

APPROVING A BAR/RESTAURANT LIQUOR LICENSE FOR LUCKY FISHERMAN INC., D/B/A PIZZA PROS, 1205 W. LINCOLN HIGHWAY, DEKALB, ILLINOIS.

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

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

WHEREAS, the City received and reviewed an application (the "Application") for a Bar/Restaurant Liquor License for the establishment known as Lucky Fisherman Inc. (the "Applicant" or "Licensee") for property located at 1205 W. Lincoln Highway, 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/Restaurant, to Lucky Fisherman Inc., for the Premises at 1205 W. Lincoln Highway, 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, 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 subject to 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 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

- f. 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 laws, regulations 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 12th 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

2022-4947



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: Lucky Fisherman Inc.

Business Name (d/b/a): Pizza Pros

Business Address: 1205 W Lincoln Hwy, DeKalb, IL 60115

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

- ☒ **Bar (Primary Bar)**
 - ☐ w/Over-the-Counter Package Liquor Sales
 - ☒ +Restaurant Sales
 - ☐ +Hospitality License for Banquet Sales
 - ☐ +Annual Catering Permit
 - ☐ +Live Entertainment Permit
 - ☐ +Tasting Permit

- ☐ **Restaurant (Primary Restaurant)**

Type of Liquor Sales: (select one)

 - ☐ Low Alcohol by Volume (Low ABV)
 - ☐ Unrestricted (Full Variety of Liquor)
 - ☐ +Bar License
 - ☐ +Hospitality License for Banquet Sales
 - ☐ +BYOB Supplement
 - ☐ +Annual Catering Permit
 - ☐ +Live Entertainment Permit
 - ☐ +Tasting Permit

- ☐ **Hospitality**

Primary Nature of Establishment: (select one)

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

- ☐ **PENP (Public Entity/Non-Profit)**
 - ☐ +Live Entertainment Permit
 - ☐ +Tasting Permit

- ☐ **Grocery or Drug Store**

Size of Store: (select one)

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

- ☐ **Package Liquor Store**
 - ☐ +Tasting Permit

- ☐ **Liquor Production**
 - ☐ +Annual Catering Permit
 - ☐ +Live Entertainment Permit

- ☐ **Golf Course**
 - ☐ +Bar License
 - ☐ +Restaurant Sales
 - ☐ +Hospitality License for Banquet Sales
 - ☐ +Live Entertainment Permit
 - ☐ +Tasting Permit

- ☐ **Auditorium (Limited Licenses)**

- ☐ **BYOB (Standalone Licensure)**

- ☐ **Laundromats**

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

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

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

Name: Michael Cullen Jr. pending Role: ☒ Owner ☒ Manager
Name: Alan Beron pending 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 (the business entity and real estate entity have common ownership)

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: 1205 W Lincoln Hwy LLC

Address: 1205 W Lincoln Hwy

City, State, Zip Code: DeKalb, IL 60115

Telephone No.: 773-726-8506

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

The applicant, Lucky Fisherman Inc. d/b/a Pizza Pros is an existing licensee that is being acquired by new owners, both of whom have previous hospitality experience having worked in bars and restaurants in the past. Both owners will complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program prior to the completion of the sale.

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
8am - 1am	8am - 1am	8am - 1am	8am - 1am	8am - 2am	8am - 2am	8am - 2am

7. **Attach a detailed floor plan for the proposed establishment (if more than one floor will be utilized, provide a floor plan for each floor).** The floor plan should clearly reflect all entrances and exits, restrooms, areas where alcohol will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption (e.g. bar and restaurant), each area should be depicted, along with bathrooms intended to be used. Floor plans must comply with all requirements of state law and Chapter 38. Attached.

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

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

N/A

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.
- b. The method of storing and securing alcohol prior to sale.
Behind the bar.
- c. The method of securing site access.
Secured by manager.
- d. Training to be provided to employees and alcohol servers.
Yes, currently in business.
- 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 is be notified whenever staff notices anything unusual or suspicious in any way. The police is to 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 owners and managers have 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.
Please see answers for 9a-h above.

