RESOLUTION 2017-008          PASSED: JANUARY 9, 2017

APPROVING A PACKAGE LIQUOR LICENSE FOR DEKALB LIQUOR, INC., 444 E. LINCOLN HIGHWAY.

WHEREAS, the City of DeKalb regulates the sale of alcoholic beverages 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 Package Liquor License for the establishment known as DeKalb Liquor, to be located at 444 E. Lincoln Highway, DeKalb, Illinois and to be operated by DeKalb Liquor, 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, Package, shall be issued for DeKalb Liquor, Inc, 444 E. Lincoln Highway, 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. The Initial Issuance Fee shall be due and payable immediately upon approval of this License, without regard to its conditional status. This Initial Issuance Fee shall be non-refundable.

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. The premises located at 444 E. Lincoln Highway shall be fully built out and shall receive a final certificate of occupancy permitting safe and lawful occupancy in accordance with all applicable building codes.

   b. Adherence to the approved occupancy limit.

   c. A Fire Life Safety license must be maintained.
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.

f. Upon the failure of the Licensee to comply with all of the foregoing conditions prior to June 30, 2017, the Liquor Commissioner may, at any point thereafter, schedule a hearing to consider the revocation of the conditional license. Revocation shall be permitted at said hearing if any of the foregoing conditions are not fully satisfied. In the event of revocation, the Initial Issuance Fee shall not be refunded.

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 Package liquor use.

d. The license shall be limited to the premises, hours and description of service contemplated in the application. No consumption of alcoholic beverages to individual rooms shall be permitted, except in accordance with the Tasting Permit authorized herein.

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 be issued.

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 9th day of January, 2017, and approved by me as Mayor on the same day. Passed by a 7-0-1 roll call vote. Aye: Jacobson, Finucane, Marquardt, Snow, Noreiko, Faivre, Rey. Nay: None. Absent: Baker.

ATTEST:

[Signature]
JENNIFER JEEP JOHNSON, City Clerk

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

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**
  - + 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
- **BYOR**
- **Restaurant** (Primarily Restaurant)
  - + 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.

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.

Please note: on floor plan where signage will be placed.
6. a) Scanned & Bample Picture of ID. to verify age & validity.
   b) Shelvings and Walking Cooler.
      - For Floor Display above 8\" or Floor Height.
      - Back Room Shelving
   c) i) Security alarm services.
        ii) Big mirror for watch out all patrons
        iii) 12 Camera System with 2TB Hard drive recording with option to remote access.
   d) Bassett training for all employees and Tips Training
   e) Security System with Panic Button
   f) Big mirror, Security Camera System and when possible look in side back of Counter
   g) Same as c)
   h) Same as c & e

27. a) I have 10 years of retail business experience and also have last 3 years of liquor retail experience as part-time job and helping so family with his business.
    b) Currently managing 2 Subway retail in Aurora area and getting more training with friend who owns the liquor store in Oswego.

\[\text{Signed: McPate}\]
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRS 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
Discount Insurance Agency
968 W Lake St Suite B
Roselle IL 60172

INSURED
DEKALB LIQUOR INC.
444 W LINCOLN HIGHWAY
DEKALB IL 60115

COVERSAGES

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>CERTIFICATE NUMBER:</th>
<th>REVISION NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>OCCD069592</td>
<td>10/15/2016 10/15/2017</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>INSURER A: CITIZENS INS CO OF IL</th>
<th>NAIC #: 10714</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>OCCD069592</td>
<td>10/15/2016 10/15/2017</td>
</tr>
</tbody>
</table>

LIMITS

- EACH OCCURRENCE $100,000
- MED EXP (Any one person) $5,000
- PERSONAL & ADV INJURY $100,000
- GENERAL AGGREGATE $200,000
- PRODUCTS - COMCIP AGG $200,000
- LIQUOR LIABILITY $100,000
- OTHER $2

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

PACKAGE LIQUOR STORE

CERTIFICATE HOLDER

CITY OF DEKALB
200 South Fourth Stree
DEKALB IL 60115

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

P Patel

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The ACORD name and logo are registered marks of ACORD.
Business Hours

Monday 10:00 am to 10:00 pm
Tuesday 10:00 am to 10:00 pm
Wednesday 10:00 am to 10:00 pm
Thursday 10:00 am to 10:00 pm
Friday 10:00 am to 12:00 pm
Saturday 10:00 am to 12:00 pm
Sunday 10:00 am to 10:00 pm

1-630-280-1548

www.AllFreePrintable.com
LICENSE FEE
Under 35,000 sq. ft.: $100.00
Over 35,000 sq. ft.: $200.00
Fee after January 31: DOUBLED

NEW □ RENEWAL

LICENSE #: 

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 and floor plan 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: DEKALB LIQUOR INC □ Sole Proprietor □ Partnership ☑ Corporation □ LLC
Business Name (DBA): LIQUOR
Building Address: 460 E LINCOLN HWY, DE KALB, IL 6015
License Issued to: 4-4-14
Occupancy:

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY

Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax? Yes [ ] No [ ]

IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

Name: MAYUR J PATEL
Business Owner & Phone #: [Redacted]
Business Manager: MAYUR PATEL
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): ☑ Business Owner/Corporate Licensing Dept.

