RESOLUTION 2017-122    PASSED: OCTOBER 23, 2017

AUTHORIZING A PACKAGE LIQUOR LICENSE FOR
SHREE SULESHAWARI DEKALB, LLC, d/b/a HUSKIES
DISCOUNT LIQUOR, 1030 ARCADIA DRIVE, 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 Package Liquor License
for the establishment known as Huskies Discount Liquors, to be located at 1030 Arcadia Drive,
DeKalb, Illinois and to be operated by Shree Suleshawari DeKalb, 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, Package, shall be issued for Huskies Discount Liquors, 1030
Arcadia Drive, 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.

g. The Licensee shall install and maintain a fenceline from the easterly edge of the right of way of Annie Glidden Road, in a continuous path to the southerly edge of the right of way of Arcadia Drive, as a condition of liquor licensure, to be installed within six (6) months of the date of approval fo the license.

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 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 23rd day of October, 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:

RUTH A. SCOTT, Deputy City Clerk

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
  o + Tasting Permit

  o Grocery or Drug Store
    o Size (Select One)
      ▪ Small (8,790 - 19,999 sq. ft.)
      ▪ Medium (20,000 - 40,000 sq. ft.)
      ▪ Large (40,001+ sq. ft.)
    o + Tasting Permit
    o + Annual Caterer License

  o Bar (Primarily Bar)
    o With Over-The-Counter Package Liquor sales
    o + Restaurant License
    o + Hospitality License for Banquet Sales
    o + Live Entertainment
    o + Tasting Permit
    o + Annual Caterer License

  o Public Entity / Non Profit ("PENP")
    o + Live Entertainment

  o RYOB

  o Restaurant (Primarily Restaurant)
    o + Bar License
    o + Hospitality License for Banquet Sales
    o + Live Entertainment
    o + Tasting Permit
    o + Annual Caterer License

Hospitality (Hotel, Banquet, Bowling Alley)

o Primary Nature of Establishment:
  ▪ Hotel
  ▪ Banquet
  ▪ Bowling Alley

  o + Live Entertainment
  o + Annual Caterer License

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

✓ Please Attach a Detailed Floor Plan for the proposed licensed establishment. The Floor Plan should clearly reflect all entrances and exits, restrooms, areas where alcohol will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption (e.g. bar and restaurant), each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 38 of the City Code.
Please Attach a Signed and Completed Waiver for Completion of Criminal Background Checks, for all owners and managers.

By submitting this signed application, you are certifying under oath, and subject to penalties of perjury, that:

a. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance violation, or other cost fee or expense due and payable to the City of DeKalb.

b. You have reviewed Chapter 38 of the City of DeKalb Code of Ordinances and shall comply therewith, including but not limited to Sections 38.09, 38.21 and 38.23.

c. All of the contents of your State Liquor License Application, this Local Supplement, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.

d. You consent to the inspection provisions of Section 38.09(a).

Please attach a Certified Check for the Initial Application Fee, in the amount of $500.00, payable to the City of DeKalb (non-refundable).

Please provide a detailed, written description of the security plan for the premises. The security plan should address: a) measures for age verification prior to entry into the premises and/or prior to sale of alcohol; b) method of storing and securing alcohol prior to sale; c) method of securing site access; d) training to be provided to employees and alcohol servers; e) security plan for rowdy or disruptive patrons; f) anti-theft policies and countermeasures; g) surveillance equipment to be utilized and surveillance plan; and, h) any other related security information. In addition, please address any license-specific security measures (common examples: for bars, how will over-the-counter package sales be conducted; for hotels, how will mini-bars be secured from unauthorized access; for grocery stores, how will small containers (e.g. 'fifths') be secured).

Please attach a certificate of insurance compliant with Section 38.06. The certificate a 30 day notice of cancellation, on statutory dram shop liability insurance and on a minimum $1,000,000 comprehensive general liability insurance policy.

If cross-marketing is permitted for your establishment, please provide a written description of your cross-marketing plan.

For PEP licenses, please attach proof of your governmental ownership or non-profit status. Please also contact the City to discuss your operating agreement.
**Security plan for premises**
- Front door sign no one under 21 allowed to enter. We card sign.
- Training employees for age verification prior to sale.
- Business premise has 24 hr surveillance system.
- We do not serve to anyone found to be causing any kind of disturbance at business.
- After business hours all entry and exit points are locked. And security company monitors.

**Signage plan**
- Front door sign no one under 21 allowed to enter. We card sign.
- We card signs behind register.
- Illinois liquor control commission signage behind counter for surgeon general warning for pregnant women and be prepared to show proof of age.

