RESOLUTION 2016-093    PASSED: AUGUST 8, 2016

APPROVING A BAR LIQUOR LICENSE WITH SUPPLEMENTAL LICENSURE FOR FIVE VIDEO GAMING TERMINALS FOR CL QUICK STOP OF BELVIDERE, INC., D/B/A “LUCKY POKER”, 1812 SYCAMORE ROAD.

WHEREAS, the City of DeKalb regulates the sale of alcoholic beverages and the conduct of state-licensed video gaming within the corporate limits of the City pursuant to the applicable provisions of the Illinois Liquor Control Act and Chapter 38 of the City Code of Ordinances; and,

WHEREAS, the City has received and reviewed an application for a Bar Liquor License with supplemental authority for five video gaming terminals, for the establishment known as Lucky Poker, to be located at 1812 Sycamore Road, DeKalb, Illinois and to be operated by CL Quick Stop of Belvidere, Inc., and the City Council has determined that it is appropriate to issue said licenses to the establishment;

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

Section 1: A liquor license, Bar, shall be issued for CL Quick Stop of Belvidere, Inc., d/b/a Lucky Poker, 1812 Sycamore Road, DeKalb, Illinois (“Licensee”) subject to the following terms and conditions:

1. The Licensee shall be required to pay all fees associated with the issuance of the liquor license and otherwise satisfy any conditions precedent to licensure (e.g. provision of insurance, etc.) prior to its issuance.

2. After issuance, the license shall be subject to all provisions of the City Code of the City of DeKalb, including those provisions pertaining to the term of an initial issuance of liquor license, renewal of liquor license, and similar provisions.

3. This License shall be deemed to include those security provisions included in the Business Plan which provide for the orderly conduct of the Licensee.

4. The License shall be conditioned upon the following conditions precedent to final issuance:

   a. Adherence to the approved occupancy limit.

   b. A Fire Life Safety license must be obtained.

   c. Completion of all required interior build-out, with permits, and with successful approval/inspection of the same.
d. Registration for payment of all applicable City, State and Federal taxes.

e. Final approval by the City Police Department and Fire Department of public safety/access restrictions and policies, signage and similar measures.

5. The License shall be deemed to permanently include the following restrictions:

a. The property shall otherwise comply with all applicable City Codes and Ordinances.

b. The property shall comply with applicable UDO requirements and parking restrictions.

c. The property shall comply with the applicable restrictions for bar liquor use.

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 licensure included herein. Pending completion of those items, a conditional license shall issue.

**Section 2:** That the City Clerk of the City of DeKalb, Illinois be authorized and directed to attest the Mayor’s Signature and shall be effective thereupon.

**PASSED BY THE CITY COUNCIL** of the City of DeKalb, Illinois at a regular meeting thereof held on the 8th day of August, 2016, and approved by me as Mayor on the same day. Passed by a roll call vote of 3-2-1. Aye: Finucane, Marquardt, Snow. Nay: Noreiko, Faivre. Absent: Baker. Alderman Jacobson recused himself from the vote.

**ATTEST:**

![Signature]

JENNIFER JEEP JOHNSON, City Clerk

JOHN A. REY, Mayor
City of DeKalb Local Liquor License Application Supplement

1. Type of License(s) Sought (Pick one primary license, and all applicable sub-licenses or categories desired):
   - Package Liquor Store
     - + Tasting Permit
   - Grocery or Drug Store
     - Size (Select One)
       - Small (8,790 - 19,999 sq. ft.)
       - Medium (20,000 - 40,000 sq. ft.)
       - Large (40,001+ sq. ft.)
     - + Tasting Permit
     - + Annual Caterer License
   - Bar (Primarily Bar)
     - With Over-The-Counter Package Liquor sales
     - + Restaurant License
     - + Hospitality License for Banquet Sales
     - + Live Entertainment
     - + Tasting Permit
     - + Annual Caterer License
   - BYOB
   - Restaurant (Primarily Restaurant)
     - Type of Alcohol Service (Select One)
       - Low Alcohol by Volume
       - Unrestricted
     - + Bar License
     - + Hospitality License for Banquet Sales
     - + Live Entertainment
     - + Tasting Permit
     - + Annual Caterer License
   - Hospitality (Hotel, Banquet, Bowling Alley)
     - Primary Nature of Establishment:
       - Hotel
       - Banquet
       - Bowling Alley
     - + Live Entertainment
     - + Annual Caterer License

Note: If you are applying for a license for Video Gaming Devices at the licensed establishment, a separate application must be filed.

