

**AUTHORIZING A RETAIL TOBACCO STORE LICENSE FOR DINA 5 INC.,
D/B/A SMOKER'S CHOICE, 1180 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, Dina 5 Inc. (the "Licensee") petitioned the City to approve a retail tobacco store license for the property located at 1180 W. Lincoln Highway, DeKalb, Illinois (the "License"); 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 Dina 5, Inc., d/b/a Smoker's Choice, for the premises located at 1180 W. Lincoln Highway, DeKalb, Illinois, to the ownership identified in the Retail Tobacco Store License Application attached and incorporated as Exhibit A, subject to the following conditions:

1. All signage shall strictly conform to the City's Unified Development Ordinance and Chapter 64 "Smoking Regulations" of the City's Municipal Code as may be amended from time to time.
2. Licensee shall not utilize any form of temporary signage to advertise tobacco sales, promotional activities or other similar endeavors.
3. Licensee shall be required to complete all applicable inspections and obtain all other licenses required to lawfully use, maintain and operate the facility prior to commencing operations..
4. Licensee shall provide proof that it has acquired required insurance coverages and paid all applicable fees prior to commencing operations.
5. Licensee shall comply with all applicable laws, regulations, ordinances, resolutions, and provisions of the City's Municipal Code pertaining to the regulation and taxation of a retail tobacco store in the City.

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 13th day of February 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

RETAIL TOBACCO LICENSE APPLICATION
MUNICIPAL CODE CHAPTER 64 "SMOKING REGULATIONS"



APPLICANTS ARE STRONGLY ENCOURAGED TO REVIEW CHAPTER 64 IN ITS ENTIRETY, PRIOR TO COMPLETING THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Corporation/LLC Name: Dina 5 INC.

Business Name (d/b/a): Smoker's Choice

Business Address: 1180 W. Lincoln High Way Dekalb IL.

Type of Business: Tobacco Shop

- 1. Application Fee Required:** A \$538.00 non-refundable application fee is required and must be submitted with this application.
- 2. List the names of each owner and manager of the proposed establishment below and attach a Retail Tobacco Store 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). Note: This application will not be submitted for review by the City Council until all background investigations are complete.**

Name: Marguerite Jumah **Role:** Owner Manager
Name: _____ **Role:** Owner Manager
Name: _____ **Role:** Owner Manager
Name: _____ **Role:** Owner Manager

Eligibility Questions: The questions below pertain to the applicant and any other person listed as an owner. If any questions are answered with a "Yes" attach a full written explanation to this document.

- Yes No If a retailer, are you delinquent under the "30-day credit" law?
- Yes No Have you ever made application for a tobacco license that has been denied?
- Yes No Have you ever had any previous tobacco license suspended or revoked?
- Yes No Have you ever been convicted of a felony?
- 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?
- 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?
- 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?
- Yes No If a Corporate Licensee, is your corporation ineligible to be issued this license?

3. 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 on the following page.

Landlord Name: Dekalb 1180 LLC

Address: _____

City, State, Zip Code: _____

Telephone No.: _____

4. **Provide a brief narrative below of the applicant's experience in the line of business in which the license is sought.** My name is Marguerite Jumah, born and raised in West Rodgers park Chicago. I come from a family of Entrepreneurs and have been involved in a variety of businesses. I have been an Insurance agent since 2018. We have been in the tobacco retail business since 2012. I am currently also involved in ownership of two gas stations. Currently I am owner or part owner of five tobacco retail stores in multiple states. I am excited to bring a tobacco retail store to the city of Dekalb.

5. **Provide the proposed hours of operation for the proposed establishment.** 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.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10 a.m- 10 p.m	10 a.m- 10 p.m	10 a.m- 10 p.m	10 a.m- 10 p.m	10 a.m- 10 p.m	10 a.m- 10 p.m	10 a.m- 10 p.m

6. **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.
7. **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 tobacco.

 - b. The method of storing and securing tobacco prior to sale.

 - c. The method of securing site access.

 - d. Training to be provided to employees and tobacco servers.

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

 - f. Anti-theft policies and countermeasures.

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

h. Any other related security information.

i. Address any license-specific security measures.

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.

9. **Conditional Retail Store Tobacco License:** The City Council may, but is not 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.

10. **Attach a copy of the City of DeKalb Fire Life Safety license for the location of the business, or a copy of the completed Fire Life Safety application,** along with a \$100.00 non-refundable application fee. 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.

11. **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.

