

RESOLUTION 2022-020

PASSED: FEBRUARY 28, 2022

**APPROVING A BAR LIQUOR LICENSE TO GALINDO, INC., d/b/a LA CALLE,
263 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 Municipal Code; and

WHEREAS, the City has received and reviewed an application for a Bar Liquor License for the establishment known as Galindo, Inc., d/b/a La Calle, located at 263 E. Lincoln Highway, DeKalb, Illinois (the "Application"); and

WHEREAS, the City's corporate authorities find that it is in the City's best interests for the promotion of the public health, morals and welfare to approve the Application pursuant to the provisions of this Resolution; and

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

SECTION 1: The City's corporate authorities approve the issuance of a liquor license, Bar, for Galindo, LLC, d/b/a La Calle (the "Applicant" or "Licensee"), 263 E. Lincoln Highway, DeKalb, Illinois (the "Property"), subject to the following terms and conditions:

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

- e. The Applicant and all employees must successfully complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program prior to the date on which the Applicant and employees start serving, preparing or selling alcohol; and
 - f. The Applicant shall operate the premises in accordance with all applicable codes and ordinances and shall collect and remit all taxes required under applicable federal, state or local laws.
4. The License shall be deemed to permanently include the following restrictions:
- a. The property shall otherwise comply with all applicable City Code, ordinances, rules and regulations.
 - 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 said license. 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 City's corporate authorities that to the extent that the terms of this resolution should be inconsistent with any non-preemptive state law, 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 28th day of February 2022 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Morris, Larson, Perkins, McAdams, Verbic, Faivre, Barnes. Nay: None. Absent: Smith.




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: GALINDO INC.
Business Name (d/b/a): LA CALLE
Business Address: 263 E. LINCOLN HWY.

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: YESENIA GALINDO Role: ☒ Owner ☒ Manager
Name: _____ Role: ☐ Owner ☐ Manager
Name: _____ Role: ☐ Owner ☐ Manager
Name: _____ Role: ☐ Owner ☐ Manager

4. **Ownership/Lease of Premises**

a. Does the person completing this renewal application own the premises on which the license is to be located?

☐ Yes
☒ No

b. If the property the business is located on is leased, provide the landlord's name, street address, city, state, zip code and telephone number.

Landlord Name: FAREED HAGUE
Address: [REDACTED]
City, State, Zip Code: [REDACTED]
Telephone No.: [REDACTED]

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

25 PLUS YEARS OF EXPERIENCE IN THE HOSPITALITY INDUSTRY (BAR/FOOD SERVICE/RESTAURANT) OWNER, MANAGER, SERVER + BARTENDER. I AM VERY PASSIONATE ABOUT THIS INDUSTRY AND WHAT I DO!

6. **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
<u>11 AM - 1 AM</u>	<u>11 AM - 1 AM</u>	<u>11 AM - 1 AM</u>	<u>11 AM - 1 AM</u>	<u>11 AM - 2 AM</u>	<u>11 AM - 2 AM</u>	<u>11 AM - 2 AM</u>

7. 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. ATTACHED

8. 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. N/A

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

- Measures for age verification prior to entry into the establishment and/or prior to the sale of alcohol.
EMPLOYEES, INCLUDING MYSELF WILL FOLLOW A STRICT 'NO PROOF, NO SERVICE POLICY' (MEANING NO ID - NO ENTRY) TO ANY PERSONS WHO APPEAR TO BE UNDERAGE. ACCEPTABLE FORMS OF ID ONLY: STATE ID, STATE DL, PASSPORT.
- The method of storing and securing alcohol prior to sale. BUSINESS WILL ALSO HAVE A DL/ID VERIFICATION SCANNER.
ALCOHOL WILL BE STORED SECURELY AT ROOM TEMP IN A LOCKED STORAGE ROOM + BEER WILL BE STORED IN A WALK-IN COOLER W/NO ACCESS TO THE PUBLIC (CUSTOMERS).
- The method of securing site access. BOTH UNDER VIDEO SURVEILLANCE.
24 HOUR PREMISES VIDEO SURVEILLANCE W/MOBILE ACCESS
- Training to be provided to employees and alcohol servers.
ALL EMPLOYEES WILL COMPLETE A CERTIFIED ALCOHOL SERVER EDUCATION PROGRAM
- The security plan for rowdy or disruptive patrons.
COMMUNICATIONS + PUBLIC RELATIONS W/DEKALB P.D. (NO TOLERANCE FOR ROWDY OR DISRUPTIVE PATRONS)
RING ALARM PANIC BUTTON - TRIGGERS EMERGENCY RESPONSE
- Anti-theft policies and countermeasures. SECURITY
CASH REGISTERS/POS SYSTEMS WILL BE OPERATED W/AN EMPLOYEE CODE.
ALL STORAGE AREAS LOCKED W/NO PUBLIC ACCESS/24 HR. PREMISES SECURITY SURVEILLANCE
- Surveillance equipment to be utilized and a surveillance plan.
HIGH DEFINITION SECURITY VIDEO CAMERAS TO BE INSTALLED WHICH WILL MONITOR EMPLOYEES + PATRONS
- Any other related security information.
- 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 DONE AT THE BAR AREA ONLY AND WITH PROOF OF ID - BEER WILL BE SOLD FOR CONSUMPTION OFF PREMISES ONLY!

