

**APPROVING A RETAIL TOBACCO STORE LICENSE FOR SYRIAN NIGHTS
HOOKAH LOUNGE LLC, 811 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, Chapter 64 of the City's Municipal Code regulates the licensing of Retail Tobacco Stores located within the City's corporate limits; and

WHEREAS, Syrian Nights Hookah Lounge LLC (the "Licensee") requested that the City approve a change in ownership for the existing retail tobacco store license located at 811 W. Lincoln Highway, DeKalb, Illinois; and

WHEREAS, the City's corporate authorities find that approving the license pursuant to the provisions of this Resolution is in the City's best interests for the protection of the public health, safety, and welfare; and

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

SECTION 1: The City's corporate authorities approve and authorize a Retail Tobacco Store License to Syrian Nights Hookah Lounge LLC for the premises located at 811 W. Lincoln Highway, DeKalb, Illinois, for the ownership described in the attached Exhibit A, Retail Tobacco Store License Application, subject to the following conditions and restrictions:

1. All signage shall strictly conform to the City's Unified Development Ordinance.
2. The Licensee shall not utilize any form of temporary signage to advertise tobacco sales, promotional activities or other similar endeavors.
3. The license shall be subject to the imposition of further and future restrictions as the City Council may determine to be appropriate from time to time.
4. Licensee shall be required to complete all applicable inspections and obtain all other licensure as shall be required to lawfully use, maintain and operate the facility prior to commencing operations.
5. Licensee shall provide proof that it has acquired required insurance coverages and paid all applicable fees prior to commencing operations.
6. Licensee shall comply with all applicable law and the City's Municipal Code.

SECTION 2: 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 3: This resolution shall be in full force and effect from and after its passage and

approval as provided by law.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 28th day of November 2022 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Morris, Larson, Smith, Perkins, Verbic, Faivre, Barnes. Nay: None. Absent: McAdams.




COHEN BARNES, Mayor

ATTEST:



Ruth A. Scott, Executive Assistant

11/28

Syrian Nights Hookah Lounge LLC



APPLICATION FOR RETAIL TOBACCO STORE LICENSE



☒ If you want your renewal application, your license certificate and other City of DeKalb correspondence sent to your "corporate" address, please check the appropriate box.

1. APPLICANT - CORPORATE INFORMATION

A. FEIN

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

FEIN #
88-4176252

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)

Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. **YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.** If you need to obtain this number, visit www.tax.illinois.gov and click on the "Businesses", and then the "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #
4463-5397

C. TELEPHONE

Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.

AREA CODE/TELEPHONE NO.
<div style="background-color: black; width: 200px; height: 20px;"></div> EXT.

D. COUNTY

Enter the county where the sole proprietorship, corporation, etc. is located.

COUNTY
DeKalb

E. NAME

Enter the name of the sole proprietorship (assumed name), 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 state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME
Syrian Nights Hookah Lounge, LLC.

F. ADDRESS

Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.

ADDRESS	CITY	STATE	ZIP CODE
811 W. Lincoln Hwy	Dekalb	IL	60115

2. STATUS OF BUSINESS

Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business' official papers filed with the Office of the Secretary of State. Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-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; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

- A. ☐ SOLE PROPRIETORSHIP DATE FILED WITH COUNTY CLERK: _____
- B. ☐ PARTNERSHIP DATE OF FORMATION: _____
- C. ☐ ILLINOIS CORPORATION DATE OF INCORPORATION: _____
- D. ☐ FOREIGN CORPORATION STATE OF INCORPORATION: _____
- E. ☒ LIMITED LIABILITY COMPANY DATE QUALIFIED TO DO BUSINESS IN IL: 10/15/2022
DATE FORMED: 10/10/2022

If "C" or "D" is checked, indicate your current Secretary of State file number here (if you do not have this number available, please contact the Secretary of State's office at 312-763-3380)

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 5%. 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 5%, (including officers, directors and shareholders with stock equal to or more than 5% 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 5% 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 requires. **BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 5 - ELIGIBILITY.**

For each owner/officer/partner/5% 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. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
Najem, Abdulrahman					IL		100
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
			Owner				

B.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
					()		

C.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
					()		

D.

