 hour security cameras will be installed prior to opening.
  - 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.**  
Over the counter package sales will be conducted through a POS system by a bartender or server.



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 SIGNS THAT WILL HANG THROUGHOUT THE FACILITY

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.

All employees who will directly serve alcohol will complete a BASSET training program before the beginning of employment. Attached is the manager, Amy Anderson's, BASSET certificate of completion.

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))

N/A

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.)

N/A

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. SEE ATTACHED

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. SEE ATTACHED

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. SEE ATTACHED

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

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)

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

Signed and submitted under Oath this 26th day of September, 2021.

Applicant Signature: \_\_\_\_\_

Print Name: Keith Pearse

Title: CEO



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

**Business Address:**  
TANGLED ROOTS BEVERAGE COMPANY, LLC  
106 E LINCOLN HWY  
DEKALB, IL 60115

## INVOICE NO.

00008037

**State Tax ID**

**License #**

2021-3003

**Invoice Date**

10/04/2021

**Due Date**

10/04/2021

**Amount Due**

\$688.00

<u>Invoice #:</u>	<u>License #:</u>	<u>License Type:</u>	<u>Application Date:</u>	<u>Expiration Date:</u>
00008037	2021-3003	LIQUOR LICENSE	10/04/2021	12/31/2021

<u>Fee Description</u>	<u>Amount Due</u>
LIQUOR LICENSE - APPLICATION FEE	\$538.00
BACKGROUND CHECK FEE	\$150.00

**Remit to:**

City of DeKalb  
164 E Lincoln Hwy  
DeKalb, IL 60115

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

Invoice Number:

**00008037**

**Billing/Mailing Address:**

TANGLED ROOTS BEVERAGE COMPANY, LLC  
519 CONGRESS ST  
OTTAWA, IL 61350

**Billing/Invoice Date:** 10/04/2021

**Total Due:** \$688.00

**Due Date:** 10/04/2021



15307

**TANGLED ROOTS BEVERAGE COMPANY**  
PO BOX 2580  
OTTAWA, IL 61350

**Heartland Bank** and Trust Company  
70-1206/711

09/29/21

PAY TO THE ORDER OF City of Dekalb

Seven hundred eighty-eight Dollars and 00 /100 Cents\*\*\*\*\*

\*\*\*\$ 788.00

\$

DOLLARS

City of Dekalb  
164 East Lincoln Highway  
Dekalb, IL 60115

MEMO

AUTHORIZED SIGNATURE

Security features. Details on back.

**TANGLED ROOTS BEVERAGE COMPANY**

VENDOR/ ACCOUNT NO.

09/29/21

15307

Invoice No.	Ref No.	Date	Invoice Amount	Balance	Net Amount
22436	Keg & Kernel Fees	09/29/21	788.00	0.00	788.00

*#538 Liquor license application fee*

*#100 Fire Life Safety application fee*

*#150 Background checks x3*

**RECEIVED**  
OCT - 4 2021

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

**Paid By:**  
TANGLED ROOTS BEVERAGE COMPANY, LLC  
106 E LINCOLN HWY  
DEKALB, IL 60115

## RECEIPT

Receipt #	Post Date
00007164	10/04/2021
Business ID	
2095	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	15307

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-3003	00008037	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00
2021-3003	00008037	BACKGROUND CHECK FEE	BACKCH	150.00

