RESOLUTION 2017-109  PASSED: SEPTEMBER 25, 2017

AUTHORIZING A RESTAURANT/BAR LIQUOR LICENSE FOR ERJ DINING III, d/b/a CHILI’S GRILL & BAR, 2370 SYCAMORE ROAD, 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 Bar and Restaurant Liquor License for the establishment known as Chili’s, to be located at 2370 Sycamore Road, DeKalb, Illinois and to be operated by ERJ Dining III, 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 and Restaurant, shall be issued for Chili’s, 2370 Sycamore Road, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

1. 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, unless specifically waived herein.

2. This Licensee shall be required to obtain the Liquor Commissioner's approval of a Business Plan and Premises Plan which provide for the orderly conduct of the Licensee. Said Plans shall be subject to approval by the Liquor Commissioner with the advice and recommendation of the Chief of Police, and must be approved prior to commencement of operations of the Premises. The City Council expressly authorizes the Liquor Commissioner to approve of further and specific regulations of the uses of the Premises within the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.

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

   a. Adherence to the occupancy limit, once established,

   b. A Fire Life Safety license must be obtained and 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.
e. The Licensee shall successfully complete all pre-license investigations required by City Code.

f. The Premises shall be improved and built-out in accordance with the requirements of City Code and the Premises Plan to be approved, and shall obtain a certificate of occupancy permitting its use.

4. 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 combination Bar/Restaurant liquor use.

d. The License shall not authorize the installation or maintenance of Video Gaming Terminals.

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. Said conditional license may be utilized to obtain any required federal or state licensure and may be relied upon by any superior governmental body.

**Section 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 25th day of September, 2017, and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Jacobson, Finucane, Marquardt, Fagan, Noreiko, Verbic, Faivre, Smith. Nay: None.

**ATTEST:**

[Signature]

SUSANNA HERRMANN, City Clerk

[Signature]

JERRY SMITH, 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
- Public Entity / Non Profit ("PENP")
  - + Live Entertainment

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.
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE

(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: Vincent M. Nagasio

BUSINESS NAME: Eis Divine Chilli's

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY:

PRESENT HOME ADDRESS: [Redacted]

PHONE: [Redacted]

PREVIOUS ADDRESS(ES) (up to 3):

BIRTH DATE: Month: ___ Day: ___ Year: ___

BIRTH PLACE: City: ___ State: ___ Country: USA

CITIZEN OF U.S? Yes DATE AND PLACE OF NATURALIZATION:

WEIGHT: ___ SEX: ___ HAIR COLOR: ___

HEIGHT: ___ RACE: ___ EYE COLOR: ___

DRIVERS LICENSE NUMBER: ___ STATE: ___

SOCIAL SECURITY NUMBER: ___

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor. YES NO IF YES, ATTACH EXPLANATION.

STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

Date: 7/24/2017

Signature of Applicant

STATE OF ILLINOIS )
COUNTY OF DEKALB )

Subscribed and sworn to before me this __ day of August, 2017.

Near Public Officer

PAID

AUG 02 2017
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: __ERI-ULB Holding CO., LLC__
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY:

PRESENT HOME ADDRESS: 
PHONE: 

PREVIOUS ADDRESS(ES) (past 5 years):

BIRTH DATE: Month: ______ Day: ______ Year: ______

BIRTH PLACE: City: ______ State: ______ Country: ______

CITIZEN OF U.S? ______ DATE AND PLACE OF NATURALIZATION:

WEIGHT: _______ SEX: _______ HAIR COLOR: _______

HEIGHT: _______ RACE: _______ EYE COLOR: _______

DRIVERS LICENSE NUMBER: _______ STATE: _______

SOCIAL SECURITY NUMBER: _______

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor. ______ YES ______ NO IF YES, ATTACH EXPLANATION.

STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

Date: __4/9/17__

Signature of Applicant: __[Signature]__

STATE OF ILLINOIS
COUNTY OF DEKALB

Subscribed and sworn to before me this 9 day of June, 2017

Signature: __[Signature]__

Notary Public
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: Paul S. Thompson

(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY:

PRESENT HOME ADDRESS: [Redacted]

PHONE: [Redacted]

PREVIOUS ADDRESS(ES) (past 5 years): n/a

BIRTH DATE: Month: [Redacted] Day: [Redacted] Year: [Redacted]

BIRTH PLACE: City: [Redacted] State: [Redacted] Country: [Redacted]

CITIZEN OF U.S.? Yes DATE AND PLACE OF NATURALIZATION: n/a

WEIGHT: [Redacted] SEX: [Redacted] HAIR COLOR: [Redacted]

HEIGHT: [Redacted] RACE: [Redacted] EYE COLOR: [Redacted]

DRIVERS LICENSE NUMBER: [Redacted] STATE: [Redacted]

SOCIAL SECURITY NUMBER: [Redacted]

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor. YES X NO IF YES, ATTACH EXPLANATION.

STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

Date: 6/21/17

[Redacted]

Signature of Applicant

STATE OF ILLINOIS )

Jefferson SS

COUNTY OF DEKALB )

Subscribed and sworn to before me this 21 day of June 2017

Jami Thompson

Notary Public
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: Troy D. Hanke
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY: n/a

PRESENT HOME ADDRESS: [Redacted]
PHONE: [Redacted]

PREVIOUS ADDRESS(ES) (past 5 years): n/a

BIRTH DATE: Month: [Redacted] Day: [Redacted] Year: [Redacted]
BIRTH PLACE: City: [Redacted] State: [Redacted] Country: USA
CITIZEN OF U.S.? Yes DATE AND PLACE OF NATURALIZATION: n/a
WEIGHT: [Redacted] SEX: [Redacted] HAIR COLOR: [Redacted]
HEIGHT: [Redacted] RACE: [Redacted] EYE COLOR: [Redacted]

DRIVERS LICENSE NUMBER: [Redacted]
SOCIAL SECURITY NUMBER: [Redacted]

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor.  _____ YES  X NO  IF YES, ATTACH EXPLANATION.

STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

Date: 6/12/17

STATE OF ILLINOIS ) SS
COUNTY OF DEKALB )
Jefferson

Signature of Applicant

Subscribed and sworn to before me this day of June, 2017

Notary Public
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: Michael F. Bova
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY:

PRESENT HOME ADDRESS:

PHONE:

PREVIOUS ADDRESS(ES) (past 5 years):

BIRTH DATE: Month: Day: Year: Country: USA
BIRTH PLACE: City: State:

CITIZEN OF U.S.? YES DATE AND PLACE OF NATURALIZATION:

WEIGHT: SEX: HAIR COLOR:
HEIGHT: RACE: EYE COLOR:

DRIVERS LICENSE NUMBER:
SOCIAL SECURITY NUMBER:

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor. YES NO IF YES, ATTACH EXPLANATION.

STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

Date: 6/27/17

Signature of Applicant:

STATE OF ILLINOIS )
COUNTY OF DEKALB )

Subscribed and sworn to before me this 27 day of June, 2017

Jami Thompson
Notary Public

Jami Thompson
Notary Public, ID No. 5707564
State at Large, Kentucky
My Commission Expires on Jan. 3, 2021
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: Ulysses L. Bridgeman
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY: N/A

PRESENT HOME ADDRESS:

PREVIOUS ADDRESS(ES) (past 5 years): n/a

BIRTH DATE: Month: Day: Year: Country: USA

BIRTH PLACE: City: State:

CITIZEN OF U.S.? Yes DATE AND PLACE OF NATURALIZATION: N/A

WEIGHT: SEX: HAIR COLOR:

HEIGHT: RACE: EYE COLOR:

DRIVERS LICENSE NUMBER:

SOCIAL SECURITY NUMBER:

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor. YES NO IF YES, ATTACH EXPLANATION.

STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any such claims, losses or damages.

Date: 6/19/17

STATE OF ILLINOIS )
JEFFERSON SS
COUNTY OF DEKALB )

Subscribed and sworn to before me this 9 day of June, 2017

Notary Public

Jami Thompson
Notary Public, ID No. 570754
State at Large, Kentucky
My Commission Expires on Jan 3, 2021
**Age Verification Policy:**

- We card anyone that appears to be under 40 years old.
- Anyone 25 or under need to have their ID’s validated by the Manager On Duty… A Manager must visit the table to verify the age. No exceptions!
- And the importance of properly carding needs to be a shiftily discussion at Shift Meetings.

**Training Plan for Alcohol Servers:**

- By July 1, 2017, All Servers must complete a BASSET class within 120 days of hire (unless a city requires it sooner).
- Each restaurant will be required to keep a tracking list of each team member that has taken alcohol training as well as copies of everyone’s BASSET card in a binder. Servers are required to keep their BASSET card on their persons while serving.
- Once a team member has completed the training, we will need to make a copy of their BASSET card and place it in our binder.
- The course is valid for 3 years.
- All Manager and Bartenders must take ServSafe Alcohol “Responsible Alcohol Service”. Managers & Bartenders with a valid ServSafe Alcohol “RAS” certification will not have to take another course.
- BASSET card is transferable between employers.
Customized Solution Recommendation

Prepared For: CHILI'S #
Prepared By: Susan Luterbach
DeKalb IL
Executive Security Consultant
June 26, 2017

CHILI'S #
2370 Sycamore Road
DeKalb, IL
60018

Dear Rich

RE: Intrusion - Traditional System

Thank you for your time spent reviewing your security needs for your business. It has been a pleasure working with you to develop the solutions to meet your needs at your DeKalb location. We understand there are choices when it comes to selecting a security provider and we trust we have demonstrated our ability and commitment to meet your business objectives.

