RESOLUTION 2016-098      PASSED: AUGUST 22, 2016

APPROVING A BAR LIQUOR LICENSE WITH
SUPPLEMENTAL LICENSURE FOR FIVE VIDEO GAMING
TERMINALS FOR EGGSLEAP ENTERPRISES, LLC D/B/A
"CHARLEY’S VIDEO GAMING II", 1792 SYCAMORE
ROAD, UNIT 3.

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
Charley’s Video Gaming II, to be located at 1792 Sycamore Road, Unit 3, DeKalb, Illinois
and to be operated by Eggsleap Enterprises, LLC, 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 Eggsleap Enterprises, LLC, d/b/a Charley’s
Video Gaming II, 1792 Sycamore Road, Unit 3, 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 day of August 22, 2016, and approved by me as Mayor on the same day. Passed by a roll call vote of 5-2-1. Aye: Finucane, Marquardt, Snow, Baker, Rey. Nay: Noreiko, Faivre. Absent: Jacobson.

ATTEST:

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
   - **Public Entity / Non Profit ("PENP")**
     - + Live Entertainment
   - **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.
City of Dekalb Local Liqour License Application Supplement

1. Type of License (s) Sought – Bar (Primarily Bar)
2. Attached
3. Attached
4. *
5. *
6. a. The front door will clearly state, “Must be 21 & older to enter” and a, “we card hard” sticker before entering the premise.
   b. A lock & key storage closet will be designated for the storage of alcohol prior to sale. This closet will be secure & will only be accessed by employees.
   c. Our location will have a well lit parking lot with lighting available at least 30min after each days closing for employees to leave the premise safely. There will be only one front customer entrance to access the premise with an employee always facing that entrance. The only other access to leave the premise will be the emergencies exits located at the back of the premise.
   d. All employees will be required to complete before their first shift an “on premise” & or “off premise” Illinois basset alcohol certification from an approved resource such as, http://www.illinoisbassetcertification.com
   e. Our environment standards are posted for our patrons to read when they enter & leave the premise. Our employees will be trained to follow these standards that include, belligerent behavior will not be tolerated & the police will be called without notice, alcoholic beverages are not allowed to leave the premise, the safety of our patrons & staff is our number one concern, please be courteous & aware of your behavior at all times, this area is under 24 hour surveillance & guest must be 21 years old to enter.
   f. Employees will be trained to stand in areas with the best place to cover the most visibility, products to be sold will be kept in areas that employees only have access to, Employees will have a working phone to call for help & will be able to keep their personal cell phones on them in case of emergencies.
   g. There will be a minimum of 5 security cameras inside the premise that will be fed to a secure DVR. This DVR will also be able to be remotely monitor 24 hours daily. Key points of interest to monitor are the front door, back door, atm machine, video gaming machines, main bar area, cash register & liquor closet. The security cameras will be high resolution cameras & will have the ability to zoom in and out.
7. Attached

8. We would like to cross-market both Dekalb & Sycamore locations with advertising related to co-branding, reciprocal frequent visitor programs, contest & a company newsletter.

9. *

10. Attached

11. None desired

12. Monday – Thursday 8am-12am, Friday – Saturday 8am-2am, Sunday 11am-12am

13. During the interview process it will be noted that all employees must complete an approved Illinois basset certification before they can begin working for the company. Employees will need to submit a copy of their basset certification to be kept on file on the premise.

All employees will be required to complete before first shift an “on premise” & or “off premise” Illinois basset alcohol certification from an approved resource such as, http://www.illinoisbassetcertification.com

14. Attached

15. No / Yes

16. Attached

17. I have developed my own video gaming business concept that is focused & dedicated to the video gaming experience. My business model upholds the service & environment that customers would experience & expect outside of this area within the gaming industry. My current customers have responded positively to our business model and we are seeking to build on that response.

18. Attached
#10 Signage plan
CHARLEY'S VIDEO GAMING

Must be 21 & older
ID required

OPERATING HOURS

MONDAY - THURSDAY
8:00 AM - 12:00 AM

FRIDAY - SATURDAY
8:00 AM - 2:00 AM

SUNDAY
11:00 AM - 12:00 AM

#10 Signage Plan

https://mail.google.com/_scs/mail-static/_jss/k=gmail.main.en.F_AwFpdvDl8.O/m=m_i,t,i... 2/27/2016
Fire-Life Safety License Application
Municipal Code, Chapter 16

Incomplete applications will be returned to applicant
THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 TO AVOID THE LATE FEE.

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

Return ORIGINAL completed application with license fee to:
Finance Department, City of DeKalb, 200 S. 4th Street, 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: Earslap Enterprises LLC
Business Name (DBA): Charley's Video Gaming #1
Building Address: 7792 McCamore Rd, Sycamore
License Issued to: [empty]
Occupancy: [empty]

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 [x] No

IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS

Name: Michelle Ibarra
Business Owner & Phone #: [redacted]
Business Manager: Derick Ibarra
License Application Date: [redacted]

Address: [redacted]
City, State, Zip Code: [redacted]
Address: [redacted]
City, State, Zip Code: [redacted]

LICENSE WILL BE Mailed To BUSINESS ADDRESS TO BE POSTED

Mail Correspondence (including renewal applications) to (check one): [x] Business Manager Licensing Dept.
Business Owner/Corporate

E-Mail address of contact person: [redacted]

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 [x]
Print Name and Title: Michelle Ibarra, Owner
Date: 3/24/16

