RESOLUTION 2017-031         PASSED: FEBRUARY 13, 2017

APPROVING A PUBLIC ENTITY NON-PROFIT LIQUOR LICENSE FOR AMVETS POST 90, 421 OAK STREET, DEKALB, ILLINOIS.

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 Public Entity Non Profit (PENP) Liquor License for the establishment known as AMVETS, to be located at 421 Oak Street, DeKalb, Illinois and to be operated by AMVETS Post 90, 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, PENP, shall be issued for AMVETS Post 90, 421 Oak Street, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

1. The Licensee shall be required to pay all fees associated with renewal of the license not later than September 1, 2017, but the City Council hereby waives the requirement of paying an initial issuance fee, based upon the non-profit nature of the organization and the nature of the change of licensure from the Veterans of Foreign Wars to the AMVETS.

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 maintained.

   c. Registration for payment of all applicable City, State and Federal taxes.

   d. 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 Package liquor use.

   d. The license shall be limited to the premises, hours and description of service contemplated in the application.

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 13th day of February, 2017, and approved by me as Mayor on the same day. Passed by a 7-0-1 Omnibus roll call vote under the Consent Agenda. Aye: Jacobson, Marquardt, Snow, Noreiko, Baker, Falvre, Rey. Nay: None. Absent: Finucane.

ATTEST:

[Signatures]

JENNIFER JEEP JOHNSON, City Clerk

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
  - 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.

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.
PROPERTY ADDRESS: 421 Oak Street, DeKalb, IL

Please use graph paper for required drawing. One square equals one foot, unless you indicate a different scale. You will be required to submit a drawing each year with renewal applications. Please keep a copy for your records. Copies will not be available from City files.

SCALE 1 SQ = 2'

Single Story

Please use listed symbols: DOOR ▼ WINDOW ☐ FIRE EXTINGUISHER X
AMVETS Post 90 Canteen Policy/Security Plan 12/2/2016

Signs:

All required indoor signs will be placed on the bulletin board and when needed place at a location behind the bar facing the customers. Exit signs will be posted near the exit doors.

Age Verification:

All Canteen Managers are instructed to check ID’s of anyone that looks less than 30 years old. All members are sent a notice that says anyone under 21 years old must be accompanied by an Adult. Those under 21 may not order beverages or snacks of any kind. The adult accompanying them may purchase nonalcoholic beverage or snacks for them only if they will remain with them while they consume the beverage or snack.

AMVETS Post 90 Security Plan

AMVETS Canteen Managers will have a restricted key that will control a Dead Bolt lock. Thus, members may only have access once a Manager has opened the Post.

Entrance and Exit

A side street door (alley entrance) is considered the main entrance. This is the door that all members must enter and may use to exit. A second door on the Oak Street side of the building is available as an Exit door from the Bar area. A key is not needed to exit through this door. Exit signs will be posted identifying all exit doors near the doors.

All liquor is stored in areas that are not accessible to members.

Training:

All those service liquor will be required to read a handbook describing the serving of Liquor, Areas to be served, accepted age verification documents, Emergency and Non Emergency numbers for Fire, Police, Management.

Education

All checking IDs and serving Alcoholic beverages must complete the Certified Alcohol Server Education Program (Basset On-Line program at http://www.bassetcertification.org/) within 120 days. The Post will pay the $14.95 registration fee for each person.

Anti Theft and Counter Measures

Inventory is taken weekly and compared to gross sales.

Surveillance

Members are always present during hours liquor is served. They monitor those serving drinks. At some time in the future we may install camera system that cover the Bar and storage area. Installing cameras requires a vote of the membership. Over the counter package sales will be monitored as a separate sales item.
Hours of Operation

The Canteen may be open from 5:00pm to 10pm daily based on the desires of the membership.

Experience:

Our managers have run successful canteens at the VFW 2287 Veterans Organization for many years. They are members of Post 90 and will continue to serve as advisors and managers when needed.
### Certificate of Liability Insurance

**Issuer:** Cincinnati Insurance Company

**Insurer:** Underwriters at Lloyd's London

**Address:**
- **Producer:** Crum & Fleeted Agency Inc
  - 2350 Bethany Road
  - Sycamore, IL 60178
- **Insured:** AMVETS Post #90
  - 421 Oak St
  - DeKalb, IL 60115

**Certificate Number:** 2016-2017

**Revision Number:**

**Effective Date:** 10/10/2016
**Expiration Date:** 10/10/2017

**Limits:**
- **Each Occurrence:** $1,000,000
- **Uninsured Motor Vehicle:** $1,000,000

**Coverages:**

1. **Commercial General Liability**
   - **Policy:** COMMERCIAL GENERAL LIABILITY
   - **Policy Number:** EPP 0039650
   - **Limits:**
     - **Each Occurrence:** $1,000,000
     - **Uninsured Motor Vehicle:** $1,000,000