Total Amount Paid
688.00

# FLOOR PLAN: OVERALL





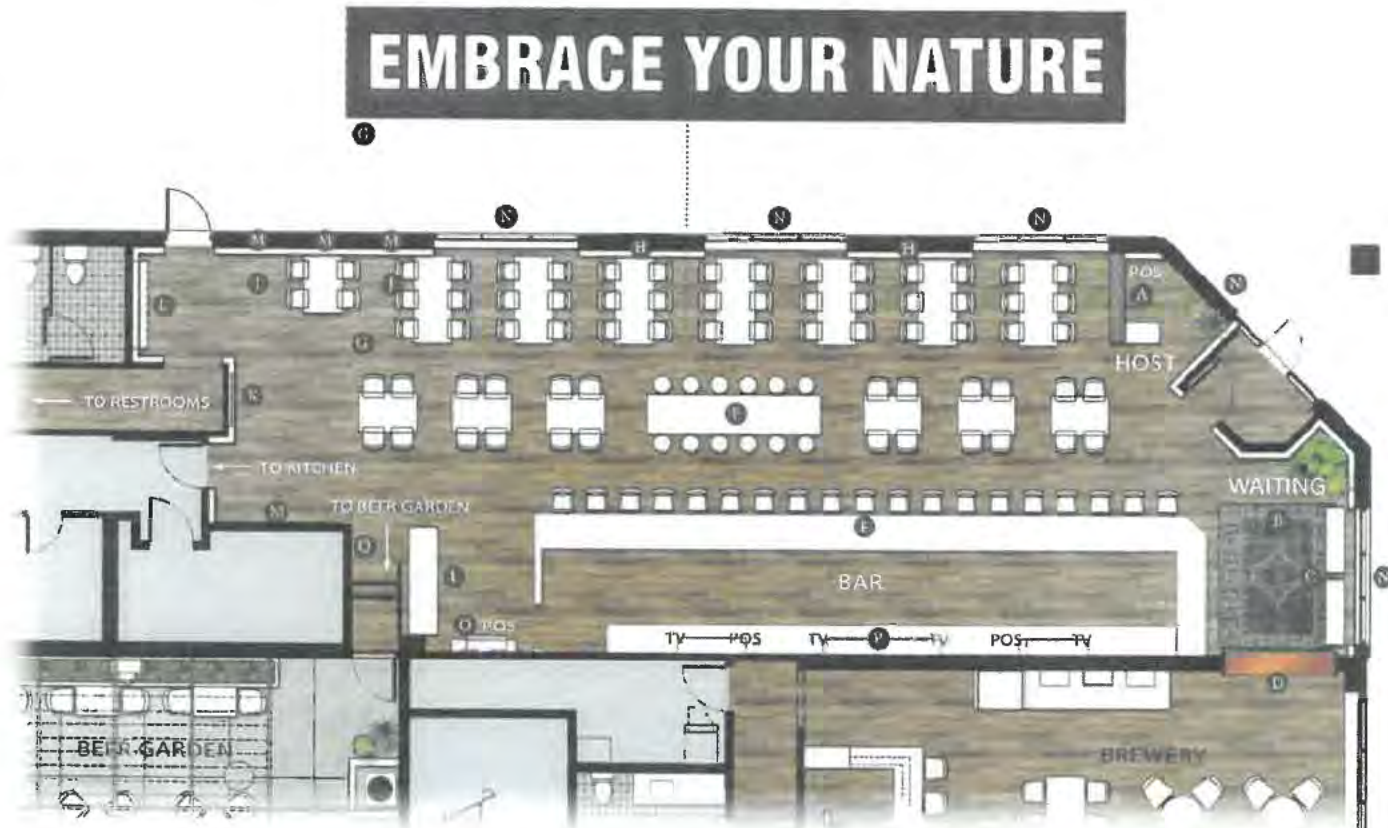
## TAVERN PLAN

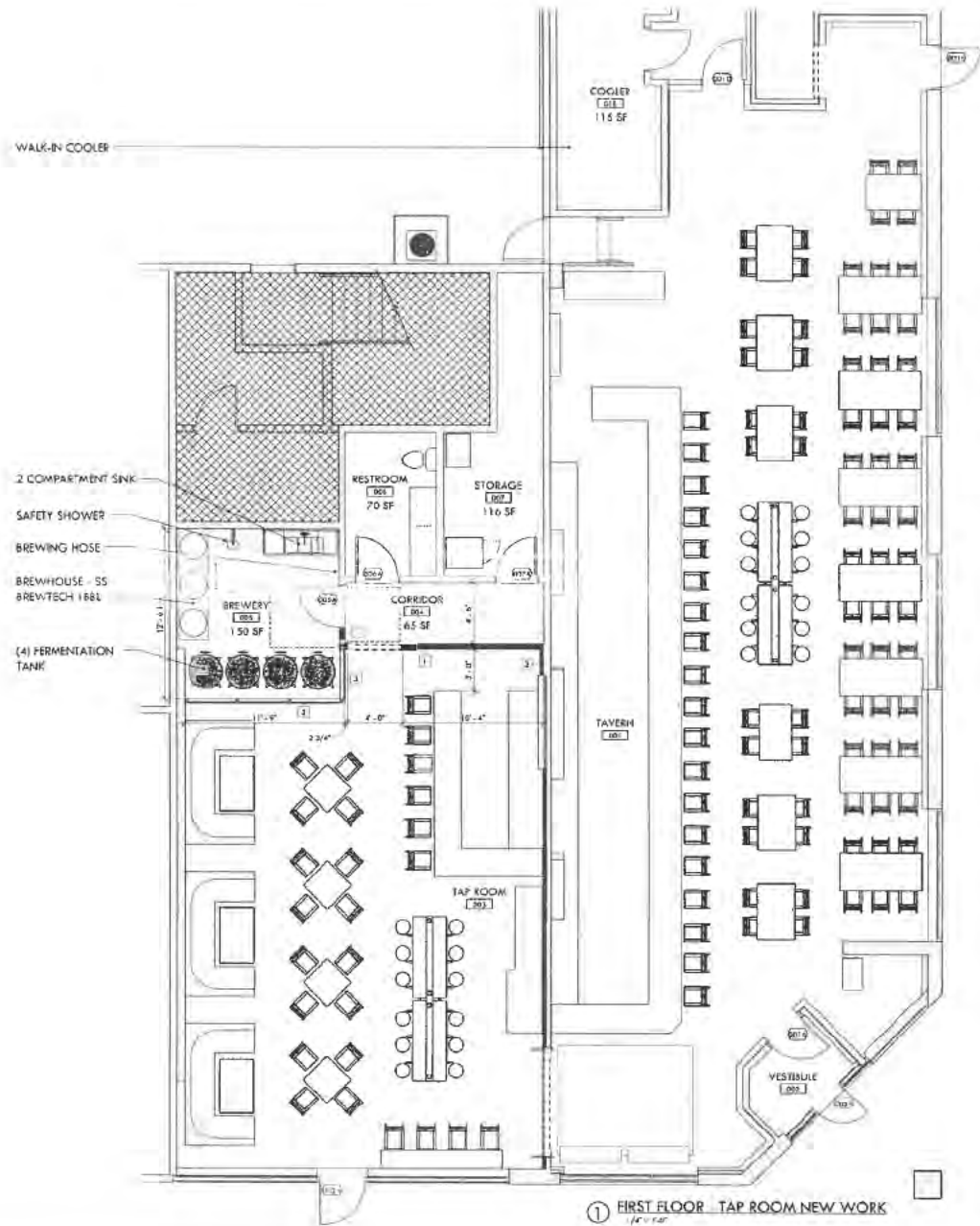
### LEGEND

- A new host stand / takeout pick-up
- B new rug at waiting area
- C new benches at waiting area
- D new wood portal connection to brewery
- E new bar die at existing bar.  
existing bar top to remain.
- F new signature communal table
- G new lit marquee signage at existing soffit.  
existing pendants to be removed.
- H potential location for new TV's or art
- I new server station
- J new sconces at existing locations
- K educational brewing art moment
- L wall shelves displaying TRBC merchandise  
and/or history of DeKalb memorabilia
- M new art
- N existing window screens to be removed  
& new sheer rollershades to be added
- O new wall-mounted cabinet at POS stations
- P existing back bar to remain
- Q new beer garden signage