NAME (LAST, FIRST, MIDDLE INITIAL)		HOME ADDRESS		CITY	STATE	ZIP	% OWNED
SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/PHONE		
					()		

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST _____ %

4. BUSINESS PREMISE INFORMATION

☒ If you want your renewal application, your license certificate and other ILCC correspondence sent to your business premise address, please check the box to the left.

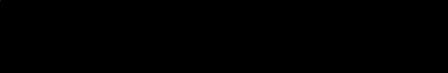
A. NAME/DOING BUSINESS AS (D/B/A)

Enter the name of the business which will be selling or serving tobacco at the licensed premises. Note! This name must be consistent with the name printed on your state tobacco license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)
Syrian Nights Hookah Lounge, LLC.

B. TELEPHONE

Enter the area code/telephone number/extension at the business premise location.

AREA CODE/TELEPHONE NO.
 EXT.

C. ADDRESS

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

ADDRESS	CITY	STATE	ZIP	COUNTY
811 W. Lincoln Hwy	Dekalb	IL	60115	Dekalb

D. BUSINESS TYPE

Check the one box which best describes the type of business in operation. If the selection listed is inappropriate, describe the business under "other".

☒ RETAIL TOBACCO STORE

☒ OTHER: Hookah Lounge / Cafe

E. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, zip code and county.

LANDLORD NAME		AREA CODE/TELEPHONE NO.		
Michael Mosbah				
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
		IL		COOK

5. 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.

- 5A Yes ☒ No If retailer, are you delinquent under the "30-day credit" law?
- 5B Yes ☒ No Have you ever made application for a tobacco license which has been denied?
- 5C Yes ☒ No Have you ever had any previous tobacco license suspended or revoked?
- 5D Yes ☒ No Have you ever been convicted of a felony?
- 5E 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?
- 5F 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 tobacco products?
- 5J 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?
- 5K Yes ☒ No If a Corporate Licensee, is your corporation ineligible to be issued this license?

8. HOURS OF OPERATION


List the daily hours open for business. This information will assist Commission field agents in choosing an inspection time which causes the least disruption to the business.

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

9. 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 an original, rubber stamps 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.

Signature of Applicant: 

Title/Position: Owner


Date: 10/17/2022

FOR OFFICE USE ONLY

License No.: 2022-4902

Date Issued: pending

Expiration Date: 6-30-2023

Signature of Authorized Personnel: 



164 East Lincoln Highway
DeKalb, Illinois 60115
815.748.2000 • cityofdekab.com

RETAIL TOBACCO LICENSE APPLICATION SUPPLEMENT

1. Type of License(s) Sought:

☒ **Retail Store Tobacco License:** Applicant is required to obtain a Fire Life Safety License, provide Certificate of Occupancy, and successful completion of background checks prior to applying for a Retail Store Tobacco License. Upon receipt of a completed Fire Life Safety License application, the City shall have a period of forty-five (45) days for staff review and evaluation of the application. Within forty-five (45) days of the date on which staff review is completed, the application shall then be forwarded to the City Council of the City of DeKalb for consideration. The City Council shall be provided with all staff recommendations and shall make the ultimate decision as to whether a license should be granted or denied.

☐ **Conditional Retail Store Tobacco License:** The City Council may, but shall not be obligated to, approve Tobacco licenses for licensees who are otherwise eligible for issuance of a license, but whose place of business has not been built-out, has not received a Fire-Life Safety License, is not yet eligible for issuance of a final certificate of occupancy or is otherwise ineligible for operation because of non-compliance with any other City Code or requirement. Applicants are required to successfully complete background checks prior to submission of an application. Upon receipt of a completed application, City shall have a period of forty-five (45) days for staff review and evaluation of the application. Within forty-five (45) days of the date on which staff review is completed, the application shall then be forwarded to the City Council of the City of DeKalb for consideration. The City Council shall be provided with all staff recommendations and shall make the ultimate decision as to whether a license should be granted or denied.

X ☒ 2. **Attach a detailed floor plan for the proposed licensed establishment.** The floor plan should clearly reflect all entrances and exits, restrooms, areas where tobacco will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption, each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 64 "Smoking Regulations" of the City's Municipal Code of Ordinances.