12. **Status of Business.** Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) that 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 the County Clerk: _____

b. Partnership – Date of Formation: _____

c. *Illinois Corporation – Date Of Incorporation: 9/15/2022

d. *Foreign Corporation – State Of Incorporation: _____

e. Limited Liability Company – Date Qualified To Do Business in Illinois: _____

Date Formed: _____

*If "c" or "d" is checked, indicate your current Secretary of State file number here: _____

(If you don't have this number available, please contact the Secretary of State's office at 312-793-3380)

FEIN #: 92-0342694-000 (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 800-829-3676 for general information on how to apply and to obtain the forms you will need.)

Illinois Business Tax Number (Sales Tax Account Number): 4462-5413
Enter The Eight-Digit Illinois Department of Revenue Business Tax (Sales Tax Account) Number. You must have this number 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 questions, call 217-785-3707.

13. Provide a copy of the business' State of Illinois Tobacco Products Retailer license and/or Cigarette and Tobacco Products Retailer license. If you are selling tobacco products at retail (such as at a convenience store or gas station), you will need to register for an additional license. You will need an "Tobacco Products Retailer" license if you will never sell cigarettes, or a "Cigarette and Tobacco Products Retailer" license if you also sell cigarettes.

14. Provide a telephone number and email address below where an owner and/or manager can be reached.

Telephone No.: 773-848-1052. 773-562-0887

Email Address: dekalbdina5@gmail.com

Signature Required: This application must be signed by an owner, an officer, or partner. The signature must be an original – rubber stamps and copies will not be accepted.

By submitting this signed application, the applicant certifies under oath, and subject penalties of perjury, that: (initial each statement)

I, the undersigned applicant or authorized agent thereof, swear or affirm that:

- MJ The matters stated in the foregoing application are true and correct and are made upon my personal knowledge and information 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.
- MJ In accordance with the provisions of the City of DeKalb Municipal Code Chapter 64 "Smoking Regulations", I, the undersigned applicant or authorized agent thereof, shall not do any of the following, and will train every employee accordingly to not do any of the following:
- Give or sell or otherwise distribute cigarettes or other tobacco products to anyone under the age of twenty-one (21) years).
 - Give, sell, or distribute cigarettes or other tobacco products in any place that does not have posted in a conspicuous place a sign stating the giving, selling, or otherwise distributing of cigarettes or other tobacco products anyone under the age of twenty-one (21) years).
- MJ 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.
- MJ I 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".
- MJ Submission of this application for a license and/or acceptance of a license under Chapter 64 "Smoking Regulations" constitutes the applicant's consent to an inspection of any and all portions of the licensed premises by the City as follows: 1) at any time during the normal business hours of the licensed premises, with or without advance notice; or 2) at such other time as the City shall designate to the applicant/licensee in writing, with not less than 48 hours advance notice. Inspections pursuant to this consent may be conducted by any City personnel, including the Police Department, the Building Division, Public Works, Fire Department staff, the City Attorney, the City Manager, or other staff authorized by the City Manager, for purposes of determining compliance with the provisions of this ordinance, or for purposes of determining compliance with any other applicable code or regulation. The consent for inspection shall extend to any portion of the premises. An applicant or licensee's refusal to grant access to the premises for an inspection shall constitute grounds for denial of a pending application (without refund of any posted application fees) and shall constitute

a violation of this ordinance for license holders, which may subject a licensee to suspension or revocation of their license, imposition of fines and penalties under this ordinance, or both. All holders of a license must also hold a valid Fire Life Safety License issued by the City.

MJ I understand that if this request for a Retail Tobacco license is approved, an initial fee in the amount of \$3,735.00 will be due prior to issuance of said license. I also understand that said license will expire on June 30th of each year and will require renewal prior to that date. The renewal fee for said license will be \$350.00 (subject to change).

Signed and submitted under Oath this 5th day of December, 2022.

Signature of Applicant: 

Title/Position: President

Tobacco Retail Training Plan

ONBOARDING

Day 1

- Initial interview and welcome day
- Background check
- Store walk around
- Schedule advisement

Day 2

- Instructional meeting on the rules and regulations of carding customers.
- Instructional posters will be present in employee and common areas to reinforce the importance of not selling to anyone under the age of 21 any tobacco products.