2. **Automobile Liability**
   - **Policy:** AUTOMOBILE LIABILITY
   - **Policy Number:** EPP 0039650
   - **Limits:**
     - **Combined Single Limit:** $1,000,000
     - **Uninsured Motor Vehicle:** $1,000,000

3. **Workers' Compensation & Employers' Liability**
   - **Policy:** WORKERS' COMPENSATION
   - **Policy Number:** EPP 0039650
   - **Limits:**
     - **Uninsured Motor Vehicle:** $1,000,000

**Description of Operations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):**

City of DeKalb is named as additional primary insured in regards to General Liability and Liquor Liability. Waiver of subrogation applies in favor of additional insured. 30 days notice of cancellation will be provided to certificate holder.

### Certificate Holder

**Name:** City of DeKalb

**Address:**
- 200 S Fourth St
- DeKalb, IL 60115

**Contact Person:** Missy Gruben

**Phone:** (815) 756-2906
**Fax:** (815) 756-2138

**Email:** mgruben@crumhalted.com

**Insurers Affording Coverage:**
- **Name:** Cincinnati Insurance Company
  - **NAIC #:** 10677

**Cancellation:**

**Name:** Theodore A. Rosenow

**Address:**
- 123 Main St
- DeKalb, IL 60115

**Phone:** (815) 756-2906
**Fax:** (815) 756-2138

**Email:** mgruben@crumhalted.com

**Authority of the Insurer:**

**ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD**

**INS025 (2014/01)**
Verify that all of your Illinois Business Authorization information is correct.

✔ If not, contact us immediately.

✔ If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. Do not discard - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

Illinois Business Authorization

AMVETS POST 90
DBA: AMVETS POST 90

421 OAK ST
DEKALB IL 60115-3330

Expiration Date:
1/1/2022

Certificate of Registration

Sales and use taxes and fees

(4233-5043)

Issued Date: 01/01/2017

IDOR-50-A (R-10/15)
IL-492-4163

P-000250
Good
Harry Neal
AMVETS National Headquarters
Director of Membership

October 20, 2016

To: Illinois AMVETS Post 90
421 Oak St
DeKalb, IL 60115

Verification of Standing

This correspondence is to verify Illinois AMVETS Post 90 is in good standing with AMVETS National Headquarters and is covered under our organization's Group Exemption Number (GEN) 0838 with the IRS.

Illinois AMVETS Post 90EIN: 20-0294359 is chartered under the name of AMVETS (American Veterans) located at 421 Oak St, DeKalb, IL 60115

Illinois AMVETS Post 90 was chartered on 9/11/1989 and is in good standing with AMVETS National Headquarters located in Lanham MD.

If you require further information I can be reached at 301-683-4020 or email: hneal@amvets.org.

Sincerely,

Harry L. Neal
AMVETS National Director Membership
Dear Sir or Madam:

This is in response to your request for a copy of your organization's group exemption letter.  

We issued a determination letter in May 1945, which recognized your organization as exempt from federal income tax under section 501(c)(19) of the Internal Revenue Code.  

Based on the information supplied, we also recognized your organization's named subordinates as exempt from federal income tax under section 501(c)(19) of the Code.  

Your organization and each of its subordinates are required to file Form 990, Return of Organization Exempt from Income Tax, only if the gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.  

Unless specifically excepted, your organization and its subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each of its employees during a calendar year. Your organization and its subordinates are also liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).  

This determination is based on your organization's representation that at least 75 percent of its members are past or present members of the Armed Forces of the United States defined under section 501(c)(19) of the Code. It is also based on the representation that substantially all of the other members, if any, are individuals who are cadets, or are spouses, widows, or widowers of past or present members of the Armed Forces of the United States or of cadets.  

Based on your organization's representation that at least 90 percent of its members are war veterans and that it is organized and operated primarily for purposes consistent with its current status as a war veterans organization, donors can deduct contributions made to or for the use of your organization.
Dear Sir or Madam:

This is in response to your request for a copy of your organization's group exemption letter.

We issued a determination letter in May 1945, which recognized your organization as exempt from federal income tax under section 501(c)(19) of the Internal Revenue Code.

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American Veterans of World War II Korea and Vietnam
53-0176836

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If an organization is subject to this tax, it must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization’s present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Each year, at least 90 days before the end of your organization’s annual accounting period, please send these items to the Internal Revenue Service Center at the address shown below:

1. A statement describing any changes during the year in the purposes, character, or method of operation of your organization’s subordinates;

2. A list showing the names, mailing addresses (including Postal ZIP Codes), actual addresses if different, and Employer identification Numbers of subordinates that since the previous report:
   a. Changed names or addresses;
   b. Were deleted from the roster; or
   c. Were added to the roster.

