

**APPROVING A BAR LIQUOR LICENSE FOR CJS GAMING BAR LLC, 2022 SYCAMORE ROAD, DEKALB, ILLINOIS, WITH SUPPLEMENTAL LICENSURE FOR VIDEO GAMING.**

**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 received and reviewed an application (the “Application”) for a Bar Liquor License, with Supplemental Licensure for Video Gaming, for new ownership of the establishment known as CJs Gaming Bar LLC (the “Applicant” or “Licensee”) for property located at 2022 Sycamore Road, DeKalb, Illinois (the “Property” or “Premises”); 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 recitals to this resolution are adopted and incorporated herein as Section One to this Resolution.

**SECTION 2:** The City’s corporate authorities approve the Application and authorize the issuance of a liquor license, Bar, with Supplemental Licensure for Video Gaming, to CJs Gaming Bar LLC, for the Premises at 2022 Sycamore Road, DeKalb, Illinois (the “License”), 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, except as may be expressly waived or provided for herein.
2. The City Council 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 subject to the following conditions precedent to its final issuance:
  - a. The Applicant shall be required to obtain and maintain at all times a Fire Life Safety license for the 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 shall obtain a State of Illinois gaming license prior to commencing gaming operations.
  - f. The Applicant and all employees must successfully complete a Certified Alcohol Server Education Program that is accredited as a Basset Program by the State of Illinois prior to the date on which the Applicant and employees start serving, preparing or selling alcohol; and
  - g. The Applicant shall operate the Premises in compliance with all applicable laws, regulations, codes, and ordinances, and the Applicant 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 law and the City's Municipal 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 3:** 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 4:** 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 5:** 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 12<sup>th</sup> day of December 2022 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Morris, Larson, Smith, Perkins, McAdams, Verbic, Faivre, Barnes. Nay: None.



  
COHEN BARNES, Mayor

ATTEST:



Ruth A. Scott, Executive Assistant

12/12

2022-4913



# 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: CJs Gaming Bar LLC

Business Name (d/b/a): CJs Gaming Bar LLC

Business Address: 2022 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: Lisa A. Carroll pending 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: Nick Cronauer

Address: 1101 DeKalb Ave

City, State, Zip Code: Sycamore IL 60178

Telephone No.: 815-970-0143

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

I have previously worked & managed a bar.

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>10 AM</u> <u>TO</u> <u>1 AM</u>	<u>7 AM</u> <u>TO</u> <u>1 AM</u>	<u>7 AM</u> <u>TO</u> <u>1 AM</u>	<u>7 AM</u> <u>TO</u> <u>1 AM</u>	<u>7 AM</u> <u>TO</u> <u>2 AM</u>	<u>7 AM</u> <u>TO</u> <u>2 AM</u>	<u>7 AM</u> <u>TO</u> <u>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.

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

- 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.

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.  
*I will verify with ID every patron who walks in the door, before entering the bar & gaming areas.*
- The method of storing and securing alcohol prior to sale.  
*Alcohol is in a locked storage closet.*
- The method of securing site access.  
*The door is locked at all times.*
- Training to be provided to employees and alcohol servers.  
*All employees have food server & BASSET certifications.*
- The security plan for rowdy or disruptive patrons.  
*Rowdy & disruptive patrons are asked to leave the premises. If they refuse, the police will be called.*
- Anti-theft policies and countermeasures.  
*Cameras are placed in all areas including bar, cash register, stock room, & doors. Employees will be terminated if any theft occurs.*
- Surveillance equipment to be utilized and a surveillance plan.  
*Cameras cover the entire premises including entrances. Footage is backed up to an external server.*
- 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 only at the bar and the customer ID will be checked.*



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.)

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.

Barenders must have their Basset certification prior to their first day of employment. I will train new employees one on one until I am comfortable leaving them alone. After that I will close the bar with them for a few shifts and check camera footage during their shifts.

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))

N.A.

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.)