Day 3

- Other sales training
- Product education
- Additional carding and minor spot training
- Cash register Training

Day 4

- Customer service training
- Supervised shift run
- Additional carding and minor spot training

Day 5

- Supervised shift run
- Customer service training
- reevaluation of week training

Day 6

- Overview of training progress
- Giving employee a report on strengths and weaknesses
- Revisit after one week to discuss progress

Signage Plan

A.) Signs and stickers will be posted on the entrance door of the shop. The signs will inform the customers of the 21 year old and up age requirement for purchasing tobacco products.

B.) All products that are tobacco are labeled as such on the product.

C.) There will be FDA approved signage at the Point of Sale about the 21 year old and up age requirement for purchase of tobacco products.

D.) All employees will ask for proper identification at the time of sale.

E.) There also will be a no smoking sign on the entry door.

Security Plan

- A. Signage and posters of age verification will be present on the front door as well as at the cash register POS system.**
- B. All new inventory will be stored and kept in locked office space in back of the facility.**
- C. All doors will be locked with a commercial grade door lock.**
- D. The Onboarding Training schedule is attached.**
- E. Patrons will be asked to leave the premises if the patron doesn't leave when asked, a phone call to the proper authorities will be made.**
- F. Most products will be behind locked glass showcases or behind counters where patrons cannot access.**
- G. An ADT alarm system will be installed with panic buttons accessible to our staff. LTS cameras will be installed inside as well as outside the premises.**

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

OFFICIAL DOCUMENT

DINA 5 INC

DBA: SMOKERS CHOICE
SMOKERS CHOICE
1180 W LINCOLN HWY
DEKALB IL 60115-2902

Expiration Date:
10/31/2023

License
Cigarette and Tobacco Products Retailer (CT-24644)

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

ILLINOIS REVENUE
[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **10/05/2022**

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.

This site is not a permanent location and is one you indicated could change. We have pre-printed the correct tax rate for this location on your return. You must contact us if you make sales from a different location.

OFFICIAL DOCUMENT

State of Illinois Department of Revenue

Illinois Business Authorization

OFFICIAL DOCUMENT

DINA 5 INC

DBA: SMOKERS CHOICE

1180 W LINCOLN HWY
DEKALB IL 60115-2902

Loc. Code: 019-0005-8-000 - CL

DeKalb
DeKalb County

Expiration Date:
10/5/2023

Certificate of Registration

Sales and use taxes and fees

(4462-5413)

ILLINOIS REVENUE

[Signature]
Director

OFFICIAL DOCUMENT

Issued Date: **10/05/2022**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/2022

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919		FAX (A/C, No):
	E-MAIL ADDRESS: support@nextinsurance.com		
INSURED DINA 5 INC 1180 W Lincoln Hwy DeKalb, IL 60115	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Next Insurance US Company		16285
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 038728399 **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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NXTHKYV3LR-00-GL	12/06/2022	12/06/2023	EACH OCCURRENCE \$1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00
							MED EXP (Any one person) \$15,000.00
							PERSONAL & ADV INJURY \$1,000,000.00
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE \$2,000,000.00
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident) \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							BODILY INJURY (Per person) \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is City of DeKalb. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. This Certificate Holder will receive at least 30 days prior written notice of cancellation, for any reason including for nonpayment, of any of the following policies: General Liability. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER City of DeKalb 164 E Lincoln Hwy DeKalb, IL 60115	LIVE CERTIFICATE  Click or scan to view	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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New 30 days notice of cancellation approved

2/13

Hi MARGUERITE JUMAH,

DINA 5 INC has approved the entity below to receive a special designation. Please see details below.

Insured business:

DINA 5 INC

Entity:

MARGUERITE JUMAH

[REDACTED]
City of DeKalb
164 E Lincoln Hwy, DeKalb, IL 60115

Designation:

30 days notice of cancellation

Applied to:

General Liability

We'll send you an update whenever this business' coverage is scheduled to end, either through cancellation or nonrenewal. You can also always visit this business' Live Certificate to review their active coverage.

If you have any questions or concerns, feel free to chat with our support team by visiting our Help Center. We're here and happy to help.

Sincerely,
The Next Insurance Team

P.s. To remove this designation and stop receiving alerts for changes to DINA 5 INC's coverage, contact our support team at 855-222-5919 or email support@nextinsurance.com.