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.) Will display Illinois Liquor Control Commission approved "we card hard" signs by the entrance doors and bar.
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, and all future alcohol server hires will be required to 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 future hires start serving, preparing or selling alcohol.

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.)

Conditional Liquor License sought for the time period, if applicable, between the closing date for the purchase of the business and the date applicant is approved for its State of Illinois Retailer's Liquor License.

14. **Attach a copy of the City of DeKalb issued Fire-Life Safety license, or a copy of a completed [Fire-Life Safety application](#).** Fire-Life Safety application fees are based on square footage and provided on the application. Attached.

15. **Attach a Certificate of Insurance that is compliant with Section 38.06 "Insurance".** The certificate must name the City of DeKalb as an additional primary insured without right of subrogation, with a 30-day notice of cancellation, on statutory dram shop liability insurance and on a minimum \$1,000,000.00 comprehensive general liability insurance policy. Attached.

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. *State of Illinois Change of Corporate Officers*

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)

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

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

Applicant Signature: 

Print Name: Alan Beron

Title: Owner/Manager

RECEIPT

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

Receipt #	Post Date
00011049	11/15/2022

Business ID
2196

Cashier
NINA.SIMS

Payment Method
Many 2237294

Paid By:
LUCKY FISHERMAN INC.
1205 W LINCOLN HWY
DEKALB, IL 60115

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4947	00012213	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00
2022-4947	00012213	BACKGROUND CHECK FEE	BACKCH	100.00

