

AUTHORIZING A RETAIL TOBACCO STORE LICENSE FOR JAAH SMOKE SHOP, D/B/A SMOKE SHOP PIPES & STUFF, 901 LUCINDA AVENUE, UNIT P, 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 in the City's corporate limits; and

WHEREAS, Jaah Smoke Shop (the "Licensee") petitioned the City to approve a retail tobacco store license for the property located at 901 Lucinda Avenue, Unit P, 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 recitals to this resolution are true, correct, adopted, and incorporated as Section One to this resolution.

SECTION 2: The City's corporate authorities approve and authorize a Retail Tobacco Store License to Jaah Smoke Shop, d/b/a Smoke Shop Pipes & Stuff, for the premises located at 901 Lucinda Avenue, Unit P, DeKalb, Illinois (the "Premises"), 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, occupy, maintain, and operate the Premises as a retail tobacco store 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 3: This resolution and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such resolution should (a) contain terms contrary to the provision of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the City's corporate authorities that to the extent that the terms of this resolution should be inconsistent with any non-preemptive state law, this resolution shall supersede state law in that regard within its

jurisdiction.

SECTION 4: This resolution shall be in full force and effect from and after its passage and approval as provided by law.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 27th day of March 2023 and approved by me as Mayor on the same day. Passed by a roll call vote as follows:

5-0-3	Aye	Nay
Morris	Absent	
Larson	X	
Smith	Absent	
Perkins	X	
McAdams	Absent	
Verbic	X	
Faivre	X	
Barnes	X	




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

BY: Corporation/LLC Name: JAAN Smoke Shop
Business Name (d/b/a): SMOKE SHOP PILES 3 Stuff
Business Address: 901 Lucinda Avenue Unit #901-P
Type of Business: Smoke Shop / Tobacco Store

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: <u>Mohammad J Silat</u>	Role: <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Manager
Name: _____	Role: <input type="checkbox"/> Owner <input type="checkbox"/> Manager
Name: _____	Role: <input type="checkbox"/> Owner <input type="checkbox"/> Manager
Name: _____	Role: <input type="checkbox"/> Owner <input type="checkbox"/> 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: Joshua Wellman
Address: 901 Lucinda Avenue Unit # 901-D
City, State, Zip Code: DEKALB, IL
Telephone No.: _____

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

Business owner has Retail experience for over 20+ years. The organization is built on transparency, compliance, and safety.

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
10AM - 10PM	9AM - 12AM	9AM - 12AM	9AM - 12AM	9AM - 12AM	9AM - 12AM	9AM - 12AM

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.

Have Signage on doors as well as around the Store.

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

All tobacco products are stored in Showcases, which is only Accessible by employees.

- c. The method of securing site access.

Employees & manager have access to Store Keys. Will install Addt Alarm.

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

All employees will go through tobacco training to insure all sales are to People 21+

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

Ask Each disruptive customer to be Considerate. If they become too aggressive Local Authority will be informed.

- f. Anti-theft policies and countermeasures.

Add alarm will be installed as well as motion detectors.

ON front & back doors and windows. All products are in and stored in a ~~store~~ locked Showcase

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

Security Cameras inside the property.

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. On doors & throughout the store.

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: 01/16/2023

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 #: 92-2441576 (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):**

4477-3382

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.

7. ✓ **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.: [REDACTED]

Email Address: [REDACTED]

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:

X 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.

Y 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).

X 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.

X 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".

X 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.

X 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 02 day of 23, 2023.

Signature of Applicant: [Signature]

Title/Position: owner

RECEIPT

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

Receipt #	Post Date
00012849	02/27/2023

Business ID
2305

Cashier
WEB

Payment Method
Credit Card

Paid By:
SMOKE SHOP PIPES & S
901 LUCINDA AVE STE. T
DEKALB, IL 60115

License Number	Invoice #	Description	Fee ID	Amount Paid
2023-6435	00014289	BACKGROUND CHECK FEE	BACKCH	50.00
2023-6435	00014290	TOBACCO LICENSE APPLICATION FEE	TOBACC	538.00

Total Amount Paid
588.00

Rear Exit



Show Case
Tobacco Sold
inside

Show Case
Tobacco Sold
inside

Show Case
Tobacco Sold
inside

Show Case
Tobacco Sold
inside

Show Case
Tobacco Sold
inside

Show Case
Tobacco Sold
inside

Show Case
Tobacco Sold
inside

Show Case
Tobacco Sold
inside

Main/Front Entrance



JAAH SMOKE SHOP, INC.

901 Lucinda Avenue

DeKalb, IL 60115

Signage Plans:

Smoke shops are required by law to only sell their products to customers who are 21 years of age or older. To enforce this requirement, we will be prominently displaying signs indicating that only those who are 21 and older are allowed to enter or make purchases. These signs will include text such as "21+only" or "ID required for purchase", and are often accompanied by images or symbols that further emphasize the age requirement. These signs serve as a reminder to both customers and staff that tobacco products are only intended for adults, and help to prevent minors from accessing them.

The proposed plans for signage are the following:

- Have 21 years and older poster board 18"x24" sign displayed on the front door.
- Have smaller paper signs around the store indicating WE CHECK IDS.
- Have an ID scanner right by the register to verify and authenticate all customers are 21+.
- Provide detail training to all employees to make sure that all sales are to customers that are at the legal age or above.
- We will also have a sign on the door and inside the store that there is NO SMOKING INSIDE THE PREMISES OR OUTSIDE THE PREMISES.