10. **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.) *'PROOF OF AGE' SIGNAGE AND 'WE CARD HARD' SIGNAGE*
11. **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 WILL COMPLETE A 4-HR BASSET TRAINING COURSE, ONLINE OR IN PERSON) IN ORDER TO PROVIDE RESPONSIBLE AND LEGAL ALCOHOL SALES AND SERVICE. EMPLOYEES WILL OBTAIN CERTIFICATION PRIOR TO OPEN DATE.
12. **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))
13. **Conditional Liquor License.** If the proposed establishment is requesting a Conditional Liquor License prior to the issuance of a Certificate of Occupancy, describe below the reason for the request. (Reference Section 38.04 "Application for and Renewal of Liquor License or Permit", Subsection f)1.)
** a conditional liquor license will be provided in order for the establishment to obtain their SOI liquor license*
14. **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. *ATTACHED*
15. **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. *Pending*
16. **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.
17. **Attach a completed and signed Registration for Restaurant, Bar and Package Liquor Tax application.**
18. **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)

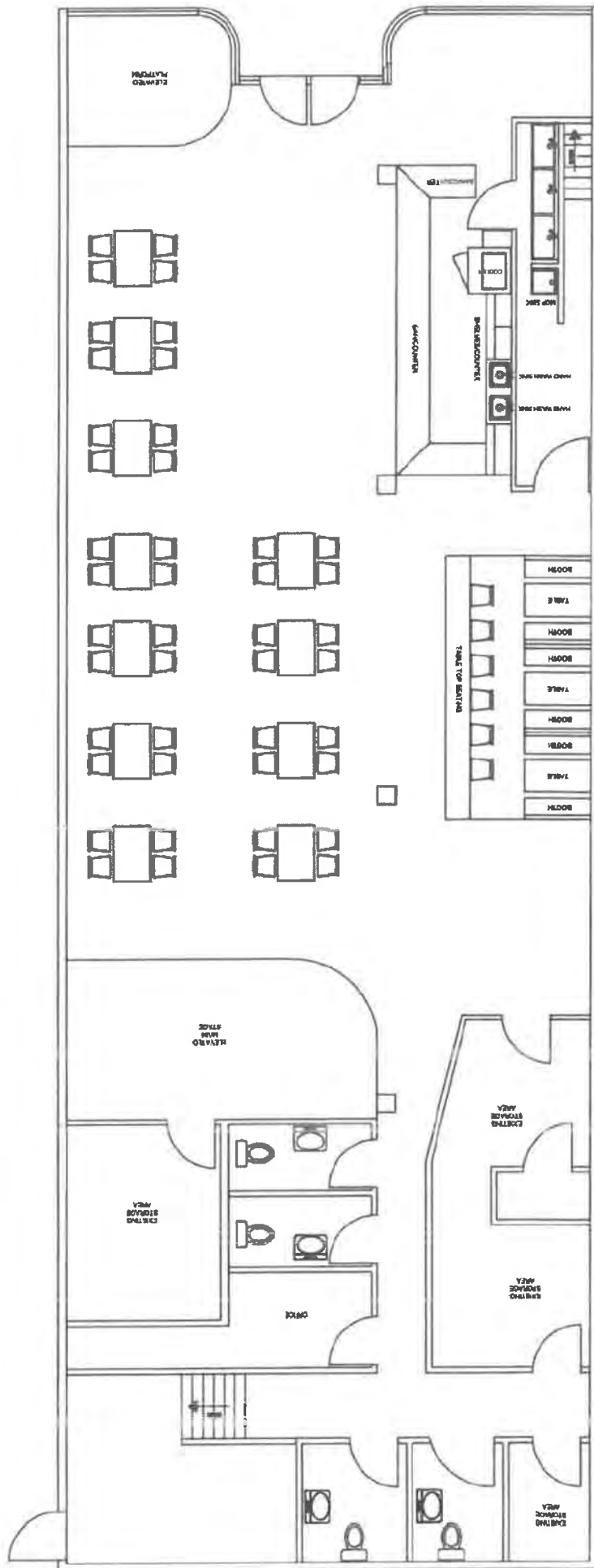
- Yes a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.
- Yes b. Chapter 38 "Intoxicating Liquors" of the City of DeKalb Municipal code has been reviewed by the licensee who shall 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".
- Yes 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.
- Yes d. The licensee consents to the inspection provisions of Section 39.09 "Restrictions Generally Application, subsection a).