Total Amount Paid
638.00

Pizza Pro's

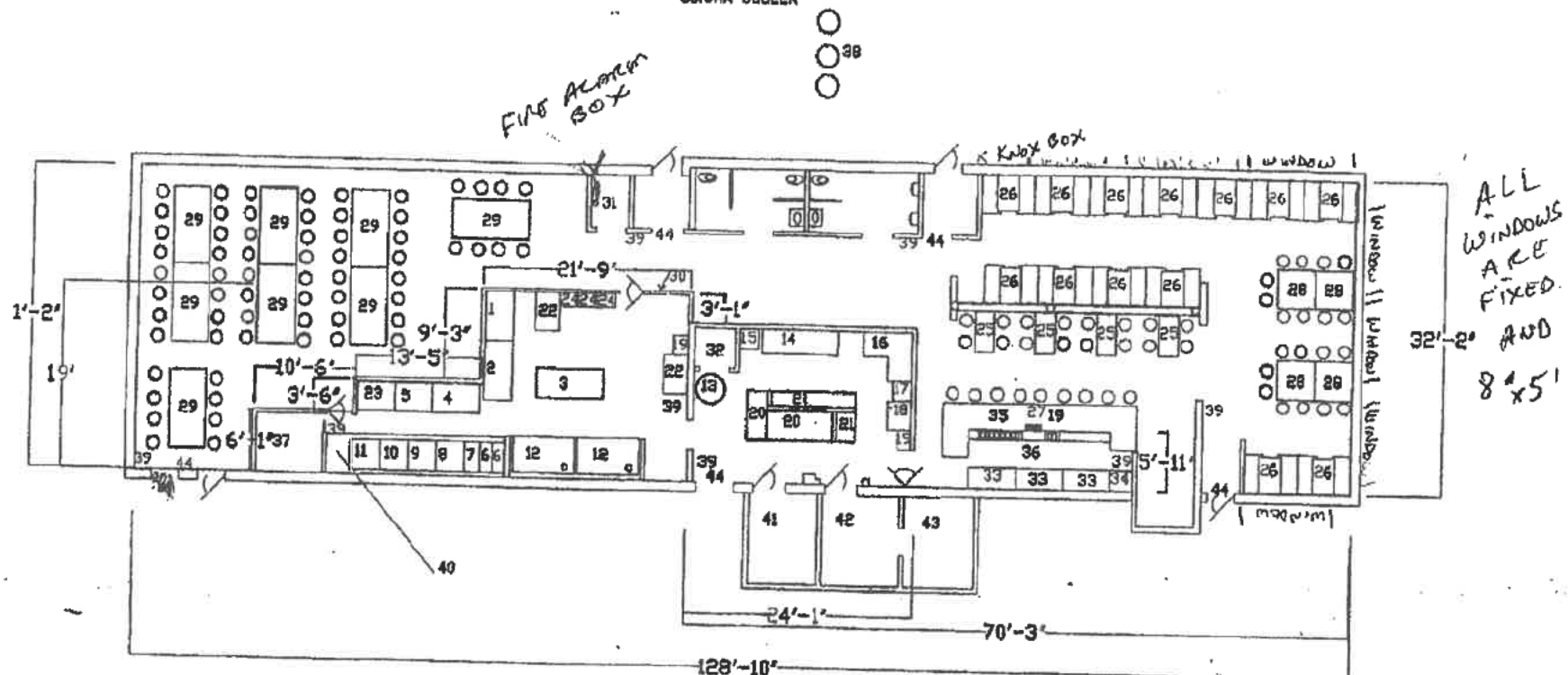
OCCUPANCY 295

1. DUCK TABLE
2. MAKELINE
3. CUTTABLE
4. TABLE
5. SUBCOOLER
6. LITTLE FRYER
7. BIG FRYER
8. FRYER WITH DUMP
9. RANGE TOP
10. FLAT TOP
11. GRIDDLE

12. Y-800
13. MIXER
14. 3 COMPARTMENT SINK
15. MOP SINK
16. DISHWASHER TABLE
17. DISHWASHER
18. VEGGIE SINK
19. HAND SINK
20. PREP TABLE
21. DISH RACK

22. PEPSI COOLER
23. WORK TOP FREEZER
24. PHONE STATION
25. HIGH TOP TABLE
26. BOOTH TABLE
27. BAR
28. LOW TOP TABLE
29. EIGHT FOOT TABLE
30. CARRY OUT WINDOW
31. ELECTRIC ROOM
32. WATER HEATER AND MAIN WATER LINES
33. BAR COOLER

34. ICE MACHINE
35. FOUR COMPARTMENT SINK
36. GLASS FROSTER
37. OFFICE
38. 1000 GALLON GREASE TRAP
39. FIRE ALARM/EXTINGUISHER
40. EXHAUST HOOD
41. WALKIN FREEZER
42. WALKIN COOLER
43. WALKIN BEER COOLER
44. EXIT SIGN





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/18/2022

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).

PRODUCER Crum-Halsted Agency Inc 2350 Bethany Road Sycamore IL 60178	CONTACT NAME: Melissa Padilla PHONE (A/C, No, Ext): (815) 756-2906 FAX (A/C, No): (815) 756-2138 E-MAIL ADDRESS: mpadilla@crumhalsted.com
INSURED Lucky Fisherman Inc DBA: Pizza Pro's 1205 W Lincoln Hwy DeKalb IL 60115	INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance NAIC # 15261 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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.

INSUR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	BP19024489	08/08/2022	08/08/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA19024490	08/08/2022	08/08/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 Y	WC19024491	08/08/2022	08/08/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LIQUOR LIABILITY		BP19024489	08/08/2022	08/08/2023	LIMIT \$ 1,000,000

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

The City of DeKalb is an Additional Insured for General Liability coverage.

CERTIFICATE HOLDER

CANCELLATION

City of DeKalb 164 E Lincoln Hwy DeKalb IL 60115	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 Theodore A. Roseman
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Illinois Liquor Control
Commission



JB Pritzker
Governor

50 W. WASHINGTON ST., SUITE 209
CHICAGO, ILLINOIS 60602
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

STATE OF ILLINOIS
CHANGE OF CORPORATE OFFICERS

If you are ONLY changing corporate officers, you can update your ownership information along with the supporting documents listed below. NOTE: Your Illinois Sales Tax account number, Federal Employer Identification No. (FEIN), and LLC/Corporate/Partnership name MUST remain unchanged to use this form.