☒ 3. **Attach a completed Background Investigation Request form for the completion of criminal background checks, which is required for all owners and managers.** The fee for each background investigation form attached is \$50.00. *to PD 10/24/22 pending approval*

☒ 4. **By submitting this signed application, you are certifying under oath, and subject to penalties of perjury, that:**

- 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.
- You have reviewed Chapter 64 "Smoking Regulations" of the City's Municipal Code of Ordinances and shall comply therewith, including but not limited to Sections 64.09 "Enforcement", 38.21 and 38.23.

c. All of the contents of your State Tobacco License Application, this Local Supplement, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.

d. You consent to the inspection provisions of Section 38.09(a).

5. **Attach a certified check in the amount of \$538.00 for the initial application fee, payable to the City of DeKalb (non-refundable).**

6. **Provide a detailed, written description of the security plan for the premises.** The security plan should address: *See attachment*

a. measures for age verification prior to entry into the premises and/or prior to sale of tobacco;

b. method of storing and securing tobacco prior to sale;

c. method of securing site access;

d. training to be provided to employees and tobacco servers;

e. security plan for rowdy or disruptive patrons;

f. anti-theft policies and countermeasures;

g. surveillance equipment to be utilized and surveillance plan; and

h. any other related security information.

In addition, please address any license-specific security measures.

7. **Attach a certificate of insurance compliant with Section 38.06.** The certificate must name the City of DeKalb as additional primary insured without right of subrogation, and with a 30-day notice of cancellation, on a minimum \$1,000,000 comprehensive general liability insurance policy.

8. **Provide a detailed signage plan.** Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved. *See attachment*

9. **Describe the proposed hours of operation for the licensed premises.** If different areas of the premises are to have different hours of operation, please identify. Please ensure that hours of operation comply with City Code Section 38.25. *See attachment*

10. **Provide a detailed description of your training plan for tobacco servers.** *See attachment*

11. **Attach a copy of your City of DeKalb Fire Life Safety license, or a copy of the completed application, along with the \$100.00 application fee (non-refundable).** (Not applicable if you already have a Fire Life Safety license for the location of the proposed business.)

12. **Are you requesting a conditional tobacco license (prior to issuance of certificate of occupancy)? If yes, please describe the reasons for such request.** *See attachment*

13. **Please provide a brief narrative of your experience in the line of business you are seeking a license for.** *See attachment*

14. **Please attach any other information you believe would be helpful in the evaluation of your application.**

Signed and submitted under Oath, this 25 day of 10, 2022.

Applicant Signature: 

Printed Name: Abdul Rahman Najem

Title: owner

6.

- a) A. The measures to be taken for age verification prior to entry into the premises is to ask for a picture ID.
- b) We will be securing all the tobacco products in locked cabinets not accessible to customers.
- c) Locked doors
- d) All servers will receive training upon hire which is asking for an ID before serving any clients no matter who.
- e) All staff is responsible for determining whether patron conduct is disruptive behavior. Any disruptive patron will be notified that the behavior is against the premises policy and will be asked to cease the behavior. If the disruptive behavior continues, the person will be asked to leave. If the person refuses, then an immediate call will be made to law enforcement.
- f) It is the responsibility of managers to ensure that there are adequate and effective controls in place. Internal audit will provide assurance and effectiveness of such controls. All staff should be vigilant and aware of the potential theft and report any suspicions.
- g) Surveillance cameras will be installed inside and outside the premises.

8. We will be posting signage at the door and inside the premises by the registers such as: Under 21 no tobacco (We Card) Please have ID ready.

9. Proposed hours are: Sunday-Thursday 11:00AM-1:00Am Friday and Saturday 11:00AM-2:00AM.

10. Upon hiring, all employees must go through training on how to approach clients and ask for ID regardless of the look.

