

APPROVING A RESTAURANT/LOW ALCOHOL BY VOLUME LIQUOR LICENSE FOR REDJEPI LLC, D/B/A ZANA'S WOODFIRED PIZZA, LOCATED AT 1406 SYCAMORE ROAD, SUITE A, DEKALB, ILLINOIS.

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

WHEREAS, the City regulates the sale of alcoholic beverages within the City's corporate limits pursuant to Chapter 38 of the City's Municipal Code; and

WHEREAS, the City received and reviewed an application (the "Application") for a Restaurant/Low Alcohol by Volume (ABV) Liquor License for the establishment known as Redjepi LLC (the "Applicant" or "Licensee") for property located at 1406 Sycamore Road, DeKalb, Illinois (the "Property" or "Premises"); and

WHEREAS, the City's corporate authorities find that it is in the City's best interests to approve the Application for the protection of the public health, morals 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 adopted and incorporated as Section One to this Resolution.

SECTION 2: The City's corporate authorities approve the Application and authorize the issuance of a liquor license, Restaurant/Low ABV, to Redjepi LLC., for the Premises at 1406 Sycamore Road, Suite A, DeKalb, Illinois (the "License"), subject to the following terms and conditions:

1. After issuance, the License shall be subject to all provisions of the City's Municipal Code, including those provisions pertaining to the term of an initial issuance of liquor license, renewal of liquor license, and similar provisions, unless specifically waived by this Resolution.
2. The City Council expressly authorizes the Liquor Commissioner to approve specific regulations of the uses of the Premises within the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.
3. The License shall be subject to the following conditions precedent to final issuance:
 - a. Applicant shall be required to obtain and maintain at all times a Fire Life Safety license for the Premises;
 - b. Applicant shall be required to adhere to the occupancy limit, once established;
 - c. Applicant shall be required to successfully pass all background investigations;
 - d. Applicant shall obtain a State of Illinois liquor license prior to commencing liquor operations;
 - e. Applicant and its employees must successfully complete a Certified Alcohol Server Education Program that is accredited as a Basset Program by the State of Illinois prior to the date on which Applicant and its employees start serving, preparing or selling alcohol; and

- f. Applicant shall operate the Premises in compliance with all applicable laws, regulations, codes and ordinances, and Applicant shall collect and remit all taxes required under applicable federal, state and local laws and ordinances.
4. The License shall be deemed to permanently include the following restrictions:
 - a. The Property shall comply with all applicable laws, regulations, and the City's Municipal Code, ordinances, rules and regulations.
 - b. The Property shall comply with applicable requirements and parking restrictions provided by the City's Unified Development Ordinance.

SECTION 3: The City's corporate authorities authorize and direct City staff to issue the License upon Applicant's satisfaction of the conditions precedent provided by Section Two of this Resolution, and prior to Applicant's satisfaction of said conditions precedent, to issue a conditional license, which may be used to obtain any required federal or state licensure.

SECTION 3: City staff are authorized and directed to issue a license upon satisfaction of the conditions precedent to issuance, and to thereafter enforce the terms of said license. Pending completion of those items, a conditional license shall be issued. Said conditional license may be utilized to obtain any required federal or state licensure and may be relied upon by any superior governmental body.

SECTION 4: This resolution and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such resolution should (a) contain terms contrary to the provision of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the City's corporate authorities that to the extent that the terms of this resolution should be inconsistent with any non-preemptive state law, this resolution shall supersede state law in that regard within its jurisdiction.

SECTION 5: This resolution shall be in full force and effect from and after its passage and approval as provided by law.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 24th day of April 2023 and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Larson, Smith, Perkins, McAdams, Verbic, Faivre, Barnes. Nay: None. Absent: Morris.




COHEN BARNES, Mayor

ATTEST.



Ruth A. Scott, Executive Assistant



LIQUOR LICENSE APPLICATION

Municipal Code Chapter 38 "Intoxicating Liquors"

Applicants are strongly encouraged to review Chapter 38 in its entirety, prior to completing this application.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

Corporation/LLC Name: REDJEPI LLC
Business Name (d/b/a): ZANAS WOODFIRED PIZZA
Business Address: 1406 SYCAMORE RD STE A DEKALB, IL 60115

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

☐ **Bar (Primary Bar)**

- ☐ w/Over-the-Counter Package Liquor Sales
- +Restaurant Sales ☐
- +Hospitality License for Banquet Sales ☐
- +Annual Catering Permit ☐
- +Live Entertainment Permit ☐
- +Tasting Permit ☐