Signed and submitted under Oath this 6 day of Jan, 20 22.

Applicant Signature: Yessenia Galindo

Print Name: YESSENIA L. GALINDO

Title: OWNER





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

2001

TO BE DISPLAYED DURING 2022

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

Illinois BASSET SELLER / SERVER CERTIFICATION


Trainee Name: Yesenia Galindo

Certificate #: 000017994717

Date of Completion: 09/21/2021

School Name:

360training.com dba Learn2Serve

I, 
**certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.**

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**learn²
serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

LICENSE FEE

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

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

Fee after January 31: DOUBLED

☒ NEW ☐ RENEWAL

LICENSE #: 2022-4648

Fire-Life Safety License Application

Municipal Code, Chapter 16

COPY

Incomplete applications will be returned to applicant

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

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

Return **ORIGINAL** completed application with license fee to:

Finance Department City of DeKalb, 164 E Lincoln Highway, 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:	GALINDO INC.	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Name (DBA):	LA CALLE	
Building Address:	263 E. LINCOLN HWY.	DEKALB, IL 60115
License Issued to:	YESENIA GALINDO	Occupancy: 178

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITYAre you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax? Yes ☐ No ☐**IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS**

	Name	Mailing Address (Please include City/State/Zip in Address)
Business Owner & Phone #	YESENIA GALINDO	Address: [REDACTED] City, State, Zip Code: [REDACTED]
Business Manager	YESENIA GALINDO	Address: [REDACTED] City, State, Zip Code: [REDACTED]

LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTEDMail Correspondence (including renewal applications) to (check one): ☒ Business Owner/Corporate ☐ Business Manager
Licensing Dept.

E-Mail address of contact person : [REDACTED]

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 *Yessenia Galindo*

Print Name and Title: YESENIA L. GALINDO, OWNER

Date: 1.6.22

FOR CITY USE ONLY

Date Payment Received:

1-6-22

Fee Paid:

\$100.00

Check #:

001521

Cash: ☐

Questions about this form? Call (815) 748-2080

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

EMERGENCY CONTACT INFORMATION - BUSINESS	DEKALB POLICE & FIRE DEPARTMENT																					
BUSINESS INFORMATION BUSINESS NAME <u>LA CALLE</u> BUILDING ADDRESS: <u>263 E. LINCOLN HWY.</u> PHONE [REDACTED] DATE OF UPDATE: <u>1.6.22</u>	FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer STANDPIPE LOCATION: KNOX BOX LOCATION: 																					
AFTER HOURS EMERGENCY CONTACT INFORMATION *EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*	OTHER FIRE DEPARTMENT INFORMATION:																					
CONTACT #1 NAME: <u>Yesenia Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]	ADDITIONAL INFORMATION ALARM COMPANY NAME: ALARM COMPANY 24 HOUR PHONE NUMBER: ()																					
CONTACT #2 NAME: <u>Alex Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]	BUSINESS HOURS: <table style="width:100%; border-collapse: collapse;"> <tr> <td>MONDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: _____</td> <td>CLOSE: _____</td> </tr> </table>	MONDAY	OPEN: _____	CLOSE: _____	TUESDAY	OPEN: _____	CLOSE: _____	WEDNESDAY	OPEN: _____	CLOSE: _____	THURSDAY	OPEN: _____	CLOSE: _____	FRIDAY	OPEN: _____	CLOSE: _____	SATURDAY	OPEN: _____	CLOSE: _____	SUNDAY	OPEN: _____	CLOSE: _____
MONDAY	OPEN: _____	CLOSE: _____																				
TUESDAY	OPEN: _____	CLOSE: _____																				
WEDNESDAY	OPEN: _____	CLOSE: _____																				
THURSDAY	OPEN: _____	CLOSE: _____																				
FRIDAY	OPEN: _____	CLOSE: _____																				
SATURDAY	OPEN: _____	CLOSE: _____																				
SUNDAY	OPEN: _____	CLOSE: _____																				
CONTACT #3 NAME: <u>Veronica Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]	FOR POLICE DEPARTMENT USE ONLY																					
CONTACT #4 NAME: <u>Nicole Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]	<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>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Amy.Frantz@cityofdekalb.com) FAX: 815-748-2304</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2080.</p>																						



**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**

**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 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 #
87-2737349

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
4425-3982

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
GALINDO INC.

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.	
[REDACTED]		[REDACTED]	
		EXT.	
COUNTY	CITY	STATE	ZIP CODE
DEKALB	[REDACTED]	IL	[REDACTED]

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	N/A	CITY	STATE
BUSINESS NAME	N/A	CITY	STATE
BUSINESS NAME	N/A	CITY	STATE
BUSINESS NAME	N/A	CITY	STATE
BUSINESS NAME	N/A	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: 09/21/2021
State of Incorporation: ILLINOIS
IL Secretary of State File #: 73434769
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
GALINDO, YESENIA						IL	
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
			OWNER			100	

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

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

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

E. Total percentage of all stock held by all persons with less than five percent interest.

100%

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)
LA CALLE

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.

