

APPROVING A RESTAURANT/BAR LIQUOR LICENSE FOR 4 GUYS KITCHEN LLC, D/B/A ELLWOOD STEAK & FISH HOUSE, 2219 SYCAMORE ROAD, DEKALB, ILLINOIS 60115.

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 Restaurant/Bar Liquor License for the establishment known as 4 Guys Kitchen LLC., d/b/a Ellwood Steak & Fish House, located at 2219 Sycamore Road, 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, Restaurant/Bar, for 4 Guys Kitchen LLC, d/b/a Ellwood Steak & Fish House (the "Applicant" or "Licensee"), 2219 Sycamore Road, 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 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 successfully pass all background investigations;
 - 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 comply with all applicable City Code, ordinances, rules and regulations.
 - b. The Property shall comply with applicable requirements and parking restrictions provided by the City's Unified Development Ordinance.

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 22nd day of August 2022 and approved by me as Mayor on the same day. Passed by 7-0-1 roll call vote. Aye: Morris, Larson, Smith, Perkins, McAdams, Verbic, Barnes. Nay: None. Absent: Faivre.




COHEN BARNES, Mayor

ATTEST:



Ruth A. Scott, Executive Assistant



LIQUOR LICENSE APPLICATION

Municipal Code Chapter 38 "Intoxicating Liquors"

By: _____

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

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

Corporation/LLC Name: 4 Guys Kitchen LLC

Business Name (d/b/a): Ellwood Steak & Fish House

Business Address: 2219 Sycamore Rd, DeKalb, IL 60115

1. **Choose the type of liquor license sought:** (pick one primary license classification, and all applicable sub-licenses/permits desired) (Reference Section 38.01 "Definitions" and Section 38.07 "Classifications of Liquor Licenses")

☐ **Bar (Primary Bar)**

- ☐ w/Over-the-Counter Package Liquor Sales
- +Restaurant Sales ☐
- +Hospitality License for Banquet Sales ☐
- +Annual Catering Permit ☐
- +Live Entertainment Permit ☐
- +Tasting Permit ☐

☒ **Restaurant (Primary Restaurant)**

Type of Liquor Sales: (select one)

- ☐ Low Alcohol by Volume (Low ABV)
- ☐ Unrestricted (Full Variety of Liquor)

+Bar License ☒

- +Hospitality License for Banquet Sales ☐
- +BYOB Supplement ☐
- +Annual Catering Permit ☐
- +Live Entertainment Permit ☐
- +Tasting Permit ☐

☐ **Hospitality**

Primary Nature of Establishment: (select one)

- ☐ Hotel
- ☐ Banquet
- ☐ Bowling Alley
- ☐ Indoor Sports Simulator Facility
- +Annual Catering Permit ☐
- +Live Entertainment Permit ☐
- +Tasting Permit ☐

☐ **PENP (Public Entity/Non-Profit)**

- +Live Entertainment Permit ☐
- +Tasting Permit ☐

☐ **Grocery or Drug Store**

Size of Store: (select one)

- ☐ Small (8,790 – 19,999 sq. ft.)
- ☐ Medium (20,000 – 40,000 sq. ft.)
- ☐ Large (40,001+ sq. ft.)
- +Annual Catering Permit ☐
- +Tasting Permit ☐

☐ **Package Liquor Store**

- +Tasting Permit ☐

☐ **Liquor Production**

- +Annual Catering Permit ☐
- +Live Entertainment Permit ☐

☐ **Golf Course**

- +Bar License
- +Restaurant Sales
- +Hospitality License for Banquet Sales
- +Live Entertainment Permit
- +Tasting Permit

☐ **Auditorium (Limited Licenses)**

☐ **BYOB (Standalone Licensure)**

☐ **Laundromats**

NOTE: If the proposed establishment listed above qualifies and wishes to apply for a supplemental Gambling/Video Gaming Device license, a separate application must be filed. (Reference Section 38.27 "Gambling Devices")

2. **Application Fee Required.** A \$538.00 non-refundable application fee is required and must be submitted with this application in the form of a Certified Check.

3. **List the names of each owner and manager of the proposed establishment below and attach a Liquor License Background Investigation form for each, completely filled out, signed and notarized.** A non-refundable \$50.00 background investigation fee is required for each owner and manager listed and must be submitted with this application (use a separate sheet of paper if more space is needed). (Reference Section 38.04 "Application for and Renewal of Liquor License or Permit") Note: This application will not be submitted for review by the Liquor Commissioner and City Council until all background investigations are complete.