LICENSE FEE

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

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

Fee after January 31: DOUBLED



COPY

NEW RENEWAL
LICENSE #:

Fire-Life Safety License Application
Municipal Code, Chapter 16

DEC -9 2022

Incomplete applications will be returned to applicant

THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 **BY 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:	Dina 5 INC.	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC
Business Name (DBA):	Smoker's Choice	
Building Address:	1180 w. Lincoln high way	
License Issued to:	Dina 5 Inc.	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 checked="" type="checkbox"/>
IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS		
	Name	Mailing Address (Please include City/State/Zip in Address)
Business Owner & Phone #	Marquerite Jumah	Address: [REDACTED]
		City, State, Zip Code: [REDACTED]
Business Manager		Address:
		City, State, Zip Code:
LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED		
Mail Correspondence (including renewal applications) to (check one):		<input checked="" type="checkbox"/> Business Owner/Corporate Licensing Dept. <input type="checkbox"/> Business Manager
E-Mail address of contact person :	dekalbdina5@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: Margherite Jumah

Date: 12/5/2022

FOR CITY USE ONLY

Date Payment Received: _____

Fee Paid: _____ Check #: _____ 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>Smoker's Choice</u></p> <p>BUILDING ADDRESS: <u>1180 w. Lincoln high way</u></p> <p>PHONE <u>[REDACTED]</u></p> <p>DATE OF UPDATE: <u>12/05/2022</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>_____</p>																					
<p align="center">CONTACT #1</p> <p>NAME: <u>Hasan Jumah</u></p> <p>HOME PHONE: (____) _____</p> <p>CELL PHONE/PAGER: <u>[REDACTED]</u></p>	<p align="center">ADDITIONAL INFORMATION</p> <p>ALARM COMPANY NAME: _____</p> <p>ALARM COMPANY 24 HOUR PHONE NUMBER: (____) _____</p>																					
<p align="center">CONTACT #2</p> <p>NAME: <u>Moe Jumah</u></p> <p>HOME PHONE: (____) _____</p> <p>CELL PHONE/PAGER: <u>[REDACTED]</u></p>	<p align="center">BUSINESS HOURS:</p> <table style="width:100%; border: none;"> <tr> <td style="padding: 2px;">MONDAY</td> <td style="padding: 2px;">OPEN: <u>10 am</u></td> <td style="padding: 2px;">CLOSE: <u>10 pm</u></td> </tr> <tr> <td style="padding: 2px;">TUESDAY</td> <td style="padding: 2px;">OPEN: <u>10 am</u></td> <td style="padding: 2px;">CLOSE: <u>10 pm</u></td> </tr> <tr> <td style="padding: 2px;">WEDNESDAY</td> <td style="padding: 2px;">OPEN: <u>10 am</u></td> <td style="padding: 2px;">CLOSE: <u>10 pm</u></td> </tr> <tr> <td style="padding: 2px;">THURSDAY</td> <td style="padding: 2px;">OPEN: <u>10 am</u></td> <td style="padding: 2px;">CLOSE: <u>10 pm</u></td> </tr> <tr> <td style="padding: 2px;">FRIDAY</td> <td style="padding: 2px;">OPEN: <u>10 am</u></td> <td style="padding: 2px;">CLOSE: <u>10 pm</u></td> </tr> <tr> <td style="padding: 2px;">SATURDAY</td> <td style="padding: 2px;">OPEN: <u>10 am</u></td> <td style="padding: 2px;">CLOSE: <u>10 pm</u></td> </tr> <tr> <td style="padding: 2px;">SUNDAY</td> <td style="padding: 2px;">OPEN: <u>10 am</u></td> <td style="padding: 2px;">CLOSE: <u>10 pm</u></td> </tr> </table>	MONDAY	OPEN: <u>10 am</u>	CLOSE: <u>10 pm</u>	TUESDAY	OPEN: <u>10 am</u>	CLOSE: <u>10 pm</u>	WEDNESDAY	OPEN: <u>10 am</u>	CLOSE: <u>10 pm</u>	THURSDAY	OPEN: <u>10 am</u>	CLOSE: <u>10 pm</u>	FRIDAY	OPEN: <u>10 am</u>	CLOSE: <u>10 pm</u>	SATURDAY	OPEN: <u>10 am</u>	CLOSE: <u>10 pm</u>	SUNDAY	OPEN: <u>10 am</u>	CLOSE: <u>10 pm</u>
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<p align="center">CONTACT #3</p> <p>NAME: <u>Moe Jamil</u></p> <p>HOME PHONE: (____) _____</p> <p>CELL PHONE/PAGER: <u>[REDACTED]</u></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">CONTACT #4</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. IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE FINANCE DEPARTMENT AT (815) 748-2000. FAX: 815-748-2304</p>																						