I am requesting a conditional license so I can get the state and gaming 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. *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. ~~I am unable to file for a state liquor license before receiving a conditional local license.~~

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)

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

Signed and submitted under Oath this 4<sup>th</sup> day of November, 2022.

Applicant Signature: Lisa A Carroll

Print Name: Lisa A. Carroll

Title: Owner

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

**Paid By:**  
CJS GAMING BAR LLC  
2022 SYCAMORE RD  
DEKALB, IL 60115

# RECEIPT

Receipt #	Post Date
00011027	11/08/2022
Business ID	
2193	
Cashier	
EMILY.HANSON	
Payment Method	
Many	2049

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4913	00012148	BACKGROUND CHECK FEE	BACKCH	50.00
2022-4913	00012148	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00

Total Amount Paid
588.00



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

License #2022  
GA 2022-4913  
City of  
**DeKalb**  
opportunity • innovation

**RECEIVED**  
NOV - 4 2022

### GAMBLING DEVICE LICENSE APPLICATION

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

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

**Application is hereby made for a Gambling Device License**

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

#### BUSINESS INFORMATION (Type or Print clearly)

Business Name:	CJs Gaming Bar LLC	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Corporation Name:	CJs Gaming Bar LLC	
Building Address:	2022 Sycamore Rd. DeKalb IL 60115	
Original license will be mailed to this address:		
License to be Issued to:	CJs Gaming Bar LLC	
Principal Business conducted at this location:	Bar & Gaming	

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

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

#### IDENTIFICATION (To be completed by all applicants)

	Name	Mailing Address
Business Owner	Lisa Carroll	[Redacted]
		[Redacted]
		[Redacted]
Business Manager	Lisa Carroll	[Redacted]
Vending Machine Company	Gold Rush Gaming	[Redacted]

**Email Correspondence to:** (this includes renewal applications) ☒ Business Owner ☐ Business Manager ☐ Vending Machine Company

**Email** Mail copy of license to a different address? ☐ Yes ☒ No If yes, please provide email address to send copy to:



**Fees**

- Initial application Fee: \$1,000.00 (for a maximum of six (6) Video Gaming Terminals).
- Annual Renewal Fee: \$500.00 per Video Gaming Terminal.
- Annual Renewal Fees for: a) tax exempt as recognized by the Internal Revenue Service; b) organized as not-for-profit entities; and c) registered with the State of Illinois as charitable organizations: \$25 per machine.

Number of Video Gaming Terminals Sought: 6 (maximum 6)

Total Amount Due: \$ 1,000.00

**DESCRIPTION OF DEVICE(S) & PLAN FOR LOCATION**

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

**REQUIRED DOCUMENTS**

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

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

**I HEREBY AGREE TO THE FOLLOWING:**

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

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

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

Signature: Lisa A Carroll

Date: 11/02/2022

Print Name & Title: Lisa A Carroll Owner

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

**Paid By:**  
CJS GAMING BAR LLC  
2022 SYCAMORE RD  
DEKALB, IL 60115

# RECEIPT

Receipt #	Post Date
00011030	11/08/2022
Business ID	
2193	
Cashier	
EMILY.HANSON	
Payment Method	
Many	2049

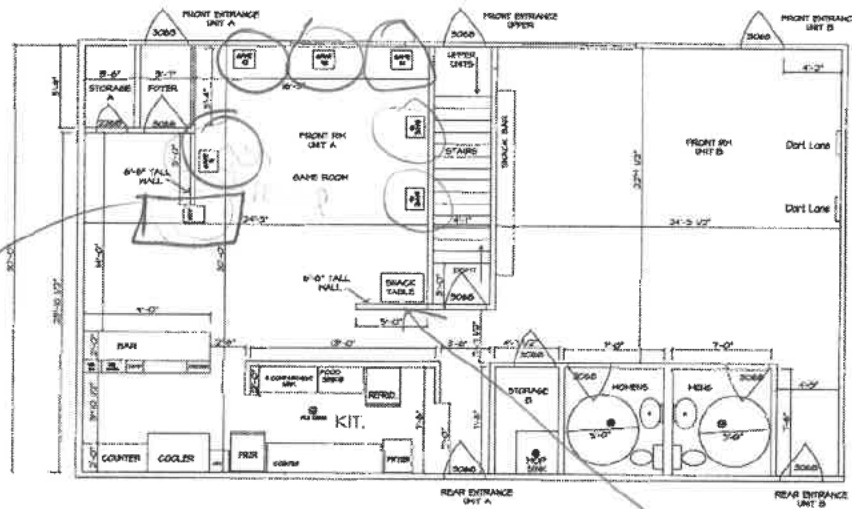
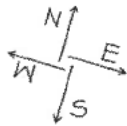
License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4913	00012147	VIDEO GAMING LICENSE	VIDEOGA	1,000.00