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
263 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. ☐ DRUG STORE/PHARMACY

E. ☐ LIQUOR STORE

I. ☐ CONVENIENCE & GAS

B. ☐ RESTAURANT

F. ☐ DEPARTMENT STORE

J. ☐ SMALL GROCERY

C. ☐ CONVENIENCE

G. ☒ BAR/TAVERN

K. ☐ GAS STATION

D. ☐ SUPERMARKET

H. ☐ HOTEL/MOTEL

L. ☐ 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.)			
FAREED HAQUE				
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
11AM-1AM	11AM-1AM	11AM-1AM	11AM-2AM	11AM-2AM	11AM-2AM	11AM-1AM

E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM

F. EXPECTED OPENING DATE

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

08/01/2022

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.)
YESENIA GALINDO	[REDACTED]	()
EMAIL ADDRESS	FAX NUMBER	
[REDACTED]	()	

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

01/07/2022
DATE

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

COPY

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"): LA CALLE
Address: 263 E. LINCOLN HWY Telephone: [REDACTED]
City: DEKALB State: IL Zip: 60115

2) Applicant's Corporation Name: GALINDO INC.
Registered Agent Name YESENIA GALINDO
Billing Address (If Different From #1): [REDACTED]
City: [REDACTED] State: IL Zip: [REDACTED]
Telephone: [REDACTED] Email: [REDACTED]

3) Illinois Retail Occupation Tax Number [IBT#] _____
Federal Employer IDS (FEIN) 87-2737349
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): 8-1-22

6) Registrant's type of business organization:

() Sole Proprietorship

() Partnership

() Other

(X) Corporation

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

OWNER	YESENIA GALINDO		
Title	Name	Residence Address	Date of Birth

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

Telephone: ()

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

Name: YESENIA GALINDO Title: OWNER
Address: Telephone:
City: State: IL 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 1.6.22

Yesenia Galindo
Signature

YESENIA L. GALINDO
Printed Name



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

Business Address:
LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

INVOICE NO.

00010172

State Tax ID

License #

2022-4647

Invoice Date

01/07/2022

Due Date

01/07/2022

Amount Due

\$588.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00010172	2022-4647	LIQUOR LICENSE	01/07/2022	12/31/2022

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

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number:

00010172

Billing/Mailing Address:

LA CALLE
YESENIA GALINDO
892 BUCKINGHAM DR
SYCAMORE, IL 60178

Billing/Invoice Date: 01/07/2022

Total Due: \$588.00

Due Date: 01/07/2022

GALINDO INC
892 Buckingham Dr
Sycamore, IL 60178

First National Bank of Omaha
141 W. Lincoln Hwy
Dekalb, IL 60115
(815) 754-5004
70-0262/0719

001521

1-6-22

PAY TO THE
ORDER OF

City of Dekalb

\$ 688.00

DOLLARS

Six hundred eighty eight ⁴⁰⁰⁷⁰⁰

MEMO

liquor license app. fees



Yvonne Galindo

AUTHORIZED SIGNATURE

MP

001521

Security Features Included Details on back

*538 liquor license app
*50 background ch.
*100 FLS app

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

Paid By:
LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00008689	01/07/2022
Business ID	
2112	
Cashier	
EMILY.HANSON	
Payment Method	
Check	1521

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4647	00010172	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00
2022-4647	00010172	BACKGROUND CHECK FEE	BACKCH	50.00

Total Amount Paid
588.00



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

Business Address:

LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

INVOICE NO.

00010173

State Tax ID

License #

2022-4648

Invoice Date

01/07/2022

Due Date

01/31/2023

Amount Due

\$100.00

<u>Invoice #:</u>	<u>License #:</u>	<u>License Type:</u>	<u>Application Date:</u>	<u>Expiration Date:</u>
00010173	2022-4648	FIRE LIFE SAFETY LICENSE	01/07/2022	04/30/2023

Fee Description

Amount Due

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:

00010173

Billing/Mailing Address:

LA CALLE
YESENIA GALINDO
892 BUCKINGHAM DR
SYCAMORE, IL 60178

Billing/Invoice Date: 01/07/2022

Total Due: \$100.00

Due Date: 01/31/2023

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

Paid By:
LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00008690	01/07/2022
Business ID	
2112	
Cashier	
EMILY.HANSON	
Payment Method	
Check	1521

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4648	00010173	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00



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: GALINDO INC.
Business Name (d/b/a): LA CALLE
Business Address: 263 E. LINCOLN HWY.

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: YESENIA GALINDO Role: ☒ Owner ☒ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

4. **Ownership/Lease of Premises**

- a. Does the person completing this renewal application own the premises on which the license is to be located?