## SEAT COUNT

typical dining:	36
bar height dining:	46
bar:	19
<b>total:</b>	<b>101</b>





studio **gwa**  
6.11.16

PRELIMINARY - NOT  
FOR CONSTRUCTION

THE KEG AND KERNEL

106 & 112 E Lincoln Hwy, DeKalb, IL 60115

ISSUE  
DATED

SHEET TITLE  
ENLARGED  
TAVERN AND  
BREWERY  
FLOOR PLAN

DRAWN BY  
CHECKED BY

PROJECT NUMBER  
21-1556

SHEET NUMBER  
A 401



## EXISTING SPACE



KEG&KERNEL

07.30.2021





structural trellis



banquette with greenery and integrated lighting



privacy screening



dining seating

## BEER GARDEN

exterior design elements



multi-functional lawn



beer inspired amenities



branded elements



planters with integrated drink ledge



## BEER GARDEN CONCEPTS



outdoor grilling station



branded beer truck with beverage service



lawn games, bocce ball court



# 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.





# 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.  
To order a new sign, please visit [ILCC.illinois.gov](http://ILCC.illinois.gov). Published by the Illinois Liquor Control Commission.



# NOTICE

This business can establish its own carding policy.  
A **Secondary Form of ID** may be requested to accompany  
a **Primary ID** at the ID checker's discretion.



SECURITY

## Primary ID's

- A valid, current driver's license issued by the Illinois Secretary of State's office or any other State.
- A valid photo identification card issued by the Illinois Secretary of State's Office or any other State.

## Secondary ID's

- A valid Armed Forces identification
- A valid US passport or travel visa or passport issued by a foreign country containing the holder's photograph.
- A FOID card (Firearm Owner's Identification Card)
- Concealed Carry License (CCL)
- Work ID with a name and picture



FUNDED BY THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
& THE ILLINOIS DEPARTMENT OF TRANSPORTATION



Illinois Department  
of Transportation

A message from the Illinois Liquor Control Commission  
and the Illinois Department of Transportation  
For more information visit [www.ILCC.illinois.gov](http://www.ILCC.illinois.gov)



Anyone who fails to produce adequate age-verification may be denied entry or refused service at the discretion of this establishment.  
Possession of a fake ID is punishable by up to one year in jail, a CLASS A misdemeanor, and a fine up to \$2,500.



# When Serving Alcohol, Serve Responsibly!

## Pay Attention to Your Customers

- ❖ Observe how fast a customer is drinking
- ❖ Assess the patron's size, gender and mood as factors that can influence intoxication
- ❖ Give guests good customer service

## Results of Over Service

Fines  
Lawsuits  
Drunk Driving Deaths  
Injuries  
Property Damage

## Penalty for Serving an Intoxicated Person

Serving an intoxicated individual  
is a Class A misdemeanor.

You will be fined up to **\$2,500** and  
could face **JAIL** time.



A message from the  
Illinois Liquor Control Commission

For Beverage Alcohol Sellers and Servers  
Education and Training (BASSET) training,  
contact the Illinois Liquor Control Commission  
at 312.814.0773 or log onto the Commission  
website at <http://www.state.il.us/LCC>





# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at [ServSafe.com](http://ServSafe.com).

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions



ID # 13797787  
CARD # 18910845

## ServSafe Alcohol® CERTIFICATE

AMY ANDERSON

NAME

2/4/2020

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.



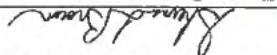
**NOTE:** You can access your score and certification information anytime at [ServSafe.com](http://ServSafe.com).

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at [ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org) or 800.765.2122, ext. 6703.