Name: Chirag Amin *background pending* Role: ☒ Owner ☐ Manager
Name: Chandresh Patel Role: ☒ Owner ☐ Manager
Name: Mayank Patel Role: ☒ Owner ☐ Manager
Name: Minesh Mehta 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: Pappas Glasgow Development, LLC

Address: [REDACTED]

City, State, Zip Code: DeKalb, IL 60115

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.**

Some restaurant experience

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
12pm - 10pm	<i>closed</i>	12pm - 10pm	12pm - 10pm	12pm - 10pm	12pm - 11pm	12pm - 11pm

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.

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.

Not Applicable

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

a. **Measures for age verification prior to entry into the establishment and/or prior to the sale of alcohol.**

~~Anyone ordering alcohol will be asked to produce acceptable identification proving they are at least 21 years old.~~

Employees including partners will follow strict guidelines of 'No Proof, No Service Policy' Meaning No ID No Alcohol will be served.
Acceptable form of ID are State ID, Drivers License, Passport, etc

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

~~Behind the Bar~~ Alcohol will be stored securely at the room temperature in a locked storage room Beer will be stored in a cooler with No Access to Public (Customer). Both under Video Surveillance.

c. **The method of securing site access.**

~~Manager~~ Premises under 24 hours video surveillance with Mobile Access

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

~~Yes, currently in business~~ All Employee will complete a certified Alcohol Server Education Program

e. **The security plan for rowdy or disruptive patrons.**

*All staff are trained so that they understand their responsibilities relating to when to notify law enforcement or senior management. Management will be notified whenever staff notices anything unusual or suspicious in any way. The police shall be notified any time a possible threat exists

f. **Anti-theft policies and countermeasures.**

*Anti-theft policies consist of a professionally maintained surveillance system and inventory controls. Liquor is stored behind the bar as well as in a locked room that only the manager has the key to.

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

*Monitoring the professionally installed camera system. Management will use it for preventing as well as reviewing any incidents

h. **Any other related security information.**

*N/A

i. **Address any license-specific security measures (common examples: for Bars, how will over-the-counter package sales be conducted; for Hotels, how will mini-bars be secured from unauthorized access; for Grocery stores, how will small containers (e.g. "fifths") be secured.**

~~Sale by Glass~~ Alcohol sales will be done at Bar & Dining Area ONLY with proof of ID. Alcohol consumption will not be allowed OFF Premises.

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' & '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.

~~Yes, all current servers are certified~~

All Employee will complete 4 Hours Basset Training Course in order to be responsible for legal alcohol Sale & Service.

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))

Not Applicable

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.)

~~Not Applicable~~

a conditional liquor license will be issued so business can apply for State of Illinois 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.

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. *Work In Progress with Erie Insurance*

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. *Attached*

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)

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

Signed and submitted under Oath this July day of 15, 2022.

Applicant Signature: Minesh Mehta

Print Name: Minesh Mehta

Title: Owner

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

Paid By:
4 GUYS KITCHEN LLC
2219 SYCAMORE RD
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00010380	07/22/2022
Business ID	
2168	
Cashier	
EMILY.HANSON	
Payment Method	
Check	12988800

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4861	00011452	BACKGROUND CHECK FEE	BACKCH	200.00
2022-4861	00011452	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00

Total Amount Paid
738.00

LICENSE FEE

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

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

Fee after January 31: DOUBLED

☒ New**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:	4 Guys Kitchen LLC	Sole Proprietor	Partnership	Corporation	<input checked="" type="checkbox"/> LLC
Business Name (DBA):	The Ellwood Steakhouse				
Building Address:	2219 Sycamore RD, Dekalb, IL 60115				
License Issued to:	4 Guys Kitchen LLC	Occupancy:	150		
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?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does this location have a kitchen and or Ansul Hood System?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS					
Business & Phone #	Name	Mailing Address (Please include City/State/Zip in Address)			
	4 Guys Kitchen LLC	Address: [REDACTED]			
Business Manager	Chirag Amin	Address: [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 Licensing Dept. <input type="checkbox"/> Business Manager					
E-Mail address of contact person:		chiragmamin@yahoo.com			

I agree that, if live entertainment is to be provided at the above referenced business establishment, a public service announcement will be made **not more than ten minutes prior to the start of a program** that clearly identifies all means of egress available.

I hereby certify that I am the owner of record, or authorized designee, for the above referenced business establishment and am making this application as said owner, or authorized designee. I agree to all applicable laws of this jurisdiction. Further, I, the undersigned, swear that the above information is correct and so hereby authorize the Fire Chief, or his/her designees, to make proper inspections of the above building.