11. Attached.

12. No conditional tobacco license.

13. I had worked most of my life in the tobacco industry. I also worked as a manager at a hookah lounge before.

LICENSE FEE

Under 35,000 sq. ft.: \$100.00
Over 35,000 sq. ft.: \$200.00
Fee after January 31: **DOUBLED**



☒ NEW ☐ RENEWAL
LICENSE RECEIVED

Fire-Life Safety License Application
Municipal Code, Chapter 16

BY:

OCT 24 2022

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 Hwy, 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:	SYRIAN NIGHTS HOOKAH LOUNGE, LLC.		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC
Business Name (DBA):			
Building Address:	811 W LINCOLN HWY, DEKALB IL 60115		
License Issued to:	SYRIAN NIGHTS HOOKAH LOUNGE, LLC.	Occupancy:	50
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 checked="" type="checkbox"/>
IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS			
	Name ABDULRAHMAN NAJEM	Mailing Address (Please include City/State/Zip in Address)	
Business Owner & Phone #	[REDACTED]	Address [REDACTED]	
		City, State, Zip Code: [REDACTED] L [REDACTED]	
Business Manager	SAME AS OWNER	Address:	
		City, State, Zip Code:	
LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED 811 W LINCOLN HWY, DEKALB IL 60115			
Mail Correspondence (including renewal applications) to (check one):		<input checked="" type="checkbox"/> Business Owner/Corporate <input checked="" type="checkbox"/> Business Manager Licensing Dept.	
E-Mail address of contact person :		syriannightsllc@gmail.com	

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

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

SIGNATURE
Print Name and Title: ABDULRAHMAN NAJEM, OWNER
Date: 10/14/2022

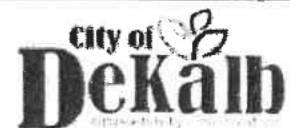
FOR CITY USE ONLY

Date Payment Received: **10-25-22**
Fee Paid: **\$100** Check #: **945940006** Cash: ☐ Credit Card: ☐

Questions about this form? Call (815) 748-2000

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

EMERGENCY CONTACT INFORMATION – BUSINESS	DEKALB POLICE & FIRE DEPARTMENT																					
<p align="center">BUSINESS INFORMATION</p> <p>BUSINESS NAME <u>Syrian Nights Hookah Lounge, LLC.</u></p> <p>BUILDING ADDRESS: <u>811 W. Lincoln Hwy, DeKalb, IL 60115</u></p> <p>PHONE: [REDACTED]</p> <p>DATE OF UPDATE: <u>10/14/2022</u></p>	<p align="center">FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer</p> <p>STANDPIPE LOCATION:</p> <p>KNOX BOX LOCATION:</p>																					
<p align="center">AFTER HOURS EMERGENCY CONTACT INFORMATION</p> <p>*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*</p>	<p align="center">OTHER FIRE DEPARTMENT INFORMATION:</p>																					