Total Amount Paid
1,000.00



○ machines 1-6

SYCAMORE RD



20 on  
under  
21 sign

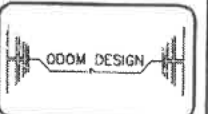
CJ'S GAMING  
PROPOSED FLOOR PLAN  
FIRST FLOOR - UNITS A & B

no one  
under 21  
slam

GREENWOOD ACRES DR

# GENERAL NOTES

No.	Revision/Issue	Date
1	ORIGINAL DRAW	9/30/20
2	CONCEPT DRAWING	10/9/20
3	CONCEPT REVISION	10/13/20



PROJECT: CJ'S GAMING

ADDRESS: 2022 SYCAMORE RD.  
DEKALB, IL 60115

DESIGNED BY: CMO  
Date: 10-09-20  
Scale: 1/4" = 1'-0"

Sheet 1 OF 1  
☐ LOT FILE  
☐ SHIPPING  
☐ FIELD

NO ONE UNDER 21  
ALLOWED BEYOND  
THIS POINT





NO ONE UNDER 21  
ALLOWED BEYOND  
THIS POINT







Bartender greets & checks ID for age at the front door.











# Illinois BASSET On or Off Premise Seller/Server CERTIFICATION

Lisa Carroll

115 N Locust St, Genoa, IL 60135

**Has Completed**

**Ace Food Handler Training**

**Certificate Number AB-NacM70Yy31**

**Illinois BASSET**



**Certification**



**November 8, 2022**

**Date of Completion**

Valid for 3 Years from date of completion



ACE Food Handler  
13492 Research Blvd  
Bldg 120, #148  
Austin, TX 78750

**LICENSE FEE**

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

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

Fee after January 31: DOUBLED

2022-4910



NOV - 4 2022

**Fire-Life Safety License Application**

Municipal Code, Chapter 16

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

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:	CJS Gaming Bar LLC	Sole Proprietor	Partnership	Corporation	LLC <input checked="" type="radio"/>
Business Name (DBA):	CJS Gaming Bar LLC				
Building Address:	2022 Sycamore Rd DeKalb, IL 60115				
License Issued to:	CJS Gaming	Occupancy:	70		

**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 ☐ NoDoes this location have a kitchen and or Ansul Hood System? ☐ Yes ☒ No**IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS**

	Name	Mailing Address (Please include City/State/Zip in Address)
Business Owner	Lisa Carroll	[Redacted]
Business Manager	Lisa Carroll	

**LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED**Mail 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** X Lisa A. Carroll**Print Name and Title:** Lisa Carroll Owner