3. For subordinates to be added, attach:
   a. A statement that the information on which the present group exemption letter is based applies to the new subordinates;
   b. A statement that each has given your organization written authorization to add its name to the roster;
   c. A list of those to which the Service previously issued exemption rulings or determination letters;
   d. The street address of subordinates where the mailing address is a P.O. Box; and

4. If applicable, a statement that the group exemption roster did not change since the previous report.
**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

<table>
<thead>
<tr>
<th>Company or Corporation Name:</th>
<th>AMVETS Post 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name (DBA):</td>
<td></td>
</tr>
<tr>
<td>Building Address:</td>
<td>421 Oak Street</td>
</tr>
<tr>
<td>License Issued to:</td>
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</table>

**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

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address (Please include City/State/Zip in Address)</th>
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<tbody>
<tr>
<td>AMVETS Post 90</td>
<td>421 Oak Street DeKalb, IL 60115</td>
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<table>
<thead>
<tr>
<th>Business Owner &amp; Phone #</th>
<th>Address:</th>
</tr>
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<tbody>
<tr>
<td>(815) 758-1990</td>
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<table>
<thead>
<tr>
<th>Business Manager</th>
<th>Address:</th>
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<tbody>
<tr>
<td>Robert McCall</td>
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</tbody>
</table>

**LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED**

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

E-Mail address of contact person: [ ]

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: Robert McCall, Commander AMVETS Post 90, DeKalb IL  
Date: [ ]

**FOR CITY USE ONLY**

Date Payment Received: 1-1-17  
Paid: [ ]  
Fee Paid: 100  
Check #: 100  
Cash: [ ]  
JAN 0 9 2017

Questions about this form? Call (815) 748-3387
**THIS FORM MUST ACCOMPANY APPLICATION**

<table>
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<tr>
<th>EMERGENCY CONTACT INFORMATION – BUSINESS</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME</td>
<td>FIRE DEPARTMENT INFORMATION</td>
</tr>
<tr>
<td>AMVETS Post 90</td>
<td>to be completed by Fire Prevention Officer</td>
</tr>
<tr>
<td>BUILDING ADDRESS:</td>
<td>STANDPIPE LOCATION:</td>
</tr>
<tr>
<td>421 Oak Street</td>
<td>KNOX BOX LOCATION:</td>
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<tr>
<td>PHONE (815) 758 1990</td>
<td>OTHER FIRE DEPARTMENT INFORMATION:</td>
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<td>DATE OF UPDATE: 11/19/2016</td>
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<tr>
<th>AFTER HOURS EMERGENCY CONTACT INFORMATION</th>
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<td><em>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</em></td>
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<tr>
<th>CONTACT #1</th>
<th></th>
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<tbody>
<tr>
<td>NAME:</td>
<td>Robert McCall</td>
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<tr>
<td>HOME PHONE:</td>
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<td>CELL PHONE/PAGER:</td>
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<tr>
<th>CONTACT #2</th>
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<tbody>
<tr>
<td>NAME:</td>
<td>Paul Kallemback</td>
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<tr>
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<tr>
<td>NAME:</td>
<td>Jerry Johnson</td>
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<td>CELL PHONE/PAGER:</td>
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<tr>
<td>NAME:</td>
<td>James Furry</td>
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<td>CELL PHONE/PAGER:</td>
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<th>ADDITIONAL INFORMATION</th>
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<tr>
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<td>ALARM COMPANY 24 HOUR PHONE NUMBER:</td>
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<table>
<thead>
<tr>
<th>BUSINESS HOURS</th>
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<td>MONDAY OPEN:</td>
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<tr>
<td>TUESDAY OPEN:</td>
<td>5:00pm CLOSE: 9:00pm</td>
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<tr>
<td>WEDNESDAY OPEN:</td>
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<tr>
<td>THURSDAY OPEN:</td>
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<tr>
<td>FRIDAY OPEN:</td>
<td>5:00pm CLOSE: 9:00pm</td>
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<tr>
<td>SATURDAY OPEN:</td>
<td>5:00pm CLOSE: 9:00pm</td>
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<tr>
<td>SUNDAY OPEN:</td>
<td>5:00pm CLOSE: 9:00pm</td>
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<tr>
<th>FOR POLICE DEPARTMENT USE ONLY</th>
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<tr>
<td>NEW STREET</td>
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<td>NEW CONSTRUCTION</td>
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<td>NEW BUSINESS/ESTABLISHED ADDRESS</td>
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<td>NEW BUSINESS/NEW ADDRESS</td>
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<tr>
<td>BUSINESS CLOSED</td>
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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