Attached are images of the signage that will be going on the doors and inside the unit.

YOU MUST BE

21

**OR OLDER TO
ENTER THIS
STORE**

These products for

Tobacco use

ONLY.

Not for sale to Minors

MGMT

Please have **ID** ready

with Credit Card use

and Tobacco product

purchase.

MGMT.

LICENSE FEE

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

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

Fee after January 31: DOUBLED

☒ 2023 New Owner**COPY****Fire-Life Safety License Application**
Municipal Code, Chapter 16

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

Return ORIGINAL completed application with license fee to:

Finance Department City of DeKalb, 164 E Lincoln Highway, DeKalb, IL 60115

MAKE CHECKS PAYABLE TO "CITY OF DEKALB"

BY:

BUSINESS INFORMATION	
Company or Corporation Name: <u>JAH Smoke Shop</u>	Sole Proprietor Partnership <u>Corporation</u> LLC
Business Name (DBA): <u>Smoke Shop Pipes & Stuff</u>	
Building Address: <u>901 Lucinda Avenue Unit 901-P</u>	
License Issued to:	Occupancy:
Mail Correspondence (including renewal applications) to (circle one): <u>Building Address</u> Owner Address Manager Address	
BUSINESS OWNER INFORMATION	
Business Owner Name: <u>Mohammad J. Silat</u>	
Mailing Address: [REDACTED]	
Phone Number: [REDACTED]	
Email: [REDACTED]	
MANAGER INFORMATION	
Business Manager Name: <u>Mohammad J. Silat</u>	
Mailing Address: [REDACTED]	
Phone Number: [REDACTED]	
Email: [REDACTED]	
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 <u>NO</u>	
Does this location have a kitchen and/or Ansul Hood System? YES <u>NO</u>	

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.

AFTER HOURS EMERGENCY CONTACT INFORMATION	
CONTACT #1	CONTACT #2
Name: <u>Mohammad J Sitat</u>	Name:
Cell Phone: [REDACTED]	Cell Phone:
Home Phone:	Home Phone:
*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR)	

BUSINESS HOURS:

Monday	Open: 9:00 AM	Close: 12:00 AM
Tuesday	Open: 9:00 AM	Close: 12:00 AM
Wednesday	Open: 9:00 AM	Close: 12:00 AM
Thursday	Open: 9:00 AM	Close: 12:00 AM
Friday	Open: 9:00 AM	Close: 12:00 AM
Saturday	Open: 9:00 AM	Close: 12:00 AM
Sunday	Open: 10:00 AM	Close: 10:00 PM

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: Mohammad J Sitat

Date: 01-1-23

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (licensing@cityofdekab.com) FAX: 815-748-2304.

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, EMAIL OR CALL THE FINANCE DEPARTMENT AT (815) 748-2080.

FOR CITY USE ONLY

Date Payment Received:

Fee Paid:

Check #:

Cash: ☐

Online Payment: ☐

BL:

BD:

MR:

UB:

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.

X 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 02 day of 23, 2023.

Signature of Applicant: [Signature]

Title/Position: owner

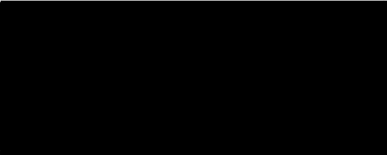


Phone: (815) 748-2085

Email: waterbilling@cityofdekalb.com

Billing Information

Mohammad J Silat

**Transaction Detail**

Visa
XXXXXXXXXXXX6316
2/24/2023 6:44:36 PM
Approved 03098D

Invoices

Type	Account #	Invoice #	Amount
Business License	2023-6436	INV-2023-6436	\$100.00
SUBTOTAL			\$100.00
SERVICE FEE			\$3.25
GRAND TOTAL			\$103.25



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/15/2023

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 Salvador Insurance Agency Inc. 3360 N Milwaukee Ave Chicago IL 60641		CONTACT NAME: Franco Salvador PHONE (A/C, No, Ext): (773) 777-1922 FAX (A/C, No): (773) 777-2088 E-MAIL ADDRESS: franco@salinsure.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ERIE INS CO	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	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	Y	Q61-0077806	02/16/2023	02/16/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000					
	MED EXP (Any one person) \$ 5,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person) \$
DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident) \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				PROPERTY DAMAGE (Per accident) \$
A	PROPC		Q61-0077806	02/16/2023	02/16/2024	EACH OCCURRENCE \$
						AGGREGATE \$
						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	PROPC		Q61-0077806	02/16/2023	02/16/2024	Limits \$102,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Name the City of DeKalb, and its agents and employees, as additional insured on a primary, non-contributory basis for any liability arising directly or indirectly from the permittee's operation.

CERTIFICATE HOLDER**CANCELLATION**

City of DeKalb

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

Franco Salvador

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

If not, contact us immediately.

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

OFFICIAL DOCUMENT	State of Illinois - Department of Revenue	OFFICIAL DOCUMENT
Illinois Business Authorization		
		
JAAH SMOKE SHOP INC		
DBA: SMOKE SHOP PIPES & STUFF		
SMOKE SHOP PIPES & STUFF		
901 LUCINDA AVE STE P		
DEKALB IL 60115-2100		
Expiration Date: 03/31/2024	License Cigarette and Tobacco Products Retailer	(CT-25578)
<p>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.</p>		
 ILLINOIS REVENUE  Director		Issued Date: 03/15/2023
OFFICIAL DOCUMENT		