☒ **Restaurant (Primary Restaurant)**

Type of Liquor Sales: (select one)

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

☐ **Hospitality**

Primary Nature of Establishment: (select one)

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

☐ **PENP (Public Entity/Non-Profit)**

- +Live Entertainment Permit ☐
- +Tasting Permit ☐

☐ **Grocery or Drug Store**

Size of Store: (select one)

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

☐ **Package Liquor Store**

- +Tasting Permit ☐

☐ **Liquor Production**

- +Annual Catering Permit ☐
- +Live Entertainment Permit ☐

☐ **Golf Course**

- +Bar License
- +Restaurant Sales
- +Hospitality License for Banquet Sales
- +Live Entertainment Permit
- +Tasting Permit

☐ **Auditorium (Limited Licenses)**

☐ **BYOB (Standalone Licensure)**

☐ **Laundromats**

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

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

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

Name: FATEME REDJEPI Role: ☒ Owner ☐ Manager

Name: CHEFLI REDJEPI Role: ☒ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

Name: _____ Role: ☐ Owner ☐ Manager

4. **Ownership/Lease of Premises**

a. Does the person completing this renewal application own the premises on which the license is to be located?

☐ Yes
☒ No

b. If the property the business is located on is leased, provide the landlord's name, street address, city, state, zip code and telephone number.

Landlord Name: JIM MASON

Address: 120 N. ANNIE GLIDDEN RD

City, State, Zip Code: DEKALB, IL 60115

Telephone No.: 815-756-1198

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

Fateme Redjepi has managed restaurants in Rockford, IL for 15 years.
Chefli Redjepi has owned restaurants for about 7 years.

6. **Provide the proposed hours of operation for the proposed establishment.** If different areas of the establishment will have different hours of operation, please identify. Hours of operation must comply with those listed in Section 38.25 "Hours for Sale of Alcohol".

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10-9	closed	4-9	4-9	4-9	4-9	10-9

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

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

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

9. **Provide a detailed description of the security plan for the proposed establishment as follows:**

- Measures for age verification prior to entry into the establishment and/or prior to the sale of alcohol.

we will ask for ID before we serve customers alcohol.

- The method of storing and securing alcohol prior to sale.

we will put the alcohol in locked cages

- The method of securing site access.

The alcohol will be in locked cages with a security camera

- Training to be provided to employees and alcohol servers.

ServSafe alcohol course Online.

- The security plan for rowdy or disruptive patrons.

Drink limits if we see that a patron is becoming rowdy we will call police.

- Anti-theft policies and countermeasures.

Cameras in restaurant that are being monitored and bag + coat checks

- Surveillance equipment to be utilized and a surveillance plan.

we have 4 cameras in the restaurant 3 in the front of restaurants 1 in the kitchen

- Any other related security information.

10. **Address any license-specific security measures (common examples: for Bars, how will over-the-counter package sales be conducted; for Hotels, how will mini-bars be secured from unauthorized access; for Grocery stores, how will small containers (e.g. "fifths") be secured.**

10. **Provide a detailed signage plan.** Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved. (Examples of accepted signage can be found on the Illinois Liquor Control Commission website.) *will have signs at the door and at cash register.*
11. **Provide a detailed description of the training plan for Alcohol Servers.** All alcohol servers must complete a Certified Alcohol Server Education Program that is state accredited as a Basset Program and/or approved by the City of DeKalb prior to the date employees start serving, preparing or selling alcohol. *will have all employees that serve liquor take the ServSafe alcohol course online.*
12. **Cross Marketing.** If cross-marketing is permitted for the proposed establishment, provide a description below of the cross-marketing plan. (Reference Section 38.01 "Definitions" and Section 38.07 "Classifications of Liquor Licenses", Subsection b))
13. **Conditional Liquor License.** If the proposed establishment is requesting a Conditional Liquor License prior to the issuance of a Certificate of Occupancy, describe below the reason for the request. (Reference Section 38.04 "Application for and Renewal of Liquor License or Permit", Subsection f)1.) *Conditional liquor license will be issued for application to the State of Illinois.*
14. **Attach a copy of the City of DeKalb issued Fire-Life Safety license, or a copy of a completed Fire-Life Safety application.** Fire-Life Safety application fees are based on square footage and provided on the application.
15. **Attach a Certificate of Insurance that is compliant with Section 38.06 "Insurance".** The certificate must name the City of DeKalb as an additional primary insured without right of subrogation, with a 30-day notice of cancellation, on statutory dram shop liability insurance and on a minimum \$1,000,000.00 comprehensive general liability insurance policy.
16. **Attach a completed and signed copy of the proposed establishment's application for a State of Illinois Liquor License, with all required supplements.** By applying for a City of DeKalb Liquor License, the applicant agrees to provide to the City copies of all correspondence between the licensed establishment and the Illinois Liquor Control Commission.
17. **Attach a completed and signed Registration for Restaurant, Bar and Package Liquor Tax application.**
18. **Attach any other information that would be helpful in the evaluation of this application.**