<p align="center"><u>CONTACT #1</u></p> <p>NAME: <u>ABDULRAHMAN NAJEM</u></p> <p>HOME PHONE: [REDACTED]</p> <p>CELL PHONE/PAGER: [REDACTED]</p>	<p align="center">ADDITIONAL INFORMATION</p> <p>ALARM COMPANY NAME:</p> <p align="center"><u>No Alarm.</u></p> <p>ALARM COMPANY 24 HOUR PHONE NUMBER:</p> <p>()</p>																					
<p align="center"><u>CONTACT #2</u></p> <p>NAME: _____</p> <p>HOME PHONE: () _____</p> <p>CELL PHONE/PAGER: () _____</p>	<p align="center">BUSINESS HOURS:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MONDAY</td> <td>OPEN: 11:00 AM</td> <td>CLOSE: 1:00 AM</td> </tr> <tr> <td>TUESDAY</td> <td>OPEN: 11:00 AM</td> <td>CLOSE: 1:00 AM</td> </tr> <tr> <td>WEDNESDAY</td> <td>OPEN: 11:00 AM</td> <td>CLOSE: 1:00 AM</td> </tr> <tr> <td>THURSDAY</td> <td>OPEN: 11:00 AM</td> <td>CLOSE: 1:00 AM</td> </tr> <tr> <td>FRIDAY</td> <td>OPEN: 11:00 AM</td> <td>CLOSE: 2:00 AM</td> </tr> <tr> <td>SATURDAY</td> <td>OPEN: 11:00 AM</td> <td>CLOSE: 2:00 AM</td> </tr> <tr> <td>SUNDAY</td> <td>OPEN: 11:00 AM</td> <td>CLOSE: 1:00 AM</td> </tr> </table>	MONDAY	OPEN: 11:00 AM	CLOSE: 1:00 AM	TUESDAY	OPEN: 11:00 AM	CLOSE: 1:00 AM	WEDNESDAY	OPEN: 11:00 AM	CLOSE: 1:00 AM	THURSDAY	OPEN: 11:00 AM	CLOSE: 1:00 AM	FRIDAY	OPEN: 11:00 AM	CLOSE: 2:00 AM	SATURDAY	OPEN: 11:00 AM	CLOSE: 2:00 AM	SUNDAY	OPEN: 11:00 AM	CLOSE: 1:00 AM
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SATURDAY	OPEN: 11:00 AM	CLOSE: 2:00 AM																				
SUNDAY	OPEN: 11:00 AM	CLOSE: 1:00 AM																				
<p align="center"><u>CONTACT #3</u></p> <p>NAME: _____</p> <p>HOME PHONE: () _____</p> <p>CELL PHONE/PAGER: () _____</p>	<p align="center">FOR POLICE DEPARTMENT USE ONLY</p> <p><input type="checkbox"/> NEW STREET</p> <p><input type="checkbox"/> NEW CONSTRUCTION</p> <p><input type="checkbox"/> ESTABLISHED BUSINESS/NEW ADDRESS</p> <p><input type="checkbox"/> NEW BUSINESS/ESTABLISHED ADDRESS</p> <p><input type="checkbox"/> NEW BUSINESS/NEW ADDRESS</p> <p><input type="checkbox"/> BUSINESS CLOSED</p> <p>DATE RECEIVED:</p> <p>BY TC#:</p> <p>DATE CAD MODIFIED:</p> <p>BY TC#:</p>																					
<p align="center"><u>CONTACT #4</u></p> <p>NAME: _____</p> <p>HOME PHONE: () _____</p> <p>CELL PHONE/PAGER: () _____</p>																						
<p>PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (amy.frantz@cityofdekalb.com) FAX: 815-748-2304</p> <p>IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2000.</p>																						