Date: 11/02/2022

**FOR CITY USE ONLY**

Date Payment Received: 11-4-22 Payment Stamp Here

Fee Paid: \$100.00 Check #: 2049 ☒ Cash ☐ Credit Card

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

EMERGENCY CONTACT INFORMATION – BUSINESS		DEKALB POLICE & FIRE DEPARTMENT	
<b>BUSINESS INFORMATION</b>		<b>FIRE DEPARTMENT INFORMATION</b> to be completed by Fire Prevention Officer	
BUSINESS NAME <u>CJs Gaming</u>		STANDPIPE LOCATION:	
BUILDING ADDRESS: <u>2022 Sycamore Rd</u> <u>Dekalb, GA, 30115</u>		KNOX BOX LOCATION:	
PHONE ( <u>815</u> ) <u>901-0885</u>			
DATE OF UPDATE:			
<b>AFTER HOURS EMERGENCY CONTACT INFORMATION</b>		<b>OTHER FIRE DEPARTMENT INFORMATION:</b>	
*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*			
<b>CONTACT #1</b>			
NAME: <u>Lisa Carroll</u>			
<div style="background-color: black; width: 100%; height: 50px;"></div>			
<b>CONTACT #2</b>		<b>ADDITIONAL INFORMATION</b>	
NAME:		ALARM COMPANY NAME: <u>NA</u>	
HOME PHONE: (     )		ALARM COMPANY 24 HOUR PHONE	
CELL PHONE/PAGER: (     )		NUMBER: (     )	
<b>CONTACT #3</b>		<b>BUSINESS HOURS:</b>	
NAME:		MONDAY      OPEN: <u>7 AM</u> CLOSE: <u>1 AM</u>	
HOME PHONE: (     )		TUESDAY     OPEN: <u>7 AM</u> CLOSE: <u>1 AM</u>	
CELL PHONE/PAGER: (     )		WEDNESDAY   OPEN: <u>7 AM</u> CLOSE: <u>1 AM</u>	
		THURSDAY    OPEN: <u>7 AM</u> CLOSE: <u>2 AM</u>	
		FRIDAY        OPEN: <u>7 AM</u> CLOSE: <u>2 AM</u>	
		SATURDAY    OPEN: <u>7 AM</u> CLOSE: <u>2 AM</u>	
		SUNDAY       OPEN: <u>10 AM</u> CLOSE: <u>1 AM</u>	
<b>CONTACT #4</b>		<b>FOR POLICE DEPARTMENT USE ONLY</b>	
NAME:		<input type="checkbox"/> NEW STREET	
HOME PHONE: (     )		<input type="checkbox"/> NEW CONSTRUCTION	
CELL PHONE/PAGER: (     )		<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><b>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (<a href="mailto:emily.hanson@cityofdekalb.com">emily.hanson@cityofdekalb.com</a>) FAX: 815-748-2304</b></p> <p><b>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.</b></p>			



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

**Paid By:**  
CJS GAMING BAR LLC  
2022 SYCAMORE RD  
DEKALB, IL 60115

# RECEIPT

Receipt #	Post Date
00011029	11/08/2022
Business ID	
2193	
Cashier	
EMILY.HANSON	
Payment Method	
Many	2049

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4910	00012143	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/18/2022

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

<b>PRODUCER</b> Crum-Halsted Agency Inc 2350 Bethany Road Sycamore IL 60178		<b>CONTACT NAME:</b> Caramie Munch <b>PHONE (A/C, No, Ext):</b> (815) 756-2906 <b>E-MAIL ADDRESS:</b> cmunch@crumhalsted.com <b>FAX (A/C, No):</b> (815) 756-2138	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Society Insurance	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 2022-2023 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	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:			22037243	11/17/2022	11/17/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			22037243	11/17/2022	11/17/2023	Limit \$1,000,000

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

<b>CERTIFICATE HOLDER</b>  City of DeKalb 164 E Lincoln Hwy  DeKalb IL 60115	<b>CANCELLATION</b>  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  <i>Yvonne A. Roman</i>
---	--

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# COPY

Illinois Liquor Control  
Commission



JB Pritzker  
Governor

50 W. WASHINGTON ST., SUITE 209  
CHICAGO, ILLINOIS 60601  
TELEPHONE: 312 814-2206  
LCC.LICENSING@ILLINOIS.GOV

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, along with a copy of the payment to be mailed in to [LCC.Licensing@illinois.gov](mailto:LCC.Licensing@illinois.gov) for review and processing.**