SIGNATURE X**Print Name and Title:**

Chirag Amin

Date: 07/15/2022**FOR CITY USE ONLY****Date Payment Received:****Fee Paid:****Check #:****Cash:****Credit Card:**

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

EMERGENCY CONTACT INFORMATION – BUSINESS		DEKALB POLICE & FIRE DEPARTMENT																						
BUSINESS INFORMATION		FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer																						
BUSINESS NAME Ellwood Steak and Fish House		COPY																						
BUILDNG ADDRESS: 2219 Sycamore Rd, Dekalb, IL																								
PHONE (630597-3953 or 630-217-0587																								
DATE OF UPDATE:		STANDPIPE LOCATION:																						
		KNOX BOX LOCATION:																						
AFTER HOURS EMERGENCY CONTACT INFORMATION		OTHER FIRE DEPARTMENT 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		<div style="text-align: center; padding: 10px;">ADDITIONAL INFORMATION</div> ALARM COMPANY NAME: None ALARM COMPANY 24 HOUR PHONE NUMBER: () <div style="text-align: center; padding: 5px;">BUSINESS HOURS:</div> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 33%;">MONDAY</td><td style="width: 33%;">OPEN:</td><td style="width: 33%;">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> <div style="text-align: center; padding: 5px;">FOR POLICE DEPARTMENT USE ONLY</div> <div style="padding: 5px;"> <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#:		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 #1																								
NAME: Chirag Amin																								
HOME PHONE: ()																								
CELL PHONE/PAGER: ()																								
CONTACT #2																								
NAME: Minesh Mehta																								
HOME PHONE: ()																								
CELL PHONE/PAGER: ()																								
CONTACT #3																								
NAME: Mayank Patel																								
HOME PHONE: ()																								
CELL PHONE/PAGER: ()																								
CONTACT #4																								
NAME: Chandresh Patel																								
HOME PHONE: ()																								
CELL PHONE/PAGER: ()																								
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.																								

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

Paid By:
4 GUYS KITCHEN LLC
2219 SYCAMORE RD
DEKALB, IL 60115

COPY

RECEIPT

Receipt #	Post Date
00010381	07/22/2022
Business ID	
2168	
Cashier	
EMILY.HANSON	
Payment Method	
Check	12988800

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4862	00011455	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/27/2022

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

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

PRODUCER HAZEN INSURANCE AGENCY INC. 1100 West Main Street St Charles, IL 60174		CONTACT NAME: PHONE (A/C No. Ext): (630) 485-5100 FAX (A/C, No): (630) 485-5200 E-MAIL ADDRESS: COI@hazeninsurance.com		
INSURED 4 GUYS KITCHEN LLC DBA ELLWOOD STEAKHOUSE AND FISH [REDACTED]		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A: ERIE INSURANCE COMPANY		26263
		INSURER B: ERIE INSURANCE EXCHANGE		26271
		INSURER C: ERIE INSURANCE COMPANY OF NEW YORK		16233
		INSURER D:		
		INSURER E:		
INSURER F:				


COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TBD	09/02/22	09/02/23	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
			PRODUCTS - COMP/OP AGG \$ 2,000,000				
			\$				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TBD	09/02/22	09/02/23	COMBINED SINGLE LIMIT (Ea accident) \$
			BODILY INJURY (Per person) \$ 1,000,000				
			BODILY INJURY (Per accident) \$ 2,000,000				
			PROPERTY DAMAGE (Per accident) \$ 2,000,000				
			\$				
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			TBD	09/02/22	09/02/23	EACH OCCURRENCE \$ 2,000,000
			AGGREGATE \$ 2,000,000				
			\$				
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		TBD	09/02/22	09/02/23	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				
A	LIQUOR LIABILITY			TBD	09/02/22	09/02/23	\$1,000,000 / \$2,000,000

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

LOCATION: 2219 SYCAMORE RD, DEKALB, IL 60115

CERTIFICATE HOLDER CITY OF DEKALB 164 E LINCOLN HIGHWAY DEKALB, IL 60115	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**Illinois Liquor Control
Commission**



**JB Pritzker
Governor**

**100 W. RANDOLPH ST., SUITE 7-801
CHICAGO, ILLINOIS 60601
TELEPHONE: 312 814-2206
TDD: 312 814-1844**

**101 W. JEFFERSON ST., SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov**

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

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

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

RETAILER'S LIQUOR LICENSE

FEE: \$750.00

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

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

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

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

FOR OFFICE
USE ONLY

SIGNATURE OF AUTHORIZED PERSONNEL

COUNTER ☐

LICENSE NO.