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

Illinois Business Authorization

SYRIAN NIGHTS HOOKAH LOUNGE, LLC.

**811 W LINCOLN HWY
DEKALB IL 60115-5501**

Loc. Code: 019-0005-6-001

**DeKalb
DeKalb County**

**Expiration Date:
10/15/2023**

Certificate of Registration

Sales and use taxes and fees

(4463-5397)

ILLINOIS REVENUE

[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **10/15/2022**

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

Illinois Business Authorization

SYRIAN NIGHTS HOOKAH LOUNGE, LLC.

SYRIAN NIGHTS HOOKAH LOUNGE, LLC.
811 W LINCOLN HWY
DEKALB IL 60115-5501

Expiration Date:
10/31/2023

License
Other Tobacco Products Retailer

(CT-24699)

This person or business is authorized under the Tobacco Products Tax Act of 1995 as a retailer of tobacco products in Illinois.

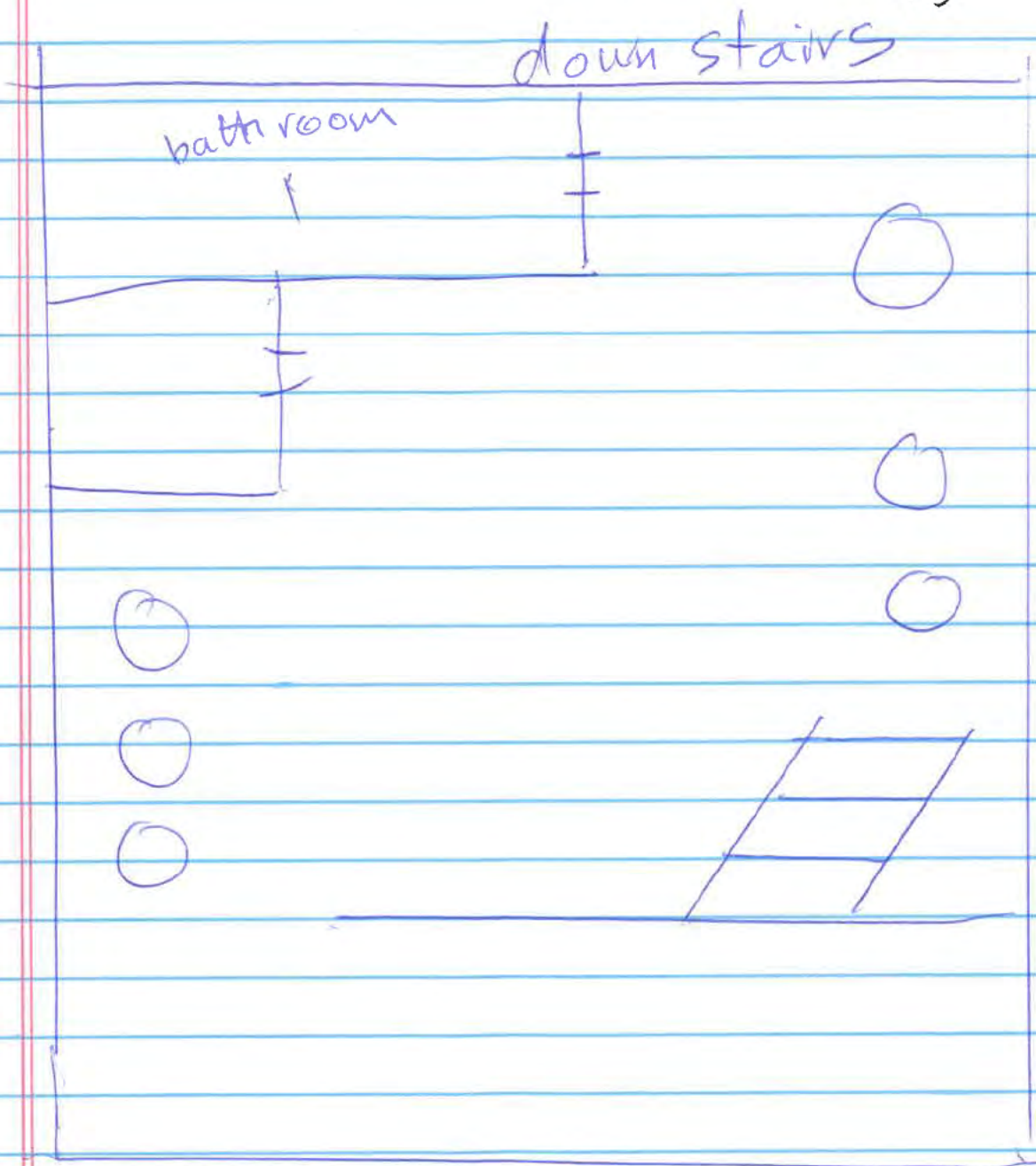
ILLINOIS REVENUE
[Signature]
Director

OFFICIAL DOCUMENT

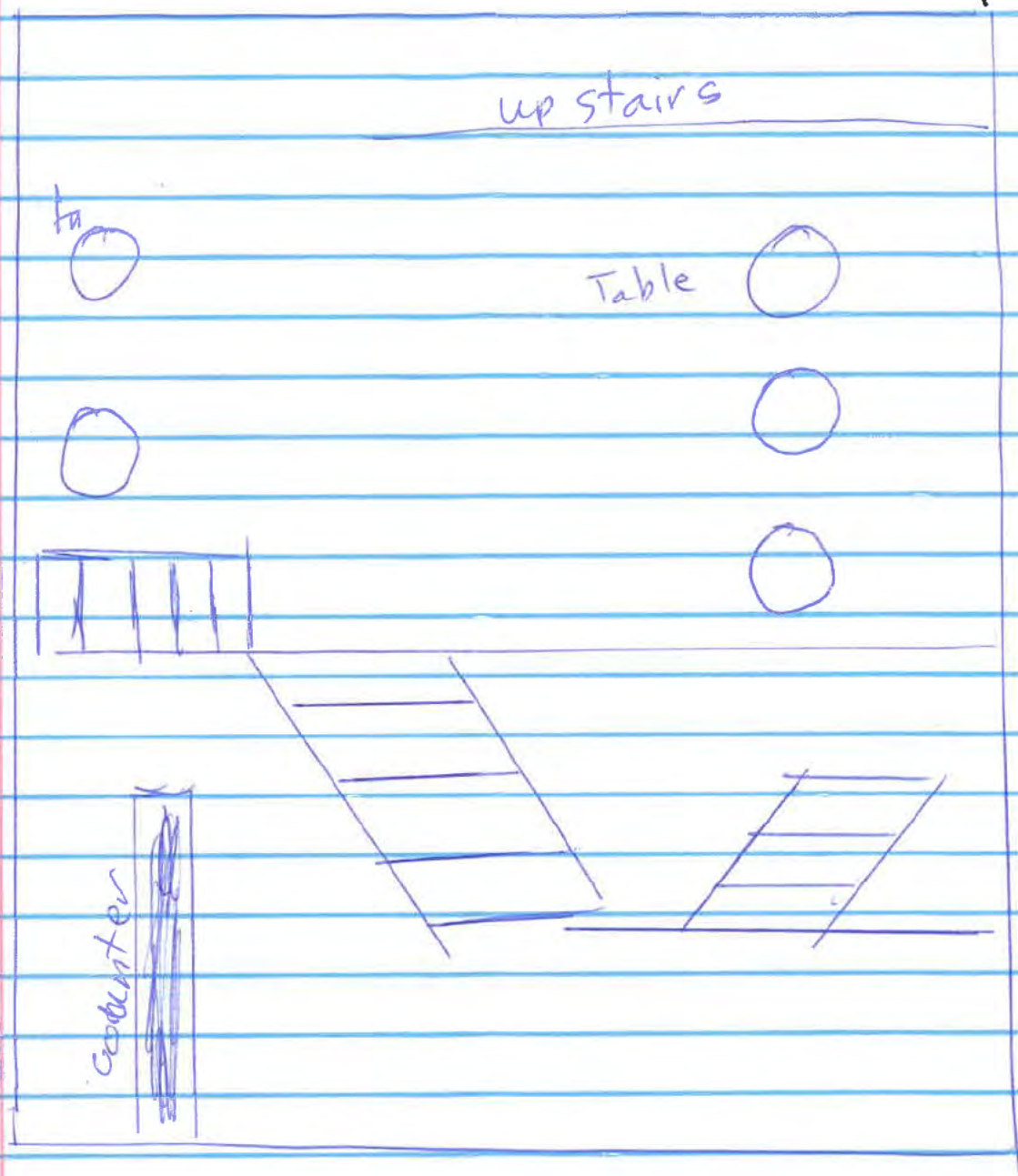
Issued Date: **10/15/2022**

Floor Plan

pg 1 of 2



Floor Plan page 2 of 2



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/24/2022

PRODUCER (773)778-0900 FAX (773)778-0903
Supreme Insurance Agency
3346 W. 63rd St.
Chicago, IL 60629

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Syrian Hookah Lounge LLC
811 W. Lincoln HWY
De Kalb, IL 60115

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Century Surety Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CCP1101286	10/21/2022	10/21/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COM/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Hookah Lounge