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

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

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

**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 #
92-0927259

#### B. ILLINOIS SALES TAX ACCOUNT ID

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

ILLINOIS SALES TAX ACCOUNT ID
4466-0502

#### 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
Cjs Gaming Bar, 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.	
2022 Sycamore Rd		[REDACTED] EXT.	
COUNTY	CITY	STATE	ZIP CODE
DeKalb	DeKalb	IL	60115

#### E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

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

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



## 2. STATUS OF BUSINESS

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

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

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

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

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

Date filed with County Clerk: 11/03/2022  
Date of Formation: 11/03/2022  
Date of Incorporation: 11/03/2022  
State of Incorporation: IL  
IL Secretary of State File #: 12450885  
Date Qualified to do Business in IL: 12/15/2022

## 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
Carroll, Lisa A				
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.
				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.
				( )

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

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

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

#### 4. BUSINESS LOCATION INFORMATION

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

##### A. NAME/DOING BUSINESS AS (DBA)

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. **Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.**

NAME/DOING BUSINESS AS (DBA)
Cjs Gaming Bar, LLC

##### B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
[REDACTED] 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
2022 Sycamore Rd	DeKalb	IL	60115	DeKalb

##### D. BUSINESS TYPE

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

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

##### E. WAREHOUSING

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

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

##### F. RIGHTS TO THE PROPERTY

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

LANDLORD NAME		AREA CODE/PHONE NUMBER (Home, cell, etc.)		
Audra E Cronauer rev Trust, Nicholas Cronauer, Trustee		( 815 ) 970-0143		
EMAIL ADDRESS		FAX NUMBER		
nickcron@me.com		(   )		
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
1101 DeKalb Ave	Sycamore	IL	60178	DeKalb



## 5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

### A. LOCAL LIQUOR LICENSE INFORMATION

#### YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE

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

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

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

### 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
7a-1a	7a-1a	7a-1a	7a-2a	7a-2a	7a-2a	10a-1a

### E. AVAILABLE HOURS

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

MON	TUES	WED	THUR	FRI	SAT	SUN
2p-4p	2p-4p					

### F. EXPECTED OPENING DATE

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

12/15/2022

## 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.)
Lisa Carroll	[REDACTED]	[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).

Lisa Carroll  
SIGNATURE OF APPLICANT

Owner/Member  
TITLE/POSITION

11/14/2022  
DATE



COPY

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

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

When completed, mail this form to:

City of DeKalb  
200 South Fourth Street  
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"): CJS Gaming Bar LLC  
Address: 2022 Sycamore Rd Telephone: 815-762-5783  
City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: CJS Gaming Bar LLC

Registered Agent Name Lisa Carroll

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

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

Telephone: (815) 762-5783

Email: [REDACTED]

3) Illinois Retail Occupation Tax Number [ IBT# ]

Federal Employer IDS ( FEIN )

Kind of Business [KOB]:

applied for

92-0927259

Bar

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

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

6) Registrant's type of business organization:

( ) Sole Proprietorship

( ) Partnership

(X) Other LLC

( ) Corporation

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

Title	Name	Residence Address	Date of Birth
	Owner Lisa Carroll		

Title	Name	Residence Address	Date of Birth
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Title	Name	Residence Address	Date of Birth
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8) Name of Manager, if owner is not on premises. Lisa Carroll

Telephone

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

Name: Lisa Carroll Title: Owner

Address:

City:

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 11/02/2023



Lisa A Carroll  
Signature

Lisa A Carroll  
Printed Name

**Verify that all of your Illinois Business Authorization information is correct.**

If not, contact us immediately.