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

- fn a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.
- fn b. Chapter 38 "Intoxicating Liquors" of the City of DeKalb Municipal code has been reviewed by the licensee who shall comply therewith, including but not limited to, Section 38.09 "Restrictions Generally Applicable", Section 38.21 "Persons Under the Age of 21", and Section 38.23 "Change in Information".
- fn c. All of the contents on the State of Illinois Liquor License application, the City of DeKalb Liquor License application, and any attachments hereto are true and accurate and fully disclose all relevant facts and information.
- fn d. The licensee consents to the inspection provisions of Section 39.09 "Restrictions Generally Application, subsection a).

Signed and submitted under Oath this 16 day of March, 2023.

Applicant Signature: Fateme Redjepi

Print Name: FATEME REDJEPI

Title: OWNER

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

Paid By:
REDJEPI LLC
1406 SYCAMORE RD SUITE A
DEKALB, IL 60115

RECEIPT

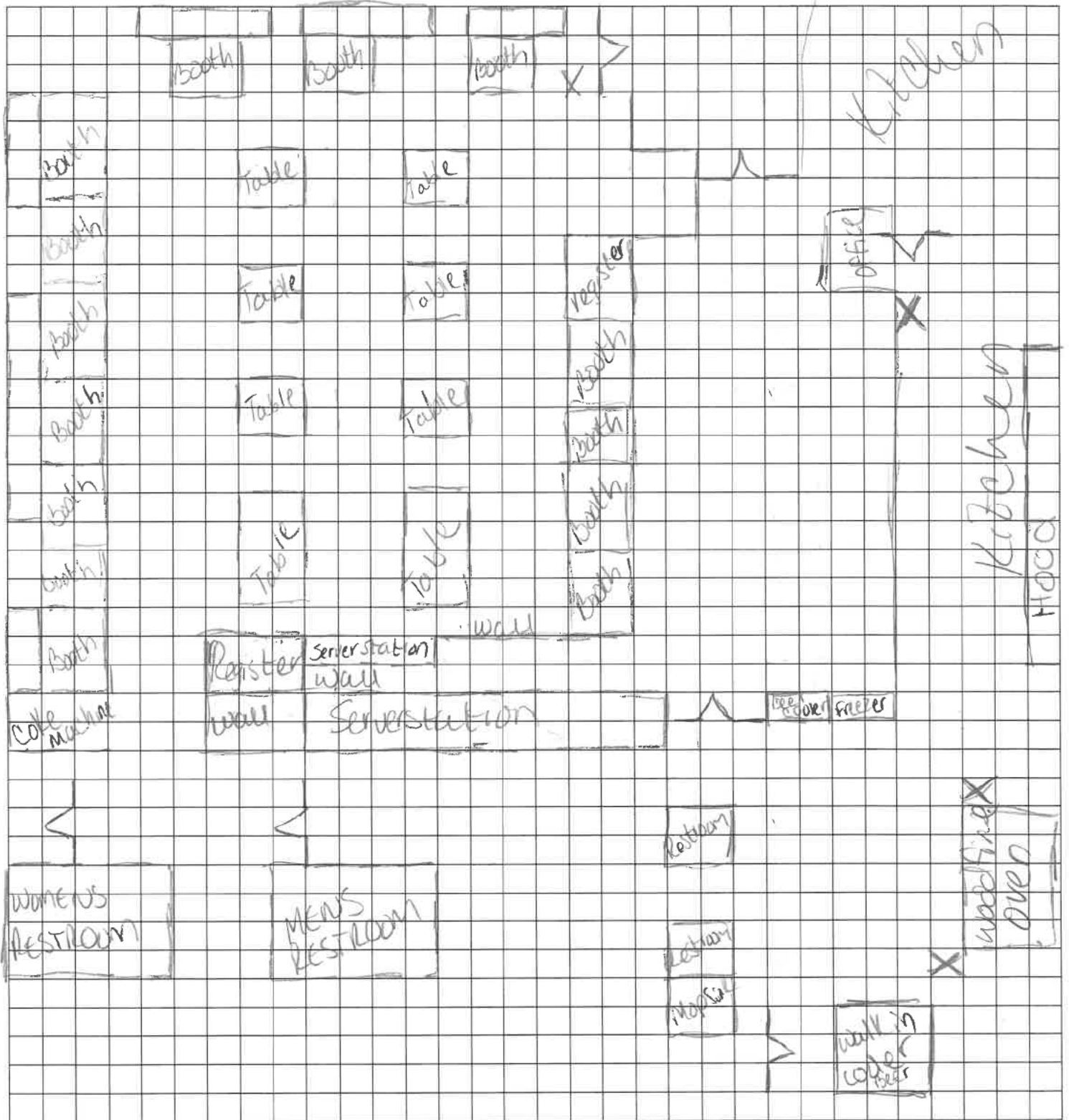
Receipt #	Post Date
00013162	03/30/2023
Business ID	
2182	
Cashier	
EMILY.HANSON	
Payment Method	
Check	1020