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Executive Vice President, National Restaurant Association Solutions

Sherman Brown



This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid



233 South Wacker Drive  
Suite 3600  
Chicago, IL 60606-6383  
1.800.SERVSAFE  
312.215.1010 In the Chicago area  
[ServSafe.com](http://ServSafe.com)

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**LICENSE FEE**

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

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

Fee after January 31: DOUBLED

☒ NEW ☐ RENEWAL

LICENSE #:

**Fire-Life Safety License Application**

Municipal Code, Chapter 16

**Incomplete applications will be returned to applicant**THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 TO AVOID THE LATE FEE.

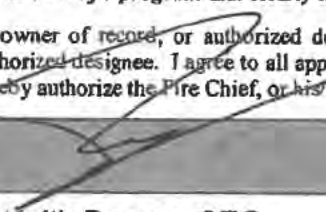
Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please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

**Return ORIGINAL completed application with license fee to:**Finance Department, City of DeKalb, 200 S. 4<sup>th</sup> Street, DeKalb, IL 60115**MAKE CHECKS PAYABLE TO "CITY OF DEKALB"**Application is hereby made for a Fire-Life Safety License for the period **May 1 through April 30**

BUSINESS INFORMATION (Please make any necessary changes - type or print clearly)			
Company or Corporation Name:	Tangled Roots Beverage Company, LLC		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Business Name (DBA):	Keg & Kernel		
Building Address:	106 E. Lincoln Highway DeKalb, Illinois 60115		
License Issued to:	Tangled Roots Beverage Company, LLC - Keg & Kernel	Occupancy:	160
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"/>
IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS			
	Name	Mailing Address (Please include City/State/Zip in Address)	
Business Owner & Phone #	CL Enterprises LLC	Address: 519 Congress Street	
	(815) 225-6185	City, State, Zip Code: Ottawa, Illinois 61350	
Business Manager	Inga Carcus	Address: 519 Congress Street	
		City, State, Zip Code: Ottawa, Illinois 61350	
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 Licensing Dept.	<input type="checkbox"/> Business Manager
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.