CERTIFICATE HOLDER

CANCELLATION

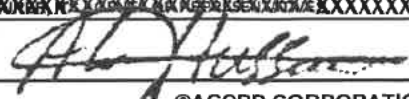
City of DeKalb
164 E Lincoln Hwy
DeKalb, IL 60115

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE

EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL

30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE



COPY

Business Bill of Sale (Purchase Agreement)

The Parties.

This document was signed on the 11 day of October, 2022 between Abdulrahman Najem with a street address of 811 W Lincoln Hwy City of Dekalb, State of Illinois (Hereinafter known as the "Buyer") and Michael Speek, Cameron Dye, Aaron Smuck, and Kyle Williams, with a street address of 811 W Lincoln Hwy Suite B, City of Dekalb, State of Illinois (Hereinafter known as the "Seller").

The Business.

Seller acknowledges they have the right to sell the business entity known as Aroma's Tobacco, INC incorporated in the State of Illinois with a principal office located at 811 W Lincoln Hwy Suite B City of Dekalb, State of Illinois along with all its shares, ownership interest, leases, contracts, trademarks, copyrights, and any other tangible or intangible interest (Hereinafter known as the "Business").

Purchase Price.

The Buyer and Seller agree to a purchase price of \$1,000.00 (US Dollars) to be acceptable for the sale of the Business. The Buyer agrees to make the funds available on the day of the transfer of the Business known

the Seller agrees to do everything in their power to educate the Buyer about the practice of the Business.

Additional Conditions.