License Number	Invoice #	Description	Fee ID	Amount Paid
2023-6564	00014678	LIQUOR LICENSE - APPLICATION FEE	LIQLICAP	538.00
2023-6564	00014678	BACKGROUND CHECK FEE	BACKCH	100.00

Total Amount Paid
638.00

PROPERTY ADDRESS: 1406 SYCAMORE RD STE A DEKALB, IL 60115

Please use graph paper for required drawing. One square equals one foot, unless a different scale is indicated. Submission of a drawing will be required each year with renewal applications. Please keep a copy for your records. Copies will not be available from City files.



Please use listed symbols:

SMOKE DETECTOR

DOOR

WINDOW

FIRE EXTINGUISHER X

**NO ALCOHOL
WILL BE
SERVED TO
PATRONS
UNDER 21
YEARS OF AGE**



Illinois Liquor Control Commission

Be prepared to show PROOF OF AGE.

To be sold or served alcoholic beverages on these premises,
your birthday must be on or before today's date in

2002

TO BE DISPLAYED DURING 2023

It is ILLEGAL to provide alcohol to a person under age 21,
or for a minor to use a fake ID.



FIRE LIFE SAFETY LICENSE

Fee Paid: \$100.00

License No. 2022-4898

BUSINESS NAME (DBA) ZANA'S WOODFIRED PIZZA

CORPORATION NAME: REDJEPI LLC

BUSINESS ADDRESS: 1406 SYCAMORE RD SUITE A

TERM OF LICENSE: October 28, 2022 - April 30, 2023

COPY

LICENSE ISSUED IN ACCORDANCE WITH CHAPTER 16 OF
THE CITY OF DEKALB MUNICIPAL CODE



10/28/2022

City Manager

Date

LICENSE IS NOT TRANSFERABLE BY SALE OR ASSIGNMENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2023

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 InsureChampaign 1817 South Neil Street Suite 102 Champaign, IL 61820	CONTACT NAME: Julie Parker	
	PHONE (A/C, No, Ext): 217.356.3111 FAX (A/C, No): 217.356.3112	
INSURED Redjepi LLC 1406 Sycamore Drive Suite A DeKalb, IL 60115	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Society Insurance	15261
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BP22034556	10/28/2022	10/28/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA22034563	10/28/2022	10/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC22034561	10/28/2022	10/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			BP22034556	10/28/2022	10/28/2023	Liquor Liability \$1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

City of DeKalb 164 E Lincoln Hwy DeKalb, IL 60115	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Illinois Liquor Control
Commission**



**JB Pritzker
Governor**

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

**300 W. JEFFERSON ST., SUITE 300
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217 782-2136
WEBSITE: ILCC.Illinois.gov**

**APPLICATION FOR STATE OF ILLINOIS
RETAILER'S LIQUOR LICENSE**

**REMEMBER: YOU CANNOT PURCHASE OR SELL ALCOHOL
WITHOUT A VALID STATE LIQUOR LICENSE**

DEFINITION: A Retailer's Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235 ILCS 5/5-1(d)], the only exception being a wine-maker's retail license—2nd location [235 ILCS 5/5-1(i)]. All applicants for licensing as a liquor retailer must complete this application. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a state liquor license.

RETAILER'S LIQUOR LICENSE

FEE: \$750.00

Effective September 1, 2020 all new applicants will have the option to email their new liquor license applications and supporting documents, along with a copy of the payment to be mailed in to LCC.Licensing@illinois.gov for review and processing.