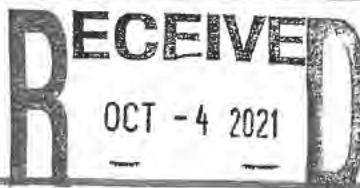
SIGNATURE 

Print Name and Title: Keith Pearse, CEO

Date: 09/28/2021

**FOR CITY USE ONLY**

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

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

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

BY: \_\_\_\_\_



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

EMERGENCY CONTACT INFORMATION – BUSINESS		DEKALB POLICE & FIRE DEPARTMENT																						
<b>BUSINESS INFORMATION</b>  BUSINESS NAME <u>Keg &amp; Kernel</u>  BUILDING ADDRESS: <u>106 E. Lincoln Highway</u>  PHONE ( <u>815</u> ) <u>324-9698</u>  DATE OF UPDATE: <u>09-28-2021</u>		<b>FIRE DEPARTMENT INFORMATION</b> to be completed by Fire Prevention Officer  STANDPIPE LOCATION:  KNOX BOX LOCATION:																						
<b>AFTER HOURS EMERGENCY CONTACT INFORMATION</b> <b>*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*</b>		<b>OTHER FIRE DEPARTMENT INFORMATION:</b>																						
<p align="center"><u><b>CONTACT #1</b></u></p> NAME: <u>Amy Anderson</u>  HOME PHONE: (       )  CELL PHONE/PAGER: <span style="background-color: black; color: black;">[REDACTED]</span>		<p align="center"><b>ADDITIONAL INFORMATION</b></p> ALARM COMPANY NAME: <u>Fox Valley Fire &amp; Safety – Account Number: FV2894</u>  ALARM COMPANY 24 HOUR PHONE NUMBER: ( <u>855</u> ) <u>751-4025</u>																						
<p align="center"><u><b>CONTACT #2</b></u></p> NAME: <u>Steve Scrima</u>  HOME PHONE: (       )  CELL PHONE/PAGER: <span style="background-color: black; color: black;">[REDACTED]</span>		<p align="center"><b>BUSINESS HOURS:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:33%;"><b>MONDAY</b></td><td style="width:33%;">OPEN: <u>11AM - 11PM</u></td><td style="width:33%;">CLOSE: _____</td></tr> <tr><td><b>TUESDAY</b></td><td>OPEN: <u>11AM - 11PM</u></td><td>CLOSE: _____</td></tr> <tr><td><b>WEDNESDAY</b></td><td>OPEN: <u>11AM - 11PM</u></td><td>CLOSE: _____</td></tr> <tr><td><b>THURSDAY</b></td><td>OPEN: <u>11AM - 11PM</u></td><td>CLOSE: _____</td></tr> <tr><td><b>FRIDAY</b></td><td>OPEN: <u>11AM - 11PM</u></td><td>CLOSE: _____</td></tr> <tr><td><b>SATURDAY</b></td><td>OPEN: <u>11AM - 11PM</u></td><td>CLOSE: _____</td></tr> <tr><td><b>SUNDAY</b></td><td>OPEN: <u>11AM - 11PM</u></td><td>CLOSE: _____</td></tr> </table>		<b>MONDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____	<b>TUESDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____	<b>WEDNESDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____	<b>THURSDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____	<b>FRIDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____	<b>SATURDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____	<b>SUNDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____
<b>MONDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____																						
<b>TUESDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____																						
<b>WEDNESDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____																						
<b>THURSDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____																						
<b>FRIDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____																						
<b>SATURDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____																						
<b>SUNDAY</b>	OPEN: <u>11AM - 11PM</u>	CLOSE: _____																						
<p align="center"><u><b>CONTACT #3</b></u></p> NAME: <u>Scott Struchen</u>  HOME PHONE: (       )  CELL PHONE/PAGER: <span style="background-color: black; color: black;">[REDACTED]</span>		<p align="center"><b>FOR POLICE DEPARTMENT USE ONLY</b></p> <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#:																						
<p align="center"><u><b>CONTACT #4</b></u></p> NAME: <u>Keith Pearse</u>  HOME PHONE: (       )  CELL PHONE/PAGER: <span style="background-color: black; color: black;">[REDACTED]</span>																								
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Rachel.pacey@cityofdekalb.com) FAX: 815-748-2304            IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.</p>																								





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

**Business Address:**

TANGLED ROOTS BEVERAGE COMPANY, LLC  
106 E LINCOLN HWY  
DEKALB, IL 60115

**INVOICE NO.**

00008038

**State Tax ID**

**License #**

2021-3004

**Invoice Date**

10/04/2021

**Due Date**

10/04/2021

**Amount Due**

\$100.00

<b>Invoice #:</b>	<b>License #:</b>	<b>License Type:</b>	<b>Application Date:</b>	<b>Expiration Date:</b>
00008038	2021-3004	FIRE LIFE SAFETY LICENSE	10/04/2021	04/30/2022

<b>Fee Description</b>	<b>Amount Due</b>
FIRE LIFE SAFETY LICENSES	\$100.00

**Remit to:**

City of DeKalb  
164 E Lincoln Hwy  
DeKalb, IL 60115

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

Invoice Number: **00008038**

**Billing/Mailing Address:**

TANGLED ROOTS BEVERAGE COMPANY, LLC  
519 CONGRESS ST  
OTTAWA, IL 61350

**Billing/Invoice Date:** 10/04/2021

**Total Due:** \$100.00

**Due Date:** 10/04/2021

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

**Paid By:**  
TANGLED ROOTS BEVERAGE COMPANY, LLC  
106 E LINCOLN HWY  
DEKALB, IL 60115

## RECEIPT

Receipt #	Post Date
00007165	10/04/2021
Business ID	
2095	
Cashier	
AMY.FRANTZ	
Payment Method	
Check	15307

License Number	Invoice #	Description	Fee ID	Amount Paid
2021-3004	00008038	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Assurance, a Marsh & McLennan Agency LLC company  
20 N Martingale Road  
Suite 100  
Schaumburg IL 60173

**CONTACT NAME:** Select Commercial**PHONE**  
(A/C, No, Ext): (847) 797-5700**FAX**  
(A/C, No): (847) 440-9133**E-MAIL ADDRESS:** Select@assuranceagency.com**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Hanover Insurance Co.