The Illinois Liquor Commission requires proof of officer changes 235 ILCS 5/7-1(24). We will not make any officer changes without supporting documentation. The information listed below MUST be submitted prior to any officer changes being made:

- Proof of approval from the locality supporting the change of officers. Providing us with a copy of your local license does not qualify as approval for officer changes UNLESS the local license reflects the individual names of the corporate officers on the local license.
 - If the local license does not reflect the individual names of all corporate officers then you will need to provide us with a letter from the local municipality verifying that they are aware of the officer change and have approved the change of officers. This letter should reflect the names of officers that are being added or deleted.
- Evidence of transfer:
 - Stock Purchase Agreement;
 - Bill of Sale;
 - Closing Statement;
 - Filed Change of Officer application from the Secretary of State;
 - Death Certificate;
 - Probate Court Order documents (if applicable);
 - Bankruptcy or Receivership documents;
 - LLC Operating Agreements;
 - Board Member Minutes referencing the changes.
- Applicants must update their officer/ownership information with the Illinois Department of Revenue by calling the Central Registration Division in Springfield at 217 785-3707.

NEW OWNERSHIP INFORMATION

STATE LIQUOR LICENSE NO.

A.	NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
	Beran, Alan				Owner/Manager		50%
B.	NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
	Lullen Jr., Michael A.				Owner/Manager		50%
C.	NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
						()	
D.	NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION	AREA CODE/HOME TELEPHONE NO.	% OWNED
						()	

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

0 %

LICENSE FEE

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

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

Fee after January 31: DOUBLED

☒ NEW ☐ RENEWAL

LICENSE #:

Fire-Life Safety License Application

Municipal Code, Chapter 16

Incomplete applications will be returned to applicant

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

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

Return ORIGINAL completed application with license fee to:Finance Department, City of DeKalb, 200 S. 4th Street, DeKalb, IL 60115**MAKE CHECKS PAYABLE TO "CITY OF DEKALB"**

Application is hereby made for a Fire-Life Safety License for the period May 1 through April 30

BUSINESS INFORMATION (Please make any necessary changes – type or print clearly)		
Company or Corporation Name:	Lucky Fisherman Inc.	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Name (DBA):	Pizza Pros	
Building Address:	1205 W Lincoln Hwy, DeKalb, IL 60115	
License Issued to:	Lucky Fisherman Inc DBA PIZZA PROS	Occupancy:
NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY		
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?		Yes <input type="checkbox"/> No <input type="checkbox"/>
IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS		
	Name	Mailing Address (Please include City/State/Zip in Address)
Business Owner & Phone #	Michael Cullen Jr.	Address: [REDACTED]
		City, State, Zip Code: [REDACTED]
Business Manager	Alan Beron	Address: [REDACTED]
		City, State: [REDACTED]
LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED		
Mail Correspondence (including renewal applications) to (check one):		<input checked="" type="checkbox"/> Business Owner/Corporate <input type="checkbox"/> Business Manager
		Licensing Dept.
E-Mail address of contact person : [REDACTED]		

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

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

SIGNATURE

Print Name and Title: Alan Beron (owner/manager)