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

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

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

Processing time for a Retailer Liquor License is approximately 3 - 10 business days

NOTE: The date of expiration of your initial Illinois license will coincide with the 12-month period that begins on the issue date of your local liquor license. In some cases, the term of your first year's Illinois liquor license may be less than a full year in duration.

LICENSE NO.
DATE ISSUED
EXPIRATION DATE

Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

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

A. FEIN

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

FEIN #
92-0658509

B. ILLINOIS SALES TAX ACCOUNT ID

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

ILLINOIS SALES TAX ACCOUNT ID
44642059

C. NAME

Enter the name of the sole proprietorship, partnership, corporation (Illinois, national, or foreign), or limited liability company in this box.

Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME
REDJEPI LLC DBA ZANAS WOODFIRED PIZZA

D. MAILING ADDRESS/PHONE (if different than physical location address/phone)

Enter the mailing address if different than physical location address. Include: street address, county, city, state, ZIP code, telephone number (with area code and extension, if applicable) of the sole proprietorship, corporation, etc.

STREET ADDRESS		AREA CODE/TELEPHONE NO.	
COUNTY	CITY	STATE	ZIP CODE

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES

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

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

2. STATUS OF BUSINESS

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

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

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

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

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

Date filed with County Clerk: _____

Date of Formation: _____

Date of Incorporation: _____

State of Incorporation: _____

IL Secretary of State File #: _____

Date Qualified to do Business in IL: 10/11/2022

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding five percent.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than five percent (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent interest. **All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers.** If additional space is needed, provide information on a separate sheet(s) in the same format as this application. **BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 7 - ELIGIBILITY.**

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP Code, Social Security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Total percentage ownership should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line E.

NAME (LAST, FIRST, MIDDLE INITIAL)			HOME ADDRESS		CITY	STATE	ZIP
CHEFLI REDJEPI							
SOCIAL SECURITY NO.	DATE OF BIRTH	SEX	TITLE/POSITION		AREA CODE/HOME TELEPHONE NO.		% OWNED
			OWNER				100

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

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

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

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

4. BUSINESS LOCATION INFORMATION

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

A. NAME/DOING BUSINESS AS (DBA)

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

NAME/DOING BUSINESS AS (DBA)
REDJEPI LLC DBA ZANAS WOODFIRED PIZZA

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.	EXT.
[REDACTED]	

C. ADDRESS

Enter the address, city, state, ZIP Code and county of the business location. This address **must** be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (e.g., bill of sale, closing statement). **IMPORTANT:** You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g., deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered (if available). The applicant also needs to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order (Address Release) if applicable. For more information, contact the Illinois Department of Revenue at REV.BulkSales@illinois.gov.

ADDRESS	CITY	STATE	ZIP CODE	COUNTY
1406 SYCAMORE RD STE A	DEKALB	IL	60115	DEKALB

D. BUSINESS TYPE

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

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

E. WAREHOUSING

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

ADDRESS	CITY	STATE	ZIP CODE	COUNTY

F. RIGHTS TO THE PROPERTY

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

LANDLORD NAME	AREA CODE/PHONE NUMBER (Home, cell, etc.)			
JIM MASON	(815) 756-1198			
EMAIL ADDRESS	FAX NUMBER			
	()			
ADDRESS	CITY	STATE	ZIP CODE	COUNTY
120 N. ANNIE GLIDDEN RD.	DEKALB	IL	60115	DEKALB

5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. **LOCAL LIQUOR LICENSE INFORMATION**
YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE
Your local license must contain the expiration date, issue date, and license number.

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

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

B. **FIRST LICENSE APPLICATION - LICENSE HISTORY**

Indicate by checking the correct box whether or not this is the applicant's first application for a state liquor license at any location. If you check "no", indicate the date of your first state liquor license application; whether the license was granted, denied or withdrawn; and the address of your first state liquor license application. If you have ever had a license application denied, or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ☒ NO ☐

IF NO, PROVIDE DATE FIRST APPLIED: _____

DISPOSITION: GRANTED ☐ DENIED ☐ WITHDRAWN ☐

ADDRESS OF FIRST STATE APPLICATION: _____

C. **TYPE OF LIQUOR LICENSE**

Check the box which describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.