☐ Yes
☒ No

- b. If the property the business is located on is leased, provide the landlord's name, street address, city, state, zip code and telephone number.

Landlord Name: FAREED HAQUE

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

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

25 PLUS YEARS OF EXPERIENCE IN THE HOSPITALITY INDUSTRY (BAR/FOOD SERVICE/RESTAURANT) OWNER, MANAGER, SERVER + BARTENDER. I AM VERY PASSIONATE ABOUT THIS INDUSTRY AND WHAT I DO!

6. **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
<u>11 AM - 1 AM</u>	<u>11 AM - 1 AM</u>	<u>11 AM - 1 AM</u>	<u>11 AM - 1 AM</u>	<u>11 AM - 2 AM</u>	<u>11 AM - 2 AM</u>	<u>11 AM - 2 AM</u>

7. **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. *ATTACHED*

8. **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. *N/A*

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

- Measures for age verification prior to entry into the establishment and/or prior to the sale of alcohol. *EMPLOYEES, INCLUDING MYSELF WILL FOLLOW A STRICT 'NO PROOF, NO SERVICE POLICY' (MEANING NO ID - NO ENTRY) TO ANY PERSONS WHO APPEAR TO BE UNDERAGE. ACCEPTABLE FORMS OF ID ONLY: STATE ID, STATE DL, PASSPORT,*
- The method of storing and securing alcohol prior to sale. *BUSINESS WILL ALSO HAVE A DL/ID VERIFICATION SCANNER. ALCOHOL WILL BE STORED SECURELY AT ROOM TEMP IN A LOCKED STORAGE ROOM + BEER WILL BE STORED IN A WALK-IN COOLER W/NO ACCESS TO THE PUBLIC (CUSTOMERS).*
- The method of securing site access. *VIDEO SURVEILLANCE, 24 HOUR PREMISES VIDEO SURVEILLANCE W/MOBILE ACCESS*
- Training to be provided to employees and alcohol servers. *ALL EMPLOYEES WILL COMPLETE A CERTIFIED ALCOHOL SERVER EDUCATION PROGRAM*
- The security plan for rowdy or disruptive patrons. *COMMUNICATIONS + PUBLIC RELATIONS W/DEKALB P.D. (NO TOLERANCE FOR ROWDY OR DISRUPTIVE PATRONS) RING ALARM PANIC BUTTON - TRIGGERS EMERGENCY RESPONSE*
- Anti-theft policies and countermeasures. *SECURITY CASH REGISTERS/PDS SYSTEMS WILL BE OPERATED W/AN EMPLOYEE CODE. ALL STORAGE AREAS LOCKED W/NO PUBLIC ACCESS/24 HR. PREMISES SECURITY SURVEILLANCE*
- Surveillance equipment to be utilized and a surveillance plan. *HIGH DEFINITION SECURITY VIDEO CAMERAS TO BE INSTALLED WHICH WILL MONITOR EMPLOYEES + PATRONS*
- Any other related security information.
- 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 DONE AT THE BAR AREA ONLY AND WITH PROOF OF ID - BEER WILL BE SOLD FOR CONSUMPTION OFF PREMISES ONLY!*

10. **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.) *'PROOF OF AGE' SIGNAGE AND 'WE CARD HARD' SIGNAGE*
11. **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 WILL COMPLETE A 4-HR BASSET TRAINING COURSE, ONLINE OR IN PERSON) IN ORDER TO PROVIDE RESPONSIBLE AND LEGAL ALCOHOL SALES AND SERVICE. EMPLOYEES WILL OBTAIN CERTIFICATION PRIOR TO OPEN DATE.
12. **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))
13. **Conditional Liquor License.** If the proposed establishment is requesting a Conditional Liquor License prior to the issuance of a Certificate of Occupancy, describe below the reason for the request. (Reference Section 38.04 "Application for and Renewal of Liquor License or Permit", Subsection f)1.)
** a conditional liquor license will be provided in order for the establishment to obtain their SOI liquor license*
14. **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. *ATTACHED*
15. **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. *Pending*
16. **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.
17. **Attach a completed and signed Registration for Restaurant, Bar and Package Liquor Tax application.**
18. **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)