22292

**INSURER B:** Allmerica Financial Benefit

41840

**INSURER C:****INSURER D:****INSURER E:****INSURER F:**

**INSURED**  
Tangled Roots Beverage Company, LLC; The Lone  
Buffalo LLC; 808-812 LaSalle St. Ottawa LLC  
812 LaSalle Street  
Ottawa IL 61350

TANGROQ-01

**COVERAGES****CERTIFICATE NUMBER:** 1693847334**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		ZHC A569910-05	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" 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		AWC-D274061-03	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		UHC A570011-05	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N if yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
A	Liquor Liability		ZHC A569910-05	3/1/2021	3/1/2022	Limit \$ 1,000,000

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

RE: Proof of Insurance.

**CERTIFICATE HOLDER**

City of DeKalb  
164 East Lincoln Highway  
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

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**Illinois Liquor Control  
Commission**



**JB Pritzker  
Governor**

**50 W. WASHINGTON ST., SUITE 209  
CHICAGO, ILLINOIS 60601  
TELEPHONE: 312 814-2206  
TDD: 312 814-1844**

**300 W. JEFFERSON ST., SUITE 300  
SPRINGFIELD, ILLINOIS 62702  
TELEPHONE: 217 782-2136  
WEBSITE: [ILCC.Illinois.gov](http://ILCC.Illinois.gov)**

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

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

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

**RETAILER'S LIQUOR LICENSE**

**FEE: \$750.00**

*Effective September 1, 2020 all new applicants will have the option to email their new liquor license applications and supporting documents to [LCC.Licensing@illinois.gov](mailto:LCC.Licensing@illinois.gov) for review and processing.*

*License fee payments shall be made by check or money order through the mail within 3-7 business days to the Illinois Liquor Control Commission 50 W Washington St Suite 209, Chicago, IL or 300 W Jefferson Suite 300, Springfield, IL. 62702.*

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

- 1) Photocopy of current **Local Liquor License** (contact your Local Liquor Commission)
- 2) Photocopy of **Certificate of Insurance** (not the Policy Declaration) if alcohol will be consumed on the premise;
- 3) **Proof of Purchase** (e.g., bill of sale, closing statement, lease, recorded deed) **IMPORTANT:** You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the property. If there is an existing state liquor license on the premises, you will need to provide a copy of the bill of sale for the business and any inventory (Brand Name, Bottle Size & Quantity) purchased.  
*Note: The closing on the purchase of the business must occur prior to applying for your state license*
- 4) **COPY of the Check or Money Order payable to: ILLINOIS LIQUOR CONTROL COMMISSION (ILCC).**  
*License fee payments shall be made through the mail within 3-7 business days*

**Processing time for a Retailer Liquor License is approximately 3 - 10 business days**

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



LICENSE NO.
DATE ISSUED
EXPIRATION DATE

## Application for State of Illinois Retailer's Liquor License

### 1. APPLICANT - CORPORATE INFORMATION

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

#### A. FEIN

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

FEIN #
46-5098287

#### B. ILLINOIS SALES TAX ACCOUNT ID

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

ILLINOIS SALES TAX ACCOUNT ID
4172-1896

#### 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
Tangled Roots Beverage Company 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.	
130 East Madison Avenue		( 815 ) 324-9686 EXT.	
COUNTY	CITY	STATE	ZIP CODE
LaSalle	Ottawa	IL	61350

#### 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: 06/12/2015  
State of Incorporation: Delaware  
IL Secretary of State File #: 05222788  
Date Qualified to do Business in IL: 06/12/2015