- ☒ ON-PREMISES CONSUMPTION (patrons consume alcoholic beverages on the premises only)
☐ OFF-PREMISES CONSUMPTION (carry-out purchases only)
☐ ON/OFF-PREMISES CONSUMPTION COMBINATION (both on the premises consumption and carry-outs)

D. **AUTHORIZED HOURS**

These hours must be the hours authorized by the local municipality (or county if in an unincorporated area):

MON	TUES	WED	THUR	FRI	SAT	SUN
CLOSED	4-9	4-9	4-9	4-9	10-9	10-9

E. **AVAILABLE HOURS**

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

MON	TUES	WED	THUR	FRI	SAT	SUN
CLOSED	4-9	4-9	4-9	4-9	10-9	10-9

F. **EXPECTED OPENING DATE**

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

6. CERTIFICATE OF INSURANCE

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (not the Policy Declaration)

You **MUST** provide a copy of your Certificate of Insurance if alcohol is consumed on the premises (this certificate is not required for carry-out only establishments). The Certificate of Insurance must show that you have liquor liability insurance and must include the following: 1) the applicant named as the insured (e.g., if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed); 2) the address of the location where the liquor is being consumed; and 3) the dates of coverage and the coverage limits.

7. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed on page 3 of this form. **IF ANY QUESTIONS ARE ANSWERED WITH A "YES" ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT.**

- 7A ☐ YES ☒ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]
- 7B ☐ YES ☒ NO Are you delinquent under the cash beer law?
- 7C ☐ YES ☒ NO If a retailer, are you delinquent under the 30-day credit law?
- 7D ☐ YES ☒ NO Have you ever submitted an application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
- 7E ☐ YES ☒ NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
- 7F ☐ YES ☒ NO Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
- 7G ☐ YES ☒ NO Have you ever been convicted of a gambling offense as defined under Section 6-2 of the Illinois Liquor Control Act which, includes offenses enumerated in 720 ILCS 5/28-1(a)11, gambling; 720 ILCS 5/28-1.1(a)-(d) syndicated gambling; and 720 ILCS 5/28-3 keeping a gambling place?
- 7H ☐ YES ☒ NO Do you possess a current Federal Wagering Stamp?
- 7I ☐ YES ☒ NO Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]
- 7J ☐ YES ☒ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?
- 7K ☐ YES ☒ NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]
- 7L ☐ YES ☒ NO Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(a) of the Illinois Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?
- 7M ☐ YES ☒ NO If a corporate licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)]

8. VIDEO GAMING

- ☐ YES ☒ NO Do you possess a current Illinois Video Gaming License? If YES, please provide the information below:
VIDEO GAMING LICENSE NUMBER: _____
- ☐ YES ☒ NO Have you made an application for an Illinois Video Gaming License that is currently pending? If YES, please provide information below:
VIDEO GAMING NUMBER APPLICATION NUMBER: _____ DATE APPLIED: _____

9. APPLICANT CONTACT INFORMATION

Provide the contact information for your business. The contact person should be the responsible party we can contact and who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

CONTACT PERSON'S NAME (First, Last)	BUSINESS PHONE NUMBER	ALTERNATE PHONE NUMBER (Home, Cell, etc.)
FATEME REDJEPI		
EMAIL ADDRESS	FAX NUMBER	
	()	

10. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. The application must be signed by an owner, an officer, or partner. **The signature must be original. Rubber stamps, photocopies, or faxed copies are not accepted.**

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS, IN PARTICULAR, THE ILLINOIS LIQUOR CONTROL ACT, RULES AND REGULATIONS, AND THE CIVIL RIGHTS SECTIONS THEREOF.

FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THE STATE WITH THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN FIVE PERCENT OR MORE OF THE BUSINESS).

Fateme Redjepi
SIGNATURE OF APPLICANT

owner manager 3/29/23
TITLE/POSITION DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2023

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 InsureChampaign 1817 South Neil Street Suite 102 Champaign, IL 61820	CONTACT NAME: Julie Parker	FAX (A/C, No): 217.356.3112	
	PHONE (A/C, No, Ext): 217.356.3111	E-MAIL ADDRESS:	
INSURED Redjepi LLC 1406 Sycamore Drive Suite A Dekalb, IL 60115	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Society Insurance		15261
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BP22034556	10/28/2022	10/28/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA22034563	10/28/2022	10/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC22034561	10/28/2022	10/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability		BP22034556	10/28/2022	10/28/2023	Liquor Liability \$1,000,000

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

CERTIFICATE HOLDER

State of Illinois Liquor Control Commissioner 101 W. Jefferson Suite 3-525 Springfield, IL 62702	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

© 1988-2015 ACORD CORPORATION. All rights reserved.