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 [235ILCS 5/5-1(d)], the only exception being a wine-maker's retail license—2nd location [235 ILCS 5/5-10]). All applicants for licensing as a liquor "retailer" must complete this application form. 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

The following documents and information are REQUIRED prior to receiving for your state license:
1) Photocopy of Certificate of Insurance (not the "Policy Declaration") if alcohol will be consumed on-premise;
2) Photocopy of Current Local Liquor License (contact your local liquor commission);
3) Prior State Liquor License (if applicable);
4) Bulk Sales Release Order—Address Release (call IL Dept. of Revenue at 312-814-3063 if applicable);
5) Proof of Purchase, ie, bill of sale, closing statement, or lease (the closing on the purchase of business MUST occur prior to applying for your state license);
   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);
6) Federal Employer Identification Number (FEIN) (call 800-829-3676 to apply for number);
7) Illinois Business Tax (IBT or Sales Tax) Number (if applicable, call 800-732-8868 to obtain number);
8) Check or Money Order payable to the "Illinois Liquor Control Commission" (the Commission does NOT accept U.S. currency/cash as payment);
9) This application with the information requested printed or typed in the spaces provided. This form MUST bear an Original Signature.

NOTE: The date of expiration of your initial State 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 State liquor license may be less than a full year in duration.

IMPORTANT NOTICE: THE LLCC IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT 235 ILCS 5/1 ET SEQ. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.
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 the box at left.

   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 #
   20-0294359

   B. ILLINOIS BUSINESS TAX NUMBER (IBT OR SALES TAX NO.)
   Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax) Number. YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED. If you need to obtain this number, call the Illinois Department of Revenue in Chicago at 312-814-5232 or in Springfield at 217-785-3707. Or call toll-free at 800-732-8666.

   ILLINOIS BUSINESS TAX #
   4233-5043

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

   AREA CODE/TELEPHONE NO.
   815 758-1990

   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
   AMVETS POST 90

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

   ADDRESS
   421 Oak Street

   CITY
   DeKalb

   STATE
   IL

   ZIP CODE
   60115

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 copartnership, 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: Oct 21, 2015

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 70390868
(If you do not have this number available, please contact the Secretary of State's office at 312-783-3380)

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/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.

<table>
<thead>
<tr>
<th>A. 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>Robert C. McCall</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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<th>B. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tbody>
<tr>
<td>Jean M. Henning</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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<th>C. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tr>
<td>Chad M. Seyler</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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<th>D. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tbody>
<tr>
<td>Daniel Bocklund</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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| E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST | No Stock Issued |

IL 567-0015 (03/2009)
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)

AMVETS Post 90

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.

815 758-1990

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 (i.e., bill of sale, closing statement). IMPORTANT: You must also present proof that the applicant (i.e., Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (i.e., 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.

ADDRESS

421 Oak Street

CITY

DeKalb

STATE

IL

ZIP CODE

60115

COUNTY

DeKalb

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
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

NFP Veterans Service Org

E. WAREHOUSING

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

ADDRESS

N/A

CITY

STATE

ZIP CODE

COUNTY

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

NA

AREA CODE/TELEPHONE NO.

ADDRESS

CITY

STATE

ZIP CODE

COUNTY

IL 567-0015 (03/2009)
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>
<tbody>
<tr>
<td>DeKalb</td>
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</tbody>
</table>

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietor'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:  421 Oak Street
DeKalb, IL 60115

C. FEDERAL REGISTRATION AND RETURN

To sell alcoholic beverages, you are required to register with the Federal Alcohol and Tobacco Tax and Trade Bureau (TTB) on a yearly basis.

HAVE YOU FILED TTB FORM 5630.5d "ALCOHOL DEALER REGISTRATION AND RETURN"?  YES  ☑️  NO  ☐

If NO is checked, TTB Form 5630.5d may be obtained from the National Revenue Center at 800-937-8864 or downloaded at www.ttb.gov.

D. 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.

IL 587-0016 (03/2009)
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(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 160(10-66(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)]

7N □ YES ☑ NO Have you filed your annual Special Occupational Tax Form as required by the TTB? (1-800-837-8884 or ttb.gov) Note: If you answer “Yes” to this question, a written explanation IS NOT REQUIRED.

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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<tr>
<td>5pm-9pm</td>
<td>5pm to 9pm</td>
<td>5pm to 9pm</td>
<td>5pm to 9pm</td>
<td>5pm to 9pm</td>
<td>5pm-10pm</td>
<td>5pm-8pm</td>
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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, a partner or an officially authorized agent of the business. 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/Authorized Agent]  [Title/Position]  [Date]

IL 567-0016 (03/2009)
Additional AMVETS Post 90 Officers

John S. Cole 0% Owned

Michel J. Breyne 0% Owned

Paul E. Kallembach 0% Owned

Jim Furry 0% Owned