## 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
CL Enterprises, LLC 46-5098287			519 Congress Street		Ottawa	IL	61350
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
					( )		100

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
Limberger, Peter							
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
			Manager, CL Enterprises				0

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
Carus, Inga							
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
			Manager, CL Enterprises				0

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. 0 %

#### 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)
Keg and Kernel

##### B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
( 815 ) 325-9686 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 REV.BulkSales@illinois.gov.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
106 E. Lincoln Highway	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
N/A				

##### F. RIGHTS TO THE PROPERTY

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

LANDLORD NAME		AREA CODE/PHONE NUMBER (home, cell, etc.)		
Conerstone DeKalb, LLC				
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
DeKalb, Illinois / DeKalb County				12/01/2021

### 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: 01/15/2016

DISPOSITION: GRANTED ☒ DENIED ☐ WITHDRAWN ☐

ADDRESS OF FIRST STATE APPLICATION: 808-814 LaSalle Street

Ottawa, Illinois 61350

### 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
6:00am-1:00am	6:00am-1:00am	6:00am-1:00am	6:00am-1:00am	6:00am-2:00am	6:00am-2:00am	6:00am-1:00am

### E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
11:00am-11:00pm	11:00am-11:00pm	11:00am-11:00pm	11:00am-11:00pm	11:00am-11:00pm	11:00am-11:00pm	11:00am-11:00pm

### F. EXPECTED OPENING DATE

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

12/01/2021

## 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 (MOBILE, CELL, etc.)
Keith Pearce	( )	
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

CEO  
TITLE/POSITION

09/28/2021  
DATE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Assurance, a Marsh & McLennan Agency LLC company 20 N Marlingale Road Suite 100 Schaumburg IL 60173		<b>CONTACT</b> NAME: Select Commercial PHONE (A/C No. Ext): (847) 797-5700 E-MAIL: Select@assuranceagency.com FAX (A/C No.): (847) 440-9133	
<b>INSURED</b> Tangled Roots Beverage Company, LLC; The Lone Buffalo LLC; 808-812 LaSalle St. Ottawa LLC 812 LaSalle Street Ottawa IL 61350		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hanover Insurance Co. NAIC # 22292 INSURER B: Allmerica Financial Benefit 41840 INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 1552428958

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		ZHC A569910-05	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		AWC-D274061-03	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE Y/N <input type="checkbox"/> N/A	UHC A570011-05	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability		ZHC A569910-05	3/1/2021	3/1/2022	Limit \$ 1,000,000

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

RE: Proof of Insurance.

**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

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**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"): Keg & Kernel

Address: 106 E. Lincoln Highway Telephone: \_\_\_\_\_

City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: Tangled Roots Beverage Company LLC

Registered Agent Name Illinois Corporation Service C

Billing Address (If Different From #1): 801 Adlai Stevenson Drive

City: Springfield State: IL Zip: 62703

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

3) Illinois Retail Occupation Tax Number [ IBT# ] 4172-1896

Federal Employer IDS ( FEIN ) 46-5096287

Type of Business: Primary Restaurant and Bar License

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

5) Date business commenced sales within City of DeKalb (mo/ day /yr): 11-01-2021

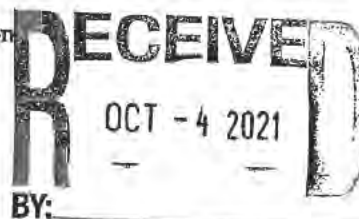
6) Registrant's type of business organization:

( ) Sole Proprietorship

( ) Partnership

( x ) Other - LLC

( ) Corporation



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

Owner	Title	Name	Residence Address	Date of Birth
		Inga Carcus		
		Peter Limberger		

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

Telephone:

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

Name: Paul Reichard Title: Director of Finance  
Address: 130 East Madison Street Telephone: ( 815 ) 324-9686  
City: Ottawa State: IL Zip: 61350  
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 09/28/2021

  
Signature

Keith Pearse  
Printed Name