The Seller will transfer all utilities, including telephone and internet, to the Buyer. In the event any such utility is non-transferable, the Buyer shall pay to the Seller any cancellation costs incurred by the Seller for the removal of such services.

Additionally, the Seller will transfer the current point-of-sale system to the Buyer. In the event any such utility is non-transferable, the Buyer shall pay to the Seller any cancellation costs incurred by the Seller for the removal of such services.

Any closing costs, taxes, or additional fees associated with the transfer of the Business will be paid by the Buyer.

Buyer Signature

ABD

Date

11

Print

ABD

Seller Signature

Michael Speek

Date 10-12-23

Print Michael Speek

Seller Signature

Cameron Dye

Date 10-12-23

Print Cameron Dye

Seller Signature

Aaron Smuck

Date 10-12-22

Print Aaron Smuck

Seller Signature

Kyle Williams

Date 10-12-22

Print Kyle Williams

Witness Signature

Tony

Date 12

Print

Tony

Cameron Dye from Anomas Hookah 811 W. Lincoln Hwy
DeKalb, IL I sold the business as is. I have
1 week to leave. You have to transfer license
comed, micon, metronet. whatever is left in
shop the new owner he is responsible to clean
whatever remains.

The three partners agree

Mike Speck

Kyle Williams

Aaron Smuck

Witness Signature _____ Date _____ Print _____

Cameron Dye



Certificate of Acknowledgement

State of Illinois

County of DeKalb

On the 12th day of October, 2022 before me, Cameron Dye,
personally appeared, _____, _____, proved to me
on the basis of satisfactory evidence to be the person(s) whose name(s)
is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and
that by his/her/their signature(s) on the instrument the person(s) or the
entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

Mary M Freeman
(Notary Signature)

Mary M. Freeman
(Print Name)

My Commission Expires: 10/27/2024
(seal)

Business Bill of Sale (Purchase Agreement)

The Parties.

This document was signed on the 12 day of October, 2022 between Dekalb with a street address of 811 W Lincoln Hwy City of Illinois (Hereinafter known as the Buyer) and Michael Speek, Cameron Dye, Aaron Smuck, and Kyle Williams, with a street address of 811 W Lincoln Hwy Suite B, City of Dekalb, State of Illinois (Hereinafter known as the Seller).

The Business.

Seller acknowledges they have the right to sell the business entity known as Aroma's Tobacco, INC incorporated in the State of Illinois with a principal office located at 811 W Lincoln Hwy Suite B City of Dekalb, State of Illinois along with all its shares, ownership interest, leases, contracts, trademarks, copyrights, and any other tangible or intangible interest (Hereinafter known as the Business).

Purchase Price.

The Buyer and Seller agree to a purchase price of \$1,000.00 (US Dollars) to be acceptable for the sale of the Business. The Buyer agrees to make the funds available on the day of the transfer of the Business known as the 12 day of October, 2022. Before, during, and after the sale, the Seller agrees to do everything in their power to educate the Buyer about the practice of the Business.

Additional Conditions.

The Seller will transfer all utilities, including telephone and internet, to the Buyer. In the event any such utility is non-transferable, the Buyer shall pay to the Seller any cancellation costs incurred by the Seller for the removal of such services.

Additionally, the Seller will transfer the current point-of-sale system to the Buyer. In the event any such utility is non-transferable, the Buyer shall pay to the Seller any cancellation costs incurred by the Seller for the removal of such services.

Any closing costs, taxes, or additional fees associated with the transfer of the Business will be paid by the Buyer.

Buyer Signature _____ Date _____ Print _____

Seller Signature Michael Speek Date 10-12-22 Print Michael Speek

Seller Signature Cameron Dye Date 10-12-22 Print Cameron Dye

Seller Signature Aaron Smuck Date 10-12-22 Print Aaron Smuck

Seller Signature Kyle Williams Date 10-12-22 Print Kyle Williams

Witness Signature _____ Date _____ Print _____

Witness Signature _____ Date _____ Print _____

Certificate of Acknowledgement

State of Illinois
County of Dekalb

On the 12 day of October, 2022 before me, Cameron Dye, personally appeared, _____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same



in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

Mary M. Freeman
(Notary Signature)

Mary M. Freeman
(Print Name)

My Commission Expires:

10/27/2024

(seal)