DATE ISSUED

EXPIRATION DATE

Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

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

A. FEIN

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

FEIN #

88-3229755

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

4454-0280

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

4 Guys Kitchen LLC

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

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

STREET ADDRESS

AREA CODE/TELEPHONE NO.

EXT.

COUNTY

CITY

STATE

ZIP CODE

IL

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

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

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

2. STATUS OF BUSINESS

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

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

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

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

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

Date filed with County Clerk: 06/14/2022
Date of Formation: 06/14/2022
Date of Incorporation: 07/13/2022
State of Incorporation: IL
IL Secretary of State File #: 11940463
Date Qualified to do Business in IL: 07/13/2022

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	
Chirag Amin			IL		
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
			President		25%

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
Chandresh Patel			IL		
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
			Vice President		25%

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
Minesh Mehta			IL		
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
			Operation Manager		25%

NAME (LAST, FIRST, MIDDLE INITIAL)	HOME ADDRESS	CITY	STATE	ZIP	
Mayank Patel			MN		
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
			Treasurer		25%

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)
Ellwood Steak & Fish House

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
(815) 901-0270 EXT.

C. ADDRESS

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

Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (e.g., bill of sale, closing statement). **IMPORTANT:** You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g., deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered (if available). The applicant also needs to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order (Address Release) if applicable. For more information, contact the Illinois Department of Revenue at 312 814-3063.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
2219 Sycamore Rd	DeKalb	IL	60115	

D. BUSINESS TYPE

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

- | | | |
|---|--|---|
| A. <input type="checkbox"/> DRUG STORE/PHARMACY | E. <input type="checkbox"/> LIQUOR STORE | I. <input type="checkbox"/> CONVENIENCE & GAS |
| B. <input checked="" type="checkbox"/> RESTAURANT | F. <input type="checkbox"/> DEPARTMENT STORE | J. <input type="checkbox"/> SMALL GROCERY |
| C. <input type="checkbox"/> CONVENIENCE | G. <input type="checkbox"/> BAR/TAVERN | K. <input type="checkbox"/> GAS STATION |
| D. <input type="checkbox"/> SUPERMARKET | H. <input type="checkbox"/> HOTEL/MOTEL | L. <input type="checkbox"/> OTHER _____ |

E. WAREHOUSING

If any of your inventory is warehoused, provide the street address, city, state, ZIP code and county of the warehouse.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

F. RIGHTS TO THE PROPERTY

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

LANDLORD NAME		AREA CODE/PHONE NUMBER (Home, cell, etc.)		
pappas Glasgow Development, LLC				
EMAIL ADDRESS		FAX NUMBER		
		()		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
	DeKalb	IL	60115	

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
NA	NA			

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
Closed	12PM - 9PM	12PM - 9PM	12PM - 9PM	12PM - 9PM	12PM - 10PM	12PM - 9PM

E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
Closed	1PM - 4PM	1PM - 4PM	1PM - 4PM	1PM - 4PM	1PM - 4PM	1PM - 4PM

F. EXPECTED OPENING DATE

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

09/03/2022

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.)
Chirag Amin	()	
EMAIL ADDRESS	FAX NUMBER	
	()	

10. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or partner. **The signature must be original. Rubber stamps, photocopies, or faxed copies are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN FIVE PERCENT OR MORE OF THE BUSINESS).

Chirag Amin

SIGNATURE OF APPLICANT

President

TITLE/POSITION

07/25/2022

DATE

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

This form is to be used by businesses (registrants) with the City of DeKalb for payment of Restaurant, Bar, and Package Liquor Tax as required by Chapter 60, "Restaurant, Bar, and Package Liquor Tax" of the Municipal Code of the City of DeKalb (Ord. 90-55).

COPY

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"): The Ellwood Steakhouse

Address: 2219 Sycamore RD Telephone: _____

City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: 4 Guys Kitchen LLC

Registered Agent Name Marc Sherman

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

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

Telephone: [REDACTED] Email: [REDACTED]

3) Illinois Retail Occupation Tax Number [IBT#] 4454-0280

Federal Employer IDS (FEIN) 88-3229755-000

Type of Business: Restaurant

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): 09/02/2022

6) Registrant's type of business organization:

() Sole Proprietorship

(☒) Partnership

() Other

() Corporation

COPY

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

President	Chirag Amin
Title	Name
Treasurer	Mayank Patel
Title	Name
Operation Mgr.	Minesh Mehta
Title	Name
Vice President	Chandresh Patel

8) Name of Manager, if owner is not on premise

Telephone: ()

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

Name:	Chirag Amin	Title:	President
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 07/15/2022


Signature

Chirag Amin
Printed Name