If all of the information is correct, cut along the dotted line (fits a standard 5" x 7" frame). Your authorization must be visibly displayed at the address listed. ***Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.*** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
<b>Illinois Business Authorization</b>		
<b>CJS GAMING BAR LLC</b>		
<b>2022 SYCAMORE RD APT A DEKALB IL 60115-2090</b>		<b>Loc. Code: 019-0005-6-001</b>
<b>Expiration Date:</b> <b>1/1/2024</b>	<b>Certificate of Registration</b> Sales and use taxes and fees	<b>(4466-0502)</b>
		 <b>ILLINOIS REVENUE</b> <i>[Signature]</i> Director
OFFICIAL DOCUMENT		<b>Issued Date: 01/01/2023</b>





**AMUSEMENT DEVICE LICENSE APPLICATION**  
**Municipal Code Chapter 36**

**Fee: \$25.00 per device**

License # 2022-4911

**Amusement Devices are defined as follows:** any machine, apparatus, contrivance, appliance, or device which may be operated or played involving in its use either skill or chance, including, but not limited to pool table, billiards, bumper pool, tape machine, card machine, pinball machine, bowling game machine, shuffleboard machine, marble game machine, horse racing machine, shuffleboard machine, basketball machine, baseball game machine, football game machine, dart game, electronic video game, or any other similar mechanical or electronic game machine or device (such as a crane machine). Jukeboxes are excluded.

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

**APPLICATION IS HEREBY MADE FOR AN AMUSEMENT DEVICE LICENSE  
FOR THE PERIOD OF MAY 1 THROUGH APRIL 30**


**BUSINESS INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Business Name:	CJS Gaming Bar LLC	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Corporation Name:	CJS Gaming Bar LLC	
Building Address:	2022 Sycamore Rd. DeKalb IL 60115	
License Issued to:	CJS Gaming Bar LLC	
Principal business conducted at this location:	Bar & Gaming	


**LICENSE WILL NOT BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY**

Are there any liens of the City of DeKalb against the property?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you owe money to any other city department?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has applicant(s) ever been convicted of any violation of the Gaming Laws of the State of Illinois or any other state or any Federal Gaming Laws?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS**

	NAME	MAILING ADDRESS
Business Owner & Phone Number <small>Note: A valid email address is required for future correspondence.</small>	Lisa Carroll	
Vending Machine Company	Ideal Amuse-ments Inc	

**LICENSE WILL BE MAILED TO THE BUSINESS ADDRESS IT'S TO BE POSTED IN**

Mail Correspondence to (including renewal applications):	<input checked="" type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Vending Machine Company
Email copy of license to different address?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a valid email address below.
Email Address:	

# of Devices 4 x \$25.00 = \$\_\_\_\_\_ (Amount Enclosed)

Is/are the device(s) owned by the applicant? ☐ Yes ☒ No (see below)

**DESCRIPTION OF DEVICE(S):** Description, mechanical features, and name of manufacturer of device(s) on hand at time of application.

List the name and address of the owner(s) if the device(s) if not owned by the applicant.

Description	Mechanical Features	Name of Manufacturer	Owner	Owner Address
DART BOARD	X 4			

If necessary, please use a separate sheet of paper.

**REQUIRED DOCUMENT:** Provide a floor plan that includes the following information: square footage, exiting (door locations), seating arrangement, amusement device locations, aisle widths, emergency and exit lighting, bathroom locations, schematic of electrical system-inclusive of floor plan, and fire extinguishers, alarms, fire suppression systems.

**I HEREBY AGREE TO THE FOLLOWING:**

The undersigned hereby states that information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license.

**SIGNATURE:** Lisa Carroll

**Date:** 11/4/2022

**Print Name and Title:** LISA A CARROLL, OWNER

**Please submit the application in person, completed in its entirety to:**

City of DeKalb  
Attention: Ruth Scott, City Manager's Office  
164 E. Lincoln Highway  
DeKalb, IL 60115

Fees can be paid in cash or check, made payable to the "City of DeKalb".

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

**Paid By:**  
CJS GAMING BAR LLC  
2022 SYCAMORE RD  
DEKALB, IL 60115

## RECEIPT

Receipt #	Post Date
00011028	11/08/2022
Business ID	
2193	
Cashier	
EMILY.HANSON	
Payment Method	
Many	2049

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4911	00012145	AMUSEMENT DEVICE	AMUSDE	100.00

Total Amount Paid
100.00