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 ☑ 
Print Name and Title: MAYUR PATEL Date: 10-11-2016

FOR CITY USE ONLY

Date Payment Received: 10-11-16
Fee Paid: $100.00 Check #: 1033 Cash: □

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>
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</thead>
<tbody>
<tr>
<td>BUSINESS NAME: DEKALB LIQUORS INC.</td>
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<tr>
<td>BUILDING ADDRESS: 460 LINCOLN HWY, DEKALB, IL</td>
<td>FIRE DEPARTMENT INFORMATION</td>
</tr>
<tr>
<td>PHONE: (630) 280-1548</td>
<td>STANDPIPE LOCATION:</td>
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<tr>
<td>DATE OF UPDATE:</td>
<td>KNOX BOX LOCATION:</td>
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</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**

| NAME: MAYUR J PATEL | HOME PHONE: (___) | CELL PHONE/PAGER: [____] |

**CONTACT #2**

| NAME: JAYASHREE M PATEL | HOME PHONE: (___) | CELL PHONE/PAGER: [____] |

**CONTACT #3**

| NAME:                 | HOME PHONE: (___) | CELL PHONE/PAGER: (___) |

**CONTACT #4**

| NAME:                 | HOME PHONE: (___) | CELL PHONE/PAGER: (___) |

**ADDITIONAL INFORMATION**

**ALARM COMPANY NAME:**

| ALARM COMPANY 24 HOUR PHONE NUMBER: (___) |

**BUSINESS HOURS:**

| MONDAY | OPEN: 11 AM | CLOSE: 11 PM |
| TUESDAY | OPEN: 11 AM | CLOSE: 11 PM |
| WEDNESDAY | OPEN: 11 AM | CLOSE: 11 PM |
| THURSDAY | OPEN: 11 AM | CLOSE: 12 AM |
| FRIDAY | OPEN: 11 AM | CLOSE: 12 PM |
| SATURDAY | OPEN: 11 AM | CLOSE: 9 PM |
| SUNDAY | OPEN: 12 AM | CLOSE: 9 PM |

**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: |
| DATE CAD MODIFIED: |

City of DeKalb

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 # | 81-4038486 |

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 # | |

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 | DEKALB LIQUOR INC. |

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

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<th>ADDRESS</th>
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<th>ZIP CODE</th>
</tr>
</thead>
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<td>444-448 E LINCOLN HWY</td>
<td>DEKALB</td>
<td>IL</td>
<td>60115</td>
</tr>
</tbody>
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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 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.

**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.

| A. | SOLE PROPRIETORSHIP | DATE FILED WITH COUNTY CLERK: ____________________________ |
| B. | PARTNERSHIP         | DATE OF FORMATION: ____________________________ |
| C. | ILLINOIS CORPORATION | DATE OF INCORPORATION: ✔ ____________________________ |
| D. | FOREIGN CORPORATION  | STATE OF INCORPORATION: _______ DATE QUALIFIED TO DO BUSINESS IN ILL: ____________________________ |
| E. | LIMITED LIABILITY COMPANY | DATE FORMED: ____________________________ |

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% (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/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/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.

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<tr>
<th>A.</th>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
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<td>PATEL MAYUR J.</td>
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<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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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)**

DEKALB LIQUOR INC

B. TELEPHONE

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

**AREA CODE/TELEPHONE NO.**

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 Released") if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.

<table>
<thead>
<tr>
<th>ADDRESS</th>
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<tr>
<td>444-448 LINCOLN HWY</td>
<td>DEKALB</td>
<td>IL</td>
<td>60115</td>
<td>DEKALB</td>
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</tbody>
</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. ☐ DRUG STORE/PHARMACY  E. ☐ LIQUOR STORE  I. ☐ CONVENIENCE & GAS
B. ☐ RESTAURANT  F. ☐ DEPARTMENT STORE  J. ☐ SMALL GROCERY
C. ☐ CONVENIENCE  G. ☐ BAR/TAVERN  K. ☐ GAS STATION
D. ☐ SUPERMARKET  H. ☐ HOTEL/MOTEL  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.

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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.

**LANDLORD NAME**  
KV & SONS, LLC DEKALB

<table>
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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 premise. Alcoholic beverages may not be sold or offered for sale prior to the date that the State liquor license is issued. If you have begun selling alcoholic beverage products before obtaining this license, you will be required to fill out a "delinquency affidavit" to explain the circumstances.

Note: In unincorporated areas, the county acts as the local liquor licensing authority.

<table>
<thead>
<tr>
<th>MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE</th>
<th>LOCAL LICENSE NO.</th>
<th>DATE ISSUED</th>
<th>EXPIRATION DATE</th>
<th>DATE YOU BEGAN LIQUOR SALES AT THIS PREMISE</th>
</tr>
</thead>
</table>

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc.'s first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide 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 - "on-premise"; "off-premise"; or "combined". This information must be consistent with your approval granted by the local liquor licensing authority.

□ ON-PREMISE CONSUMPTION (PATRONS CONSUME ALCOHOLIC BEVERAGES ON PREMISE ONLY)

☒ OFF-PREMISE CONSUMPTION (CARRY-OUT PURCHASES ONLY)

□ ON/OFF-PREMISE CONSUMPTION COMBINATION (BOTH ON-PREMISE CONSUMPTION AND CARRY-OUTS)

6. CERTIFICATE OF INSURANCE

ATTACH 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-premise (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 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(15)]

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 licenses, 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 fulfilling the requirements of a child labor 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 Liquor Control Act [235 ILCS 5/5] 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>
</tr>
</thead>
<tbody>
<tr>
<td>10AM TO 1PM</td>
<td>10AM TO 1PM</td>
<td>10:00AM TO 10:00PM</td>
<td>10:00AM TO 10:00PM</td>
<td>11:00AM TO 1:30PM</td>
<td>12:00PM TO 1:30PM</td>
<td>12:00PM TO 9:00PM</td>
</tr>
</tbody>
</table>

CLOSING TIME AS PER ZONING RULES

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.)

__________________________  __________________________  ______________________
SIGNATURE OF APPLICANT     PRESIDENT           DATE

IL 567-0015 (03/2009)