With respect to your efforts regarding security for your facility, we've provided a comprehensive solution design that combines and provides the right level of security you seek while maintaining a cost effective approach. Knowing business needs are truly unique and consistently changing, we have developed a solution that will evolve to meet your business needs.

At STANLEY Convergent Security Solutions, Inc., we believe in the value and strength of a local team backed by the power of our global resources in over 75 locations in North America. We focus daily on delivering exceptional and consistent operational excellence against the five customer touch points: account management, installation, service, monitoring and billing. We know that consistent measurement and improvement in all areas of customer services provides a superior experience that exceeds expectations.

STANLEY’s Recommendation Includes:
✓ Introduction to STANLEY
✓ System Objectives & Solutions
✓ Equipment Schedule of Protection
✓ Services Schedule of Protection
✓ STANLEY Investment Options
✓ Clarifications

Once again, thank you for the opportunity to be your security partner and look forward to exceeding your expectations.

Sincerely,

Susan Luterbach
STANLEY Convergent Security Solutions, Inc.
Executive Security Consultant
D | (262) 521-3911
Commitment to Service

At STANLEY CSS, we have a driving passion to be the industry's best electronic security company. Like the quality protection services we provide to our customers, our company is the product of careful planning, many years of high-level experience, a deep commitment to the security industry and a zest for excellence. We provide a true business partnership with an "open book" approach by allowing customers to view our performance daily on these touch points: account management, installation, service, monitoring and billing.

STANLEY measures performance in five customer touch points including metrics such as:

✓ On-time installations
✓ Customer satisfaction on installations
✓ In standard Service response time
✓ Customer satisfaction on service repair
✓ Average time to action on alarm dispatch
✓ Successful apprehensions

We don't just sell equipment. We design, install, and service systems to address specific needs. Our goal is to provide our customers with peace of mind. We believe the way to do that is to develop a quality culture where our employees have the training, the tools, the equipment and the processes they need to deliver the best solutions for the needs of our customers.

STANLEY: Your Single Source Security Provider

At STANLEY, we truly desire to not only be a choice for security, but the preferred provider of choice. Every STANLEY team member is charged with this mission. With STANLEY you will receive the very finest in security solutions. We protect what's important to you, 24 hours a day, every day of the year.

Today's business climate requires customers to streamline operations. Our customers do not have time to contact several different vendors and deal with several different personalities to accomplish your goals. STANLEY tries to make it simple, deal with one vendor to service all your needs.
Equipment Schedule of Protection

After conducting our business risk assessment, we have developed a solution with your specific business in mind. We never take a one-size-fits-all approach to addressing our customer’s business requirements. Our approach is to find the “Best Fit” for that is unique as your business and addresses your specific business concerns.

After reviewing your requirements, STANLEY Convergent Security Solutions, Inc. recommends to furnish and install the following equipment:

Solution:  Chili’s Dekalb Honeywell  Quote:  Q-00842835

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity</th>
<th>Part Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vista Panel</td>
<td>1</td>
<td>VISTA KIT INCLUDES: (1) V32FB-9 COMMERCIAL FIRE AND PARTITIONED BURGLARY ALARM PLATFORM UL864 REV 9 VERSION (REV 5 AND HIGHER); (1) 8160CR-2 COMMERCIAL FIRE ALPHA KEYPAD - RED; (1) 5140DLM SUPERVISED DIALER FOR 5140XM</td>
<td></td>
</tr>
<tr>
<td>Keypad</td>
<td>1</td>
<td>32 CHARACTER ALPHA DISPLAY</td>
<td></td>
</tr>
<tr>
<td>Door Contact</td>
<td>5</td>
<td>COMMERCIAL SURFACE MOUNT DOOR CONTACT, (BR-BROWN)</td>
<td></td>
</tr>
<tr>
<td>Hold Up Buttons</td>
<td>4</td>
<td>FREEZE PANIC BUTTON W/LEAD</td>
<td></td>
</tr>
<tr>
<td>Motions</td>
<td>2</td>
<td>WIRED 50 DUAL TECHNOLOGY TEMPER FRESNEL MOTION SENSOR</td>
<td></td>
</tr>
<tr>
<td>Sole Path Cell</td>
<td>1</td>
<td>IGSMCFP4G COMMERCIAL FIRE COMMUNICATIONS RADIO FOR VISTA</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work

Honeywell Fire Security Panel Meets NFPA72 Requirements to monitor fire. Should customer need to add Fire Devices.

Vista 32 Honeywell Panel
(1) Honeywell Vista 32 Panel Fire & Security
(1) Keypads-Front Employee Entrance
(2) Office Hall, Design Room
(4) Single surface mounted door contact – Front Double, Side, Back, Pump Room
(4) Hardwired Hold Up Buttons- Restaurant, Freezer, Walk In Cooler, Office
(1) Cell Back up Sole path communication path for monitoring

NOTE: Stanley to install and program the Vista 32 panel, test and train customer

NOTE: Quote is for Security Only. Fire Alarm devices and requirements to be determined.

NOTE: Quote includes monthly cell service for monitoring.
Sole path cell for fire will require additional $40 per month.
Services Schedule of Protection

After reviewing your requirements, STANLEY CSS recommends to furnish the following services:

<table>
<thead>
<tr>
<th>Selected or Quantity</th>
<th>Service Name</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Traditional Digital Intrusion Alarm Monitoring</td>
<td>ALARM SIGNAL SENT TO PNC INITIATED BY AN INTRUSION ALARM DETECTION DEVICE. PNC WILL NOTIFY THE POLICE DEPARTMENT AND CUSTOMER WHEN AN ALARM SIGNAL IS RECEIVED. THIS SERVICE INCLUDES 1 AREA OF PROTECTION, 1-800 TOLL-FREE SIGNAL TRANSMISSION, WEEKLY AUTO DIALER TEST AND BASIC EDATAMANAGER.</td>
</tr>
<tr>
<td>X</td>
<td>24 Hour Auto Dialer Testing</td>
<td>(NON-FIRE ALARM SYSTEMS) ON ALARM CONTROLS, A 24-HOUR AUTO DIALER TEST IS PROGRAMMED TO AUTOMATICALLY SEND A TEST SIGNAL TO PNC TO VERIFY THE CONTROL &amp; COMMUNICATION STATUS. WHEN AN AUTO DIALER TEST SIGNAL IS NOT RECEIVED, PNC NOTIFIES THE CUSTOMER.</td>
</tr>
<tr>
<td>1</td>
<td>eServices Core Edition</td>
<td>ESERVICES CORE EDITION - BASIC REPORTING - UP TO 1 MONTH OF MONITORING AND SERVICE DATA FOR VIEWING, BILLING AND ACCOUNT MANAGEMENT, INSTALL/SERVICE - UNLIMITED USERS (SMALL BUSINESS/RESIDENTIAL) - FEE PER SITE &amp; PANEL - FREE FOR EVERYONE.</td>
</tr>
<tr>
<td>1</td>
<td>PIN Management By Stanley</td>
<td>ON A MONITORED ALARM SYSTEM, STANLEY MANAGES ALL PERSONAL IDENTIFICATION NUMBERS (PASSCARD, PASSCODE/KEYPAD AND USER NUMBER), USER NAMES AND REMOTELY PROGRAMS THE PASSCODES INTO THE ALARM CONTROL PANEL. PIN MANAGEMENT BY STANLEY ENHANCES ALL OPEN/CLOSE REPORTS BY REPLACING USER NUMBER WITH USER NAME. CUSTOMER INFORMATION IS FIRST UPDATED IN THE PNC MONITORING DATABASE. AND THEN DOWNLOADED TO THE CUSTOMER'S LOCAL ALARM CONTROL PANEL VIA A DIAL-UP MODEM OR AVAILABLE TECHNOLOGY. CUSTOMER'S ALARM CONTROL PANEL MUST HAVE DOWNLOADABLE CAPABILITY. THIS SERVICE IS RESERVED FOR STANLEY KEY ACCOUNTS.</td>
</tr>
<tr>
<td>X</td>
<td>GSM Cellular Basic - Intrusion</td>
<td>(ALARMNET GSM SERVICE - HONEYWELL GSMW COMMUNICATOR - DAILY SUPERVISION) UTILIZES A GSM DIGITAL CELLULAR CONNECTION AS A COMMUNICATION PATH FOR ALARM SIGNALS TO PNC. THE ALARMNET GSM TRANSMITS ALL ZONES FOR VISTA PANELS; GENERAL ALARM AND SUPERVISORY CONDITIONS FOR ALL OTHER PANELS. PROVIDES SUMMARY ALARM COMMUNICATION ONLY FOR AUDIO VERIFICATION SYSTEMS. THIS SERVICE INCLUDES MONTHLY CELLULAR FEES AND DAILY SUPERVISION TEST. EXCLUDES THE CELLULAR EQUIPMENT. ONLY OFFERED WHERE GSM SERVICE IS AVAILABLE.</td>
</tr>
<tr>
<td>X</td>
<td>GSM Cellular Advanced - Intrusion &amp; Fire</td>
<td>(TELLULAR SERVICE - TELLULAR TG7 COMMUNICATOR - 5 MINUTE SUPERVISION) UTILIZES A GSM DIGITAL CELLULAR CONNECTION AS A COMMUNICATION PATH FOR ALARM SIGNALS TO PNC. TELLULAR COMMUNICATOR TRANSMITS ALARMS AND SUPERVISORY CONDITIONS WITH ZONE AND PANEL SPECIFIC INFORMATION. THIS SERVICE INCLUDES MONTHLY CELLULAR FEES AND 5 MINUTE SUPERVISION TEST. EXCLUDES THE CELLULAR EQUIPMENT. ONLY OFFERED WHERE GSM SERVICE IS AVAILABLE. PROVIDES SUMMARY ALARM COMMUNICATION ONLY FOR AUDIO VERIFICATION SYSTEMS</td>
</tr>
</tbody>
</table>

NOTE: Additional when fire added $40 monthly, Some path Cell
Summary - Investment Information

STANLEY Security Direct

Pricing and Deposit Terms

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Total Installation Price*</td>
<td>$4,977.00</td>
</tr>
<tr>
<td>Less 10% Customer Discount*</td>
<td>$497.00</td>
</tr>
<tr>
<td>Balance Due Upon Completion*</td>
<td>$4,480.00</td>
</tr>
<tr>
<td>Total Monthly Fee*</td>
<td>$52.00</td>
</tr>
<tr>
<td>Payment Frequency</td>
<td>Semi-Annually in Advance</td>
</tr>
</tbody>
</table>

*Prices do not include taxes

STANLEY to Also Provide:
- Equipment and installation using low voltage wire
- System setup, test and inspection
- Customer training
- Owner’s manuals
- Completed drawing showing device locations

Customer to Provide:

<table>
<thead>
<tr>
<th>Description</th>
<th>Payment for Permits &amp; Fees</th>
<th>Payment for Plan Submittals</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 vac Power Outlets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Add'l Devices Req'd by Local AHJ</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next Steps
In conclusion, we thank you for the opportunity to present our security solutions to address your business needs. We believe these solutions will meet and exceed your business requirements and look forward to working together to implement our solution. Again, we feel the strength of our organization is in our ability to deliver locally in every market. We are eager to be your trusted business partner that will continue to grow with your business. Should you need additional references, we are always ready to demonstrate our past success.

Price Protection:
All prices quoted are valid for ninety (90) days from the date of this recommendation.

NOTE: Equal quality part from a different manufacturer may be substituted to overcome delivery problems or replacement of discontinued items. Substituted item will be of equal or greater value and will meet or exceed original parts specifications.

All products and services provided by STANLEY CSS are subject to STANLEY CSS’s standard terms and conditions which can be found at http://www.stanleycss.com/legal.html. Any additional or different terms set forth by Customer, whether in Customer’s purchase order or another communication, are expressly objected to and will not be binding on STANLEY CSS unless agreed to in writing by an authorized representative of STANLEY CSS.
**Certificate of Liability Insurance**

**Certificate Number:** 64CHILIGRI

**Issued By:** BB&T Insurance Services, Inc.
- 2600 Eastpoint Parkway (40223)
- P O Box 436669
- Louisville, KY 40253

**Insured:**
- ERJ Dining LLC; ERJ Dining II LLC; ERJ Dining III LLC; ERJ Dining IV LLC dba Chilis Grill & Bar; 3309 Collins Lane
- Louisville, KY 40245

**Coverages**

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Address</th>
<th>Policy Number</th>
<th>Policy Eff</th>
<th>Policy Exp</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>X</strong> COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>0360840</td>
<td>07/01/2017</td>
<td>06/30/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OCCUR</td>
<td>EACH OCCURRENCE</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DAMAGE TO RENTED PREMISES (A occurrence)</td>
<td>$1,000,000</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>MED EXP (Any one person)</td>
<td>$10,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADV INJURY</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE</td>
<td>$2,000,000</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>PRODUCTS - COMMODITY</td>
<td>$2,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>X</strong> UMBRELLA LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>SU000032274722</td>
<td>07/01/2017</td>
<td>06/30/2018</td>
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<td></td>
<td>EXCESS LIABILITY</td>
<td>OCCUR</td>
<td>EACH OCCURRENCE</td>
<td>$20,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AGGREGATE</td>
<td>$20,000,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>A</strong> Liquor Liability</td>
<td></td>
<td>03850840</td>
<td>07/01/2017</td>
<td>06/30/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$1,000,000 Per Occ</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>$1,000,000 Aggregate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Operations/Locations/Vehicles:**
- Location #112, Chili's Grill and Bar, 2370 Sycamore Road, DeKalb, IL 60015

City of DeKalb is additional primary insured under General Liability, without right of subrogation.

**Certificate Holder:**
- City of Dekalb
  - 200 South Fourth Street
  - 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:**
- Clinton L. glasscock

© 1988-2014 ACORD CORPORATION. All rights reserved.
Illinois Liquor Control Commission

Be prepared to show PROOF OF AGE.
To be sold or served alcoholic beverages on these premises, your birthday must be on or before today’s date in

1996

TO BE DISPLAYED DURING 2017

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

According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.

If you need assistance for substance abuse, please call the Office of Alcoholism and Substance Abuse (OASA) at 1.800.843.6154.

Illinois Liquor Control Commission
Posting of this sign, in plain view, is required of all Illinois retail liquor licensees in accordance with Public Acts 86-823, 96-387, and Section 5/6-24a of the Illinois Liquor Control Act.
**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)*

<table>
<thead>
<tr>
<th>Company or Corporation Name:</th>
<th>ERJ DINING III, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name (DBA):</td>
<td>CHILL’S GRILL &amp; BAR</td>
</tr>
<tr>
<td>Building Address:</td>
<td>2370 SYCAMORE RD., DEKALB, IL 60015</td>
</tr>
<tr>
<td>License Issued to:</td>
<td>CHILL’S GRILL &amp; BAR</td>
</tr>
</tbody>
</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 [x]

If your business is covered by a Fire Alarm, has it had an annual inspection? (Please attach report)  
Yes [ ]  No [x]

If your business is covered by a Sprinkler System, has it had an annual inspection? (Please attach report)  
Yes [ ]  No [x]

---

**IDENTIFICATION—TO BE COMPLETED BY ALL APPLICANTS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address (Please include City State Zip Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Troy Hanke</td>
<td></td>
</tr>
<tr>
<td>VINCE D’AGOSTINO</td>
<td></td>
</tr>
</tbody>
</table>

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

Mail Correspondence (including renewal applications) to (check one):  
- [x] Business Owner/Corporate 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 designee, to make proper inspection of the above building.

**SIGNATURE**

<table>
<thead>
<tr>
<th>Print Name and Title:</th>
<th>Troy Hanke - Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>7/28/17</td>
</tr>
</tbody>
</table>

---

**FOR CITY USE ONLY**

Date Payment Received: **8-2-17**  
Fee Paid: **$200.00**  
Check #: **13104**  
Cash: [ ]

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

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME</td>
<td>CHILI'S GRILL &amp; BAR</td>
</tr>
<tr>
<td>BUILDING ADDRESS</td>
<td>2370 SYCAMORE RD., DEKALB</td>
</tr>
<tr>
<td>PHONE</td>
<td>(TBD)</td>
</tr>
<tr>
<td>DATE OF UPDATE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AFTER HOURS EMERGENCY CONTACT INFORMATION</th>
<th>FIRE DEPARTMENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td>TO BE COMPLETED BY FIRE PREVENTION OFFICER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT #1</th>
<th>CONTACT #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: Vince D'Agostino</td>
<td>NAME: Tony Ricardi</td>
</tr>
<tr>
<td>HOME PHONE:</td>
<td>HOME PHONE:</td>
</tr>
<tr>
<td>CELL PHONE/PAGER:</td>
<td>PHONE:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT #3</th>
<th>CONTACT #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: Rebecca Warfield</td>
<td>NAME: Brian Yarbrough</td>
</tr>
<tr>
<td>HOME PHONE:</td>
<td>HOME PHONE:</td>
</tr>
<tr>
<td>CELL PHONE/PAGER:</td>
<td>CELL PHONE/PAGER:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL INFORMATION</th>
<th>ALARM COMPANY NAME: Stanley Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALARM COMPANY 24 HOUR PHONE NUMBER:</td>
<td>(800) 532-9884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS HOURS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
<td>OPEN: 11AM</td>
</tr>
<tr>
<td>TUESDAY</td>
<td>OPEN: 11AM</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>OPEN: 11AM</td>
</tr>
<tr>
<td>THURSDAY</td>
<td>OPEN: 11AM</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>OPEN: 11AM</td>
</tr>
<tr>
<td>SATURDAY</td>
<td>OPEN: 11AM</td>
</tr>
<tr>
<td>SUNDAY</td>
<td>OPEN: 11AM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOR POLICE DEPARTMENT USE ONLY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW STREET</td>
<td>NEW CONSTRUCTION</td>
</tr>
<tr>
<td>ESTABLISHED BUSINESS/NEW ADDRESS</td>
<td>NEW BUSINESS/ESTABLISHED ADDRESS</td>
</tr>
<tr>
<td>NEW BUSINESS/NEW ADDRESS</td>
<td>BUSINESS CLOSED</td>
</tr>
</tbody>
</table>

DATE RECEIVED:  
DATE CAD MODIFIED:  
BY TCP:  
BY TCP:  

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 5/5-1(k)]. All applicants for licensing as a liquor retailer must complete this application. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a state liquor license.

RETAILER’S LIQUOR LICENSE

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 the premise;
2) Photocopy of current local liquor license (contact your local liquor commission);
3) Prior Illinois state liquor license (if applicable);
4) Bulk Sales Release Order—Address Release. For assistance, call the Illinois Department of Revenue at 312 814-3063, if applicable;
5) Proof of Purchase (e.g., bill of sale, closing statement) Note: The closing on the purchase of the business must occur prior to applying for your state license;
   IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the property (e.g., recorded deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered, if available.
6) Federal Employer Identification Number (FEIN). Call the IRS at 1 800 829-3676 for information on how to apply for a number;
7) Illinois Sales Tax Account ID, if applicable. Visit tax.Illinois.gov, click on “Businesses” and then “How do I register?” under the Business Registration section, for information on how to obtain this number. If you have any questions, call the Illinois Department of Revenue at 217 785-3707;
8) Your check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION, and
   (Note: 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.

Processing time for a Retailer Liquor License is approximately one to ten business days.

NOTE: The date of expiration of your initial Illinois license will coincide with the 12-month period that begins on the issue date of your local liquor license. In some cases, the term of your first year’s Illinois liquor license may be less than a full year in duration.
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 Internal Revenue Service. This number is used for verification purposes only. If you do not have a FEIN, call 1-800-829-3870 for general information on how to apply for and obtain the forms you need.

FEIN #
20-4998835

B. ILLINOIS SALES TAX ACCOUNT ID
Enter the eight-digit Illinois Department of Revenue Sales Tax Account ID. YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED.
If you need to obtain this number, visit tax.illinois.gov, click on “Businesses” and then “How do I Register” under the Business Registration section. If you have any questions, call 217-785-5707.

ILLINOIS SALES TAX ACCOUNT ID
3744-8714

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

NAME
ERJ Dining III, LLC

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

STREET ADDRESS
3309 Collins Lane

AREA CODE/TELEPHONE NO.
502-272-2205

EX.

COUNTY
JC

CITY
Louisville

STATE
KY

ZIP CODE
40223

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

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE
2. **STATUS OF BUSINESS**

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

Based on the box that you check, provide: the date of the filing of the sole proprietorship with the county clerk; in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1963" to transact business in the State of Illinois; or in the case of a limited liability company, the date of formation of such entity.

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

| A. | 1. Sole Proprietorship | F. | 2. Not-For-Profit | Date filed with County Clerk: ____________________________ |
| C. | 3. Illinois Corporation | H. | 4. Receivership | Date of Incorporation: ____________________________ |
| E. | 5. Limited Liability Company | | | IL Secretary of State File #: ____________________________ |
| | | | | Date Qualified to do Business In IL: ____________________________ |

3. **OWNERSHIP INFORMATION**

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

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than five percent (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent interest. All not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers.

If additional space is needed, provide information on a separate sheet(s) in the same format as this application. BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 7 - ELIGIBILITY.

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

<table>
<thead>
<tr>
<th>A.</th>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgeman, Ulysses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
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</thead>
<tbody>
<tr>
<td>Thompson, Paul</td>
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<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanke, Troy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D.</th>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bova, Michael</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E.</th>
<th>ERD-ULB Holding Co., LLC</th>
<th>3309 Collins Lane</th>
<th>Louisville, KY 40245</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>(502) 254-7031</td>
<td>72.5%</td>
<td></td>
</tr>
</tbody>
</table>
4. BUSINESS LOCATION INFORMATION

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

A. NAME/DOING BUSINESS AS (DBA)
Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME/DOING BUSINESS AS [DBA]

Chill’s Grill & Bar

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

AREA CODE/TELEPHONE NO.

( ) Pending

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

Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (e.g., bill of sale, closing statement). IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g., deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered (if applicable). The applicant also needs to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order (Address Release) if applicable. For more information, contact the Illinois Department of Revenue at 312 814-3083.

ADDRESS

2370 Sycamore Road

CITY

DeKalb

STATE

IL

ZIP CODE

60015

COUNTY

DeKalb County

D. BUSINESS TYPE
Check the one box which best describes the type of business. If the selections listed are inappropriate, describe the business under “other”.

A. ☐ 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 ______________________

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

ADDRESS

n/a

CITY

STATE

ZIP CODE

COUNTY

F. RIGHTS TO THE PROPERTY
☐ I hereby certify that the property is owned by the applicant
☐ I hereby certify that the property is leased from the landlord
☐ I hereby certify that the property is managed via an operating or management agreement

LANDLORD NAME

Store Master Funding II, LLC

EMAIL ADDRESS
5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. LOCAL LIQUOR LICENSE INFORMATION
   YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE
   Your local license must contain the expiration date, issue date, and license number.
   Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business location. Alcoholic beverages may not be sold or offered for sale prior to the date that the state liquor license is issued. If you began selling alcoholic beverage products before obtaining this license, you are required to fill out a delinquency affidavit to explain the circumstances. Note: In unincorporated areas, the county acts as the local liquor licensing authority.

<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 LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of DeKalb</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ☐ NO ☐
   IF NO, PROVIDE DATE FIRST APPLIED: ___________________________
   DISPOSITION: GRANTED ☐ DENIED ☐ WITHDRAWN ☐
   ADDRESS OF FIRST STATE APPLICATION: __________________________

C. TYPE OF LIQUOR LICENSE
   Check the box which describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.
   ☑ ON-PREMISES CONSUMPTION (patrons consume alcoholic beverages on the premises only)
   ☐ OFF-PREMISES CONSUMPTION (carry-out purchases only)
   ☐ ON-OFF-PREMISES CONSUMPTION COMBINATION (both on the premises consumption and carry-outs)

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>11am-10:30pm</td>
<td>11am-10:30pm</td>
<td>11am-10:30pm</td>
<td>11am-10:30pm</td>
<td>11am-11:30pm</td>
<td>11am-11:30pm</td>
<td>11am-10:00pm</td>
</tr>
</tbody>
</table>

E. AVAILABLE HOURS
   These hours indicate when a representative is available for an inspection of the premises:

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>12pm-5pm</td>
<td>12pm-5pm</td>
<td>12pm-5pm</td>
<td>12pm-5pm</td>
<td>12pm-5pm</td>
<td>12pm-5pm</td>
<td>12pm-5pm</td>
</tr>
</tbody>
</table>

F. EXPECTED OPENING DATE
   WHAT IS THE FIRST DAY YOU EXPECT TO BE OPEN AND SELLING ALCOHOL?

   __________________________
6. CERTIFICATE OF INSURANCE

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

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

7. ELIGIBILITY QUESTIONS

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

7A ☐ YES ☒ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]
7B ☐ YES ☒ NO Are you delinquent under the cash beer law?
7C ☐ YES ☒ NO If a retailer, are you delinquent under the 30-day credit law?
7D ☐ YES ☒ NO Have you ever submitted an application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]
7E ☐ YES ☒ NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]
7F ☐ YES ☒ NO Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]
7G ☐ YES ☒ NO Have you ever been convicted of a gambling offense as defined under Section 6-2 of the Illinois Liquor Control Act which includes offenses enumerated in 720 ILCS 5/28-1(1)-(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 jurisdiction over the place?
7J ☐ YES ☒ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensee, 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? [3 ILCS 525/5-105(c)]
7L ☐ YES ☒ NO Are you in violation of the required liquor liability insurance coverage stated in Section 6-21(e) of the Illinois Liquor Control Act [235 ILCS 5/7] 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)(4) and 5/6-2(a)(10)]

8. VIDEO GAMING

☐ YES ☒ NO Do you possess a current Illinois Video Gaming License? If YES, please provide the following:

VIDEO GAMING LICENSE NUMBER: _____________________________________________

☐ YES ☒ NO Have you made an application for an Illinois Video Gaming License that is currently pending? If YES, please provide information below:

VIDEO GAMING NUMBER APPLICATION NUMBER: ___________________________ DATE APPLIED: ______________
9. **APPLICANT CONTACT INFORMATION**

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

<table>
<thead>
<tr>
<th>CONTACT PERSON'S NAME (First, Last)</th>
<th>BUSINESS PHONE NUMBER</th>
<th>ALTERNATE PHONE NUMBER (Home, Cell, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Gump</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **SIGNATURE/TITLE/DATE**

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


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

[Signature]

**Title/Position**

**Date**

[Signature]

**Signature of Applicant**

**Date**
#17. Please provide a brief description of your experience in the line of business you are seeking a license for.

Since 2006, ERJ Dining III, LLC has owned and operated Chili's Grill & Bar restaurants in Missouri, Illinois and Wisconsin. Other ERJ entities (ERJ, ERJ II and ERJ IV) have owned and operated Chili's Grill & Bar restaurants in various states since 2004.
<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>CHILI'S Liquor License APPLICATION</td>
<td>$500.00</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>INITIAL License Fee</td>
<td>$</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Late Fee</td>
<td>$</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Outdoor Special Event</td>
<td>$</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Catering Permit</td>
<td>$</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Live Entertainment Permit</td>
<td>$</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Gambling Device License Application</td>
<td>$</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Gambling Device License Renewal</td>
<td>$</td>
</tr>
<tr>
<td>FPF</td>
<td>Finger Print Fee</td>
<td>Manager Background Fingerprints</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL:** $500.00