FOR CITY USE ONLY
Date Payment Received: 6-8-16
Check #: 100
Cash: [redacted]

Questions about this form? Call (815) 748-2387
**THIS FORM MUST ACCOMPANY APPLICATION**

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION - BUSINESS</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME: Charlelae Video Gaming</td>
<td>FIRE DEPARTMENT INFORMATION</td>
</tr>
<tr>
<td>BUILDING ADDRESS: 1792 Saparme Rd Unit 3</td>
<td>to be completed by Fire Prevention Officer</td>
</tr>
<tr>
<td>PHONE ( )</td>
<td>STANDPIPE LOCATION:</td>
</tr>
<tr>
<td>DATE OF UPDATE:</td>
<td>KNOX BOX LOCATION:</td>
</tr>
</tbody>
</table>

**AFTER HOURS EMERGENCY CONTACT INFORMATION**

*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*

| CONTACT #1 | | CONTACT #2 | | CONTACT #3 | | CONTACT #4 |
|------------|-------------------------------------------------|----------------|----------------|----------------|----------------|
| NAME: Derick Jbarra | | NAME: Michelle Jbarra | | | |
| HOME PHONE: ( ) | | HOME PHONE: ( ) | | HOME PHONE: ( ) | | HOME PHONE: ( ) |
| CELL PHONE/PAGER: | | CELL PHONE/PAGER: | | CELL PHONE/PAGER: | |

**ADDITIONAL INFORMATION**

ALARM COMPANY NAME:

ALARM COMPANY 24 HOUR PHONE NUMBER:

**BUSINESS HOURS:**

<table>
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<tr>
<th>MONDAY</th>
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<td>WEDNESDAY</td>
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<td>SUNDAY</td>
<td>OPEN:</td>
<td>CLOSE:</td>
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</tbody>
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**FOR POLICE DEPARTMENT USE ONLY**

- [ ] NEW STREET
- [ ] NEW CONSTRUCTION
- [ ] ESTABLISHED BUSINESS/NEW ADDRESS
- [ ] NEW BUSINESS/ESTABLISHED ADDRESS
- [ ] NEW BUSINESS/NEW ADDRESS
- [ ] BUSINESS CLOSED

DATE RECEIVED: BY TC:

DATE CAD MODIFIED: BY TC:

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

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.
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 #
24-1307998

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 #
3976 - 7779

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

AREA CODE/TELEPHONE NO .

EXT.

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

COUNTY
DeKalb

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

NAME
Eggslap Enterprises D/B/A Charleys Video Gaming II

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

ADDRESS

CITY

STATE

ZIP CODE

IL 567-0015 (03/2009)
2. STATUS OF BUSINESS

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

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a 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 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.

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.

If "C" or "D" is checked, indicate your current Secretary of State file number here

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

3. OWNERSHIP INFORMATION

Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%.

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 6 - ELIGIBILITY.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
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<tbody>
<tr>
<td>Ibarra, D. Michele</td>
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<tr>
<td>SOCIAL SECURITY NO.</td>
<td>DATE OF BIRTH</td>
<td>SEX</td>
<td>TITLE/POSITION</td>
<td>AREA CODE/TELEPHONE NO.</td>
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<td></td>
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<td>OWNER</td>
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<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
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| SOCIAL SECURITY NO.              | DATE OF BIRTH| SEX  | TITLE/POSITION | AREA CODE/TELEPHONE NO. | % OWNED |
|                                  |              |      |               |                       |       |

C.

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| SOCIAL SECURITY NO.              | DATE OF BIRTH| SEX  | TITLE/POSITION | AREA CODE/TELEPHONE NO. | % OWNED |
|                                  |              |      |               |                       |       |

D.

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| SOCIAL SECURITY NO.              | DATE OF BIRTH| SEX  | TITLE/POSITION | AREA CODE/TELEPHONE NO. | % OWNED |
|                                  |              |      |               |                       |       |

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

%
4. **BUSINESS PREMISE INFORMATION**

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

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

Enter the name of the business which will be selling or serving 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) | Eggslap Enterprises D/B/A Charley's Video Gaming Bar |

### B. TELEPHONE

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

| AREA CODE/TELEPHONE NO. | 815-991-5897 | EXT. |

### C. ADDRESS

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your 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>
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<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
</table>

### D. BUSINESS TYPE

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

- [ ] A. DRUGSTORE/PHARMACY
- [ ] B. RESTAURANT
- [ ] C. CONVENIENCE
- [ ] D. SUPERMARKET
- [ ] E. LIQUOR STORE
- [ ] F. DEPARTMENT STORE
- [ ] G. BAR/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>
<tr>
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</tr>
</thead>
</table>

### 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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>David M. Franzene</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
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<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
</table>
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 retailer, are you delinquent under the "30-day credit" law?

7D ☐ YES ☒ NO Have you ever made 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 5/6-2 of the 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 100/10-85(c)]

7L ☐ YES ☒ NO Are you in violation of the required liquor liability insurance coverage stated in section 6-21(a) of the 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. HOURS OF OPERATION

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
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</thead>
<tbody>
<tr>
<td>8am - Mid</td>
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<td>8am - 12am</td>
<td>8am - 12am</td>
<td>8am - 12am</td>
<td>11am -</td>
</tr>
</tbody>
</table>

9. SIGNATURE/TITLE/DATE

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


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 5% OR MORE OF THE BUSINESS.)

[Signatures and Titles]

IL 567-0015 (03/2009) PAGE 6 OF 6