2. Please Attach a Detailed Floor Plan for the proposed licensed establishment. 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 of the City Code.
Adjustments will be made to accommodate new existing location dimensions per city code.
changes will be made to accommodate new location existing dimensions
CONSTRUCTION PLAN NOTES:
1. ALIGN SURFACES.
2. EXISTING ELECTRICAL PANEL. GENC. CONTRACTOR TO CONFIRM SIZE IS ADEQUATE FOR NEW POWER REQUIREMENTS AND MEETS OR EXCEEDS ALL NEC REQUIREMENTS.
3. GENC. CONTRACTOR TO INSTALL NEW TELEPHONE BOARD TO MATCH ADJACENT WALL, MOUNT AT 54" AFF. TO CEIL OF BOARD PHONEBORD SHALL BE 46X44X7 3/4" PLTW SANKED SMOOTH READY FOR PAINT.
4. GENC. CONTRACTOR TO PROVIDE AND INSTALL NEW ADA RESTROOM, REFER TO ELEVATIONS 1 & 2 ON SHEET A-1 FOR ADA REQUIREMENTS AND Fixture SPECIFICATIONS.
5. GENC. CONTRACTOR TO PROVIDE AND INSTALL NEW MAIN DOOR GLASS, IF NONE EXIST, SUBMIT CUT SHEET FOR ALL.
6. GENC. CONTRACTOR TO INSTALL 8 CAL WATER HEATER.

DOOR DESIGNATIONS:
A. EXISTING 3'-0" STEPLIGHT ENTRY DOOR WITH EXISTING PULL/PUSH LOCK SET AND LOCKED TO REAR. PROVIDE NEW IF REQUIRED.
B. NEW 3'-0" HC WOOD DOOR IN WOOD FRAME WITH LEVERS, PASSAGE SET AND CLOSER. SEE HARDWARE SPECIFICATIONS ON SHEET A-1.
C. NEW 3'-0" HC WOOD DOOR IN WOOD FRAME WITH LEVERS, PRIVACY SET AND CLOSER. SEE HARDWARE SPECIFICATIONS ON SHEET A-1.
D. REMOVE EXISTING 3'-0" RESTROOM DOOR AT NEW LOCATION IF PRACTICAL PROVIDE NEW IF REQUIRED.
E. EXISTING 3'-0" DOOR TO REAR, REPLACE DOORS WITH LEVER SET, REVERSIBLE TAMPER AT DEAD BOLT WITH LEVER RELEASE WHERE APPLICABLE. PROVIDE NEW DOOR IN GOOD WORKING ORDER AND PROVIDE AND INSTALL "EXIT SECURITY BAR" AS SPECIFIED ON SHEET A-1.

PARTITION LEGEND:
- EXISTING PARTITION TO REMAIN
- NEW PARTITION TO CEILING ABOVE
- NEW PARTITION TO STRUCTURE ABOVE
- CLASS: REFER TO SHEET A-1.1

GENERAL NOTES AND
existing

FURNITURE REFERENCE:
1. FURNITURE IS INDICATED FOR INFORMATION ONLY. COORDINATE OUTLET & LIGHTING LOCATIONS AND OTHER CONSTRUCTION MODIFICATIONS WITH PLACEMENT, REPORT DISCREPANCIES TO TENANT FOR DIRECTION PRIOR TO COMMENCING WORK.

PARTITION LEGEND:
- EXISTING PARTITION TO REMAIN
- NEW PARTITION TO CEILING ABOVE
- NEW PARTITION TO STRUCTURE ABOVE
- GLASS

PLAN SYMBOLS:
- NEW FURNITURE
- EXISTING FURNITURE

OCCUPANCY: 4 PEOPLE

1612 SYCAMORE ROAD, STE. 3
DEKALB, IL

THE ASSOCIATES
ASSOCIATES CORPORATION OF NORTH AMERICA
CORPORATE PROPERTIES
100 ELM JUIN CORPONENT CENTER P.O. BOX 900
DALLAS, TEXAS 75299-9907
214-342-6000

RECESSION
OPEN OFFICE
RECEPTION COUNTER
INTerview
BREaK
UPS CONTROLLER
FUTURE

FURNITURE PLAN
ASSOCIATES FINANCIAL SERVICES COMPANY
BENSON HLAVATY ARCHITECTS

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Lucky Poker Bar Liquor Application Supplement