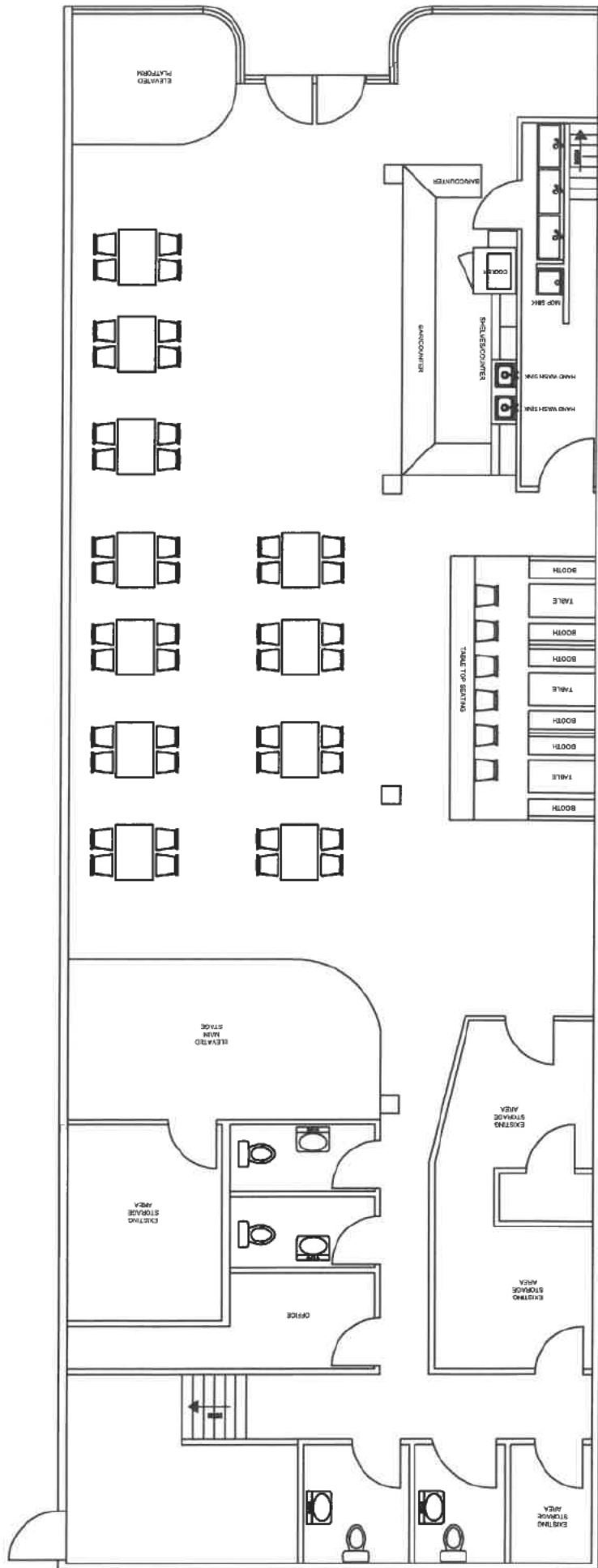
- yes a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.
- yes b. Chapter 38 "Intoxicating Liquors" of the City of DeKalb Municipal code has been reviewed by the licensee who shall 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".
- yes 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.
- yes d. The licensee consents to the inspection provisions of Section 39.09 "Restrictions Generally Applicable, subsection a).

Signed and submitted under Oath this 10 day of Jan, 2022.

Applicant Signature: Yessenia Galindo

Print Name: YESSENIA L. GALINDO

Title: OWNER





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

2001

TO BE DISPLAYED DURING 2022

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

Illinois BASSET SELLER / SERVER CERTIFICATION

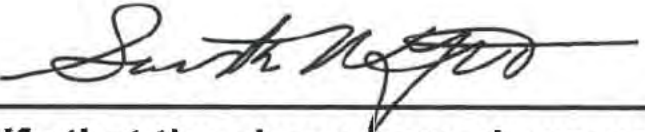
Trainee Name: Yesenia Galindo

Certificate #: 000017994717

Date of Completion: 09/21/2021

School Name:

360training.com dba Learn2Serve

I, 
certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.

This course provides necessary
knowledge and techniques for the
responsible serving of alcohol.

This is your temporary certificate of completion. You will receive your official card in the mail. Please forward all questions to support@360training.com.

**learn²
serve**

Corporate Headquarters

5000 Plaza on the Lake, Suite 305
Austin, TX 78746
Phone: 877.881.2235

LICENSE FEE

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

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

Fee after January 31: DOUBLED

☒ NEW ☐ RENEWAL

LICENSE #: 2022-4648

Fire-Life Safety License Application

Municipal Code, Chapter 16

COPY

Incomplete applications will be returned to applicant

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

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

Return ORIGINAL completed application with license fee to:

Finance Department City of DeKalb, 164 E Lincoln Highway, 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:	GALINDO INC.		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Name (DBA):	LA CALLE		
Building Address:	263 E. LINCOLN HWY. DEKALB, IL 60115		
License Issued to:	YESENIA GALINDO	Occupancy:	178
NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY			
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?			Yes <input type="checkbox"/> No <input type="checkbox"/>
IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS			
	Name	Mailing Address (Please include City/State/Zip in Address)	
Business Owner & Phone #	YESENIA GALINDO	Address: [REDACTED]	
	[REDACTED]	City, State, Zip Code: [REDACTED]	
Business Manager	YESENIA GALINDO	Address: [REDACTED]	
	[REDACTED]	City, State, Zip Code: [REDACTED]	
LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED			
Mail Correspondence (including renewal applications) to (check one):			<input checked="" type="checkbox"/> Business Owner/Corporate <input type="checkbox"/> Business Manager
			Licensing Dept.
E-Mail address of contact person :		[REDACTED]	