Date: 11/15/2022

FOR CITY USE ONLY

Date Payment Received: 11-15-22

Fee Paid: \$100 Check #: 2538 Cash: ☐

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

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

EMERGENCY CONTACT INFORMATION - BUSINESS		DEKALB POLICE & FIRE DEPARTMENT																						
BUSINESS INFORMATION BUSINESS NAME <u>Lucky fisherman DBA Pizzabes</u> BUILDING ADDRESS: <u>1205 W Lincoln Hwy, DeKalb, IL 60115</u> PHONE [REDACTED] DATE OF UPDATE: _____		FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer STANDPIPE LOCATION: _____ KNOX BOX LOCATION: _____																						
AFTER HOURS EMERGENCY CONTACT INFORMATION *EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*		OTHER FIRE DEPARTMENT INFORMATION:																						
CONTACT #1 NAME: <u>Michael Cullen Jr</u> HOME PHONE: () _____ CELL PHONE/PAGER: [REDACTED]		ADDITIONAL INFORMATION ALARM COMPANY NAME: <u>Alarm Detection Systems, Inc.</u> ALARM COMPANY 24 HOUR PHONE NUMBER: <u>(630) 844-6300</u>																						
CONTACT #2 NAME: <u>Alan Baron</u> HOME PHONE: () _____ CELL PHONE/PAGER: [REDACTED]		BUSINESS HOURS:																						
CONTACT #3 NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">MONDAY</td> <td style="width: 40%;">OPEN: <u>8am</u></td> <td style="width: 40%;">CLOSE: <u>1am</u></td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>1am</u></td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>1am</u></td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>1am</u></td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>2am</u></td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: <u>8am</u></td> <td>CLOSE: <u>2am</u></td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: <u>10am</u></td> <td>CLOSE: <u>2am</u></td> </tr> </table>		MONDAY	OPEN: <u>8am</u>	CLOSE: <u>1am</u>	TUESDAY	OPEN: <u>8am</u>	CLOSE: <u>1am</u>	WEDNESDAY	OPEN: <u>8am</u>	CLOSE: <u>1am</u>	THURSDAY	OPEN: <u>8am</u>	CLOSE: <u>1am</u>	FRIDAY	OPEN: <u>8am</u>	CLOSE: <u>2am</u>	SATURDAY	OPEN: <u>8am</u>	CLOSE: <u>2am</u>	SUNDAY	OPEN: <u>10am</u>	CLOSE: <u>2am</u>
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SUNDAY	OPEN: <u>10am</u>	CLOSE: <u>2am</u>																						
CONTACT #4 NAME: _____ HOME PHONE: () _____ CELL PHONE/PAGER: () _____		FOR POLICE DEPARTMENT USE ONLY <input type="checkbox"/> NEW STREET <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS <input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS <input type="checkbox"/> NEW BUSINESS/NEW ADDRESS <input type="checkbox"/> BUSINESS CLOSED DATE RECEIVED: _____ BY TC#: _____ DATE CAD MODIFIED: _____ BY TC#: _____																						
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Rachel.pacey@cityofdekalb.com) FAX: 815-748-2304</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.</p>																								



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

Paid By:
LUCKY FISHERMAN INC.
1205 W LINCOLN HWY
DEKALB, IL 60115

RECEIPT

Receipt #	Post Date
00011050	11/16/2022
Business ID	
2196	
Cashier	
EMILY.HANSON	
Payment Method	
Check	12214

License Number	Invoice #	Description	Fee ID	Amount Paid
2022-4948	00012214	FIRE LIFE SAFETY LICENSES	FLS	100.00

Total Amount Paid
100.00

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

COPY

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

When completed, mail this form to:

City of DeKalb
164 E Lincoln Highway
DeKalb, IL 60115

For taxpayer assistance, call:
(815) 748-2388 fax (815) 748-2304
Monday - Friday 8:00 - 5:00
susan.hauman@cityofdekalb.com

RECEIVED
NOV 15 2022

1) Applicant Name ("D/B/A"): Pizza Pros

Address: 1205 W Lincoln Hwy

City: DeKalb State: IL Zip: 60115

2) Applicant's Corporation Name: Lucky Fisherman Inc.

Registered Agent Name Alan Beron

Billing Address (If Different From #1): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

3) Illinois Retail Occupation Tax Number [IBT#] 19085-21600

Federal Employer IDS (FEIN) 32-0209936

Type of Business: bar/restaurant

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): ~~11/15/2022~~ 07/18/2007

6) Registrant's type of business organization:

() Sole Proprietorship

() Partnership

() Other

(X) Corporation

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

Title	Name	Residence Address	Date of Birth
Owner/Manager	Michael A. Collier Jr.	[REDACTED]	[REDACTED]
Owner/Manager	Alan Beron	[REDACTED]	[REDACTED]

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

Telephone: (____) _____

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

Name: Alan Beron Title: Owner/Manager

Address: [REDACTED]

City: [REDACTED]

Email address: [REDACTED]

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

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

Date 11/15/22

[Signature]
Signature

Alan Beron
Printed Name