1. Bar primary license
2. Floor Plan attached
3. Signed waiver for owner and manager attached
4. N/A
5. Certified Check for $500.00 attached
6. Security Plan- (A). Signs will be posted on all entrances stating, “No one under 21 allowed”. All patrons will be required to provide a valid Identification. (B &F) All inventory is checked and verified with to match prior day sales log by manager. All overstock inventory is stored in a locked storage room accessible only by manager and owner. (C & F) Site access will be monitored by Per Mar Security and each employee will have a personal pin number to activate or deactivate the alarm system. This will inform manager when and which employee enters and leaves the building. (D & F) All employees will be Basset certified prior to their first shift. Employee meetings will be held monthly. Meetings will cover Bar Cleanliness, how to appropriately deal with customers, how to diffuse a situation and when to contact the police, how to present yourself, dress and hygiene. How to detect a false ID. How to detect a patron who is or has committed theft, and how to deal with patrons. (G) Speco Technologies IP cameras with 2TB hard drive recorder, monitored on and off site. Enough cameras will be installed to cover entire establishment. This ensures employees are conducting themselves professionally, checking ID’s. All camera recordings can be copied and provided to City of DeKalb Police Department upon request. (H) Ongoing training will be provided as new technologies and security measures increase with technology. We will work closely with City of DeKalb and DeKalb Police Department in an effort to be proactive in all security and employee training. No profanity will be permitted by employees or patrons. Lucky Poker does not sell packaged goods to go, no alcoholic beverages will be allowed to leave the establishment. No alcoholic beverage will be accessible to patrons without purchase through Bartender. All alcoholic beverages will be kept behind the bar.
7. Insurance certificate attached
8. N/A
9. N/A
10. Signage, see 6 (A).
11. N/A
12. Hours of Operation: Monday through Wednesday 8:00am to 1:00am, Thursday through Saturday 8:00am to 2:00am, Sunday 10:00am to 1:00am.
13. Fire Life Safety attached
14. Conditional License request- YES
15. Application attached
16. Lucky Poker has two existing locations, one in Belvidere, IL, which opened in November, 2014. The second location is located in McHenry, IL, which opened in December of 2015.
Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION
   
   A. FEIN
   Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.
   
   FEIN:
   27-1150157

   B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)
   Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED. If you need to obtain this number, visit www.tax.illinois.gov and click on the "Businesses", and then the "Business Registration." If you have any questions, call 217-785-3707.
   
   ILLINOIS BUSINESS TAX#:
   3972-7361

   C. TELEPHONE
   Enter the area code/telephone number/extension of the sole proprietorship, corporation, etc.
   
   AREA CODE/THELEPHONE NO.
   (815) 222-6595

   D. COUNTY
   Enter the county where the sole proprietorship, corporation, etc. is located.
   
   COUNTY:
   Boone

   E. NAME
   Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.
   
   NAME:
   CL Quick Stop of Belvidere Inc.

   F. ADDRESS
   Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.
   
   ADDRESS:
   [Redacted]
   CITY:
   [Redacted]
   STATE:
   [Redacted]
   ZIP CODE:
   [Redacted]
4. **BUSINESS PREMISE INFORMATION**

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

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

Enter the name of the business which will be selling or serving 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 Dept. of Revenue Sales Tax Registration Certificate.

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

Lucky Poker

**B. TELEPHONE**

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

<table>
<thead>
<tr>
<th>AREA CODE/TELEPHONE NO.</th>
<th>EXT.</th>
</tr>
</thead>
</table>

**C. ADDRESS**

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your 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 (ie, bill of sale, closing statement). IMPORTANT: You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease). If there is an existing state liquor license on the premise, this license should be surrendered (if available). The applicant will also need to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order ("Address Release") if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1812 Sycamore Rd unit C</td>
<td>DeKalb</td>
<td>IL</td>
<td>60115</td>
<td></td>
</tr>
</tbody>
</table>

**D. BUSINESS TYPE**

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

- A. ☐ DRUG STORE/PHARMACY
- B. ☐ RESTAURANT
- C. ☐ CONVENIENCE
- D. ☐ SUPERMARKET
- E. ☐ LIQUOR STORE
- F. ☐ DEPARTMENT STORE
- G. ☐ CAR/TAVERN
- H. ☐ HOTEL/MOTEL
- I. ☐ CONVENIENCE & GAS
- J. ☐ SMALL GROCERY
- K. ☐ GAS STATION
- L. ☐ OTHER

**E. WAREHOUSING**

If any of your inventory is warehoused, provide the name, street address, city, state, Zip Code and county of the warehouse.

<table>
<thead>
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**F. LEASED PREMISES**

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

<table>
<thead>
<tr>
<th>LANDLORD NAME</th>
<th>AREA CODE/TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andy Brugia Maneeva Inc.</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

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