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: YESENIA L. GALINDO, OWNER
Date: 1.6.22

FOR CITY USE ONLY	
Date Payment Received:	1-6-22
Fee Paid: \$100.00	Check #: 001521 Cash: <input type="checkbox"/>

Questions about this form? Call (815) 748-2080

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

EMERGENCY CONTACT INFORMATION – BUSINESS	DEKALB POLICE & FIRE DEPARTMENT																					
BUSINESS INFORMATION BUSINESS NAME <u>LA CALLE</u> BUILDING ADDRESS: <u>263 E. LINCOLN HWY.</u> PHONE [REDACTED] DATE OF UPDATE: <u>1.6.22</u>	FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer STANDPIPE LOCATION: KNOX BOX LOCATION: 																					
AFTER HOURS EMERGENCY CONTACT INFORMATION *EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*	OTHER FIRE DEPARTMENT INFORMATION:																					
<p align="center"><u>CONTACT #1</u></p> NAME: <u>Yesenia Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]	ADDITIONAL INFORMATION ALARM COMPANY NAME: ALARM COMPANY 24 HOUR PHONE NUMBER: ()																					
<p align="center"><u>CONTACT #2</u></p> NAME: <u>Alex Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]	<p align="center">BUSINESS HOURS:</p> <table style="width:100%; border-collapse: collapse;"> <tr><td>MONDAY</td><td>OPEN: _____</td><td>CLOSE: _____</td></tr> <tr><td>TUESDAY</td><td>OPEN: _____</td><td>CLOSE: _____</td></tr> <tr><td>WEDNESDAY</td><td>OPEN: _____</td><td>CLOSE: _____</td></tr> <tr><td>THURSDAY</td><td>OPEN: _____</td><td>CLOSE: _____</td></tr> <tr><td>FRIDAY</td><td>OPEN: _____</td><td>CLOSE: _____</td></tr> <tr><td>SATURDAY</td><td>OPEN: _____</td><td>CLOSE: _____</td></tr> <tr><td>SUNDAY</td><td>OPEN: _____</td><td>CLOSE: _____</td></tr> </table>	MONDAY	OPEN: _____	CLOSE: _____	TUESDAY	OPEN: _____	CLOSE: _____	WEDNESDAY	OPEN: _____	CLOSE: _____	THURSDAY	OPEN: _____	CLOSE: _____	FRIDAY	OPEN: _____	CLOSE: _____	SATURDAY	OPEN: _____	CLOSE: _____	SUNDAY	OPEN: _____	CLOSE: _____
MONDAY	OPEN: _____	CLOSE: _____																				
TUESDAY	OPEN: _____	CLOSE: _____																				
WEDNESDAY	OPEN: _____	CLOSE: _____																				
THURSDAY	OPEN: _____	CLOSE: _____																				
FRIDAY	OPEN: _____	CLOSE: _____																				
SATURDAY	OPEN: _____	CLOSE: _____																				
SUNDAY	OPEN: _____	CLOSE: _____																				
<p align="center"><u>CONTACT #3</u></p> NAME: <u>Veronica Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]	<p align="center">FOR POLICE DEPARTMENT USE ONLY</p> <div style="border: 1px solid black; padding: 2px;"> <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 </div> DATE RECEIVED: BY TC#: _____ DATE CAD MODIFIED: BY TC#: _____																					
<p align="center"><u>CONTACT #4</u></p> NAME: <u>Nicole Galindo</u> HOME PHONE: () CELL PHONE/PAGER: [REDACTED]																						
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Amy.Frantz@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) 748-2080.</p>																						



**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**

**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 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 #
87-2737349

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
4425-3982

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
GALINDO INC.

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.	
[REDACTED]		[REDACTED]	
		EXT.	
COUNTY	CITY	STATE	ZIP CODE
DEKALB	[REDACTED]	IL	[REDACTED]

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	N/A	CITY	STATE
BUSINESS NAME	N/A	CITY	STATE
BUSINESS NAME	N/A	CITY	STATE
BUSINESS NAME	N/A	CITY	STATE
BUSINESS NAME	N/A	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: 09/21/2021
State of Incorporation: ILLINOIS
IL Secretary of State File #: 73434769
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
GALINDO, YESENIA						IL	
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.		% OWNED	
			OWNER			100	

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

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

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

E. Total percentage of all stock held by all persons with less than five percent interest.

100%

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)
LA CALLE

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
<div></div> EXT.