**Training plan for alcohol servers**
- All employees will have to mandatory go through BASSET certification.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: if the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
TASK Insurance, LLC
1821 Walden Office Square
Suite 350
 Schaumburg, IL 60173

INSURED
Shree Suleshwari DeKalb LLC dba Huskies Discount Liquor
1030 Arcadia Drive
De Kalb, IL 60115

CERTIFICATE NUMBER:

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

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<tr>
<th>INSR.</th>
<th>TYPE OF INSURANCE</th>
<th>ADL SUM.</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXPIR</th>
<th>LIMITS</th>
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<tr>
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<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>X OCCUR</td>
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<td>09/07/2017</td>
<td>09/07/2018</td>
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<td>09/07/2018</td>
<td>Aggregate Occurrence $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

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

It is agreed that the City of DeKalb is listed as additional insured on a primary & non-contributory basis with respect to operations performed.

A Waiver of Subrogation applies to the General Liability policy.

CERTIFICATE HOLDER

City of DeKalb
200 S. 4th Street
De Kalb, 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

ACORD 25 (2018/03) 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD
<table>
<thead>
<tr>
<th>INSURED</th>
<th>Shree Sulshawari DeKalb LLC dba Huskies Discount Liquor 1030 Arcadia Drive DeKalb, IL 60115</th>
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**COVERAGE**

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<th>COVERAGE LIMIT</th>
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<tr>
<td>LIQUOR LIABILITY</td>
<td>5076495</td>
<td>$1,000,000</td>
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</table>

**CERTIFICATE OF LIABILITY INSURANCE**

**This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.**

**Important:** If the certificate holder is an additional insured, the policy(ies) must have additional insured provisions or be endorsed. If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**Certificate Number:**

<table>
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<th>CERTIFICATE NUMBER</th>
<th>REVISION NUMBER</th>
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<tbody>
<tr>
<td>09/07/2017</td>
<td>09/07/2018</td>
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</tbody>
</table>

**Description of Operations / Locations / Vehicles**

| Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) |
|---|---|
| Proof of Insurance |

**Certificate Holder**

| Illinois Liquor Control Commission 10 W. Rendolph Street Suite 7601 Chicago, IL 60601 |

**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**

© 1988-2015 ACORD CORPORATION. All rights reserved.
Please provide a detailed signage plan. Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved.

If outdoor seating is desired, please provide a detailed outdoor seating plan. This should include a site plan showing the outdoor seating area, fencing, controlled access points, location relative to parking, private property, and public rights of way, location where alcohol will be stored and served, seating area, occupancy limits, and similar information. Please also include a written narrative describing operational plans for running, servicing, monitoring and securing the outdoor seating area.

Please describe the proposed hours of operation for the licensed premises. If different areas of the premises are to have different hours of operation, please identify. Please ensure that hours of operation comply with City Code Section 38.25.

Please provide a detailed description of your training plan for Alcohol Servers. Please note that all Alcohol Servers, as defined in Section 38.01, MUST COMPLETE A CERTIFIED ALCOHOL SERVER EDUCATION PROGRAM THAT IS STATE-ACCREDITED AS A BASSET PROGRAM AND/OR APPROVED BY THE CITY PRIOR TO THE DATE ON WHICH SUCH EMPLOYEES START SERVING, PREPARING OR SELLING ALCOHOL.

Please attach a copy of your City of DeKalb Fire Life Safety License, or a copy of your fire-stamped application therefore.

Are you requesting a conditional liquor license (prior to issuance of Certificate of Occupancy)? If yes, please describe the reasons for such request. NO

Please attach a completed, signed copy of your application for a State of Illinois Liquor License, with all supplements. Please note that by applying for a City liquor license, you are agreeing to provide copies to the City of all correspondence between your licensed establishment and the Illinois Liquor Control Commission.

Please provide a brief narrative of your experience in the line of business you are seeking a license for: Shree Suleshwani Inc. DBA ARYA TOBACCO & LIQUOR

Please attach any other information you believe would be helpful in the evaluation of your Application.

Signed and submitted under Oath, this _1_ day of September, 2013.

Applicant: BHARATI PATIL LLC Manager

Signature Printed Title
Certificate Of Completion

Responsible Vendor Training Program
This certifies the following person has completed the Illinois BASSET Certification course.

Name: BHAVIN PATEL

Date of Issue: 06/17
Course Name: BASSET Certification
Date Completed: 06/2017
Expiration Date: 06/2020
Certificate Number: 113411
Boxer: SellerServerClasses.com
Provider #: 0A-113411

SellerServerClasses.com provides BASSET training to the responsible vendors and retailers. Having successfully completed the program, the applicant will be issued with this temporary certificate until the trainee and the State of Illinois submit all of the required information.

DDB Worldwide, Inc. 500 South Travis, Suite 200, Sherman Texas 75090

http://illinois.sellerserverclasses.com

http://illinois.sellerserverclasses.com

http://illinois.sellerserverclasses.com

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**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

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**BUSINESS INFORMATION**

(please make any necessary changes - type or print clearly)

<table>
<thead>
<tr>
<th>Company or Corporation Name</th>
<th>SHREE SULESHWAR DEKALB LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name (DBA)</td>
<td>HUSKIES DISCOUNT LIQUOR</td>
</tr>
<tr>
<td>Building Address</td>
<td>1030 ARCADIA AVE DEKALB IL 60115</td>
</tr>
<tr>
<td>License Issued to</td>
<td></td>
</tr>
</tbody>
</table>

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**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 ☐
- If your business is covered by a Fire Alarm, has it had an annual inspection? (Please attach report) Yes ☐ No ☑️
- If your business is covered by a Sprinkler System, has it had an annual inspection? (Please attach report) Yes ☐ No ☑️

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address (Please include City/State/Zip in Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BHAVIN PATEL</td>
<td>Address:</td>
</tr>
<tr>
<td>KASHYAP AMIN</td>
<td>Address:</td>
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<td></td>
<td>City, State:</td>
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**LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED**

Mail Correspondence (including renewal applications) to (check one): ☑️ Business Owner/Corporate ☐ Business Manager Licensing Dept.

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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(s), to make proper inspections of the above building.

---

**SIGNATURE X**

Print Name and Title: **BHAVIN PATEL - LLC MANAGER**

Date: **09/01/17**

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**FOR CITY USE ONLY**

Date Payment Received: [ ]

Payment Slipping Here: [ ]

Fee Paid: [ ]

Check #: [ ]

Cash: [ ]

Questions about this form? Call (815) 748-2387

*All sections/Circle Drive DEKALB LIQUOR LICENSE Application doc*
**EMERGENCY CONTACT INFORMATION – BUSINESS**

**BUSINESS INFORMATION**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>HUSKIES DISCOUNT LIQUOR</th>
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<tbody>
<tr>
<td>BUILDING ADDRESS</td>
<td>1030 ARCADIA AVE</td>
</tr>
<tr>
<td>PHONE</td>
<td>(815) 756 2590</td>
</tr>
<tr>
<td>DATE OF UPDATE</td>
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**AFTER HOURS EMERGENCY CONTACT INFORMATION**

*Emergencies should be called in the order listed, beginning at number one and continuing down the list*

**CONTACT #1**

<table>
<thead>
<tr>
<th>NAME</th>
<th>KASHYAP AMIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
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<tr>
<td>CELL PHONE</td>
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</table>

**CONTACT #2**

<table>
<thead>
<tr>
<th>NAME</th>
<th>BHAVIN PATEL</th>
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<tbody>
<tr>
<td>HOME PHONE</td>
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<td>CELL PHONE</td>
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**CONTACT #3**

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<td>HOME PHONE</td>
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<td>CELL PHONE</td>
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**CONTACT #4**

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<td>HOME PHONE</td>
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<tr>
<td>CELL PHONE</td>
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**DEKALB POLICE & FIRE DEPARTMENT**

**FIREFIGHTER INFORMATION**

**ANDREW LOCATION**

**KNOX BOX LOCATION**

**OTHER FIRE DEPARTMENT INFORMATION**

**ADDITIONAL INFORMATION**

**ALARM COMPANY NAME:**

**ALARM COMPANY 24 HOUR PHONE NUMBER:**

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<tr>
<td><strong>BUSINESS HOURS:</strong></td>
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</tr>
<tr>
<td><strong>MONDAY</strong> OPEN:</td>
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<tr>
<td><strong>CLOSE:</strong></td>
<td>12</td>
</tr>
<tr>
<td><strong>TUESDAY</strong> OPEN:</td>
<td>7</td>
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<td><strong>CLOSE:</strong></td>
<td>12</td>
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<td><strong>WEDNESDAY</strong> OPEN:</td>
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<td><strong>CLOSE:</strong></td>
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<td><strong>THURSDAY</strong> OPEN:</td>
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<td><strong>CLOSE:</strong></td>
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<td><strong>CLOSE:</strong></td>
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**FOR POLICE DEPARTMENT USE ONLY:**

- [ ] NEW STREET
- [ ] NEW CONSTRUCTION
- [ ] ESTABLISHED BUSINESS NEW ADDRESS
- [ ] NEW BUSINESS ESTABLISHED ADDRESS
- [ ] NEW BUSINESS NEW ADDRESS
- [ ] BUSINESS CLOSED
- [ ] DATE RECEIVED:
- [ ] TYPE:
- [ ] DRAWN & MODIFIED:
- [ ] BY:
- [ ] TECH:

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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 [235/55-LCS 8/1-1(d)], the only