C. ADDRESS

Enter the address, city, state, ZIP Code and county of the business location. This address **must** be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (e.g., bill of sale, closing statement). **IMPORTANT:** You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g., deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered (if available). The applicant also needs to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order (Address Release) if applicable. For more information, contact the Illinois Department of Revenue at REV.BulkSales@illinois.gov.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
263 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
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.)		
FAREED HAQUE		<div></div>		
EMAIL ADDRESS		FAX NUMBER		
<div></div>		()		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. LOCAL LIQUOR LICENSE INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE

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

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

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

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

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

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

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSITION: GRANTED ☐ DENIED ☐ WITHDRAWN ☐

ADDRESS OF FIRST STATE APPLICATION: _____

C. TYPE OF LIQUOR LICENSE

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

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

D. AUTHORIZED HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
11AM-1AM	11AM-1AM	11AM-1AM	11AM-2AM	11AM-2AM	11AM-2AM	11AM-1AM

E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM	11AM-5PM

F. EXPECTED OPENING DATE

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

08/01/2022

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.)
YESENIA GALINDO	[REDACTED]	()
EMAIL ADDRESS	FAX NUMBER	
[REDACTED]	()	

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

01/07/2022
DATE

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

COPY

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"): LA CALLE

Address: 263 E. LINCOLN HWY Telephone: [REDACTED]

City: DEKALB State: IL Zip: 60115

2) Applicant's Corporation Name: GALINDO INC.

Registered Agent Name: YESENIA GALINDO

Billing Address (If Different From #1): [REDACTED]

City: [REDACTED] State: IL Zip: [REDACTED]

Telephone: [REDACTED] Email: [REDACTED]

3) Illinois Retail Occupation Tax Number [IBT#] _____

Federal Employer IDS (FEIN) 87-2737349

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): 8-1-22

6) Registrant's type of business organization:

() Sole Proprietorship

() Partnership

() Other

(X) Corporation

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

Title	Name	Residence Address	Date of Birth
OWNER	YESENIA GALINDO	[REDACTED]	[REDACTED]

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:	YESENIA GALINDO	Title:	OWNER
Address:	[REDACTED]	Telephone:	[REDACTED]
City:	[REDACTED]	State:	IL
		Zip:	[REDACTED]
Email address:	[REDACTED]		

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

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

Date 1.6.22

Yesenia Galindo
Signature

YESENIA L. GALINDO
Printed Name



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

Business Address:

LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

INVOICE NO.

00010172

State Tax ID

License #

2022-4647

Invoice Date

01/07/2022

Due Date

01/07/2022

Amount Due

\$588.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00010172	2022-4647	LIQUOR LICENSE	01/07/2022	12/31/2022

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

Remit to:

City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

RETURN LOWER PORTION WITH YOUR PAYMENT

Invoice Number: **00010172**

Billing/Mailing Address:

LA CALLE
YESENIA GALINDO
892 BUCKINGHAM DR
SYCAMORE, IL 60178

Billing/Invoice Date: 01/07/2022

Total Due: \$588.00

Due Date: 01/07/2022

GALINDO INC
892 Buckingham Dr
Sycamore, IL 60178

First National Bank of Omaha
141 W. Lincoln Hwy
Dekalb, IL 60115
(815) 754-5084
70-0262/0719

001521

1.6.22

PAY TO THE
ORDER OF

City of Dekalb

\$ 688.00

Six hundred eighty eight ⁴⁰⁸700

DOLLARS

MEMO

liquor license app. fees



Yvonne Galindo

AUTHORIZED SIGNATURE

MP

⑈001521⑈ ⑆071902629⑆ 731921924⑈

Security Features Included Details on back

*538 liquor license app.
*50 background ch.
*100 FLS app

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

Paid By:
LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00008689	01/07/2022
Business ID	
2112	
Cashier	
EMILY.HANSON	
Payment Method	
Check	1521

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4647	00010172	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00
2022-4647	00010172	BACKGROUND CHECK FEE	BACKCH	50.00

Total Amount Paid
588.00



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

Business Address:

LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

INVOICE NO.

00010173

State Tax ID

License #

2022-4648

Invoice Date

01/07/2022

Due Date

01/31/2023

Amount Due

\$100.00

Invoice #:	License #:	License Type:	Application Date:	Expiration Date:
00010173	2022-4648	FIRE LIFE SAFETY LICENSE	01/07/2022	04/30/2023

Fee Description	Amount Due
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: **00010173**

Billing/Mailing Address:

LA CALLE
YESENIA GALINDO
892 BUCKINGHAM DR
SYCAMORE, IL 60178

Billing/Invoice Date: 01/07/2022

Total Due: \$100.00

Due Date: 01/31/2023

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

Paid By:
LA CALLE
263 E LINCOLN HIGHWAY
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00008690	01/07/2022
Business ID	
2112	
Cashier	
EMILY.HANSON	
Payment Method	
Check	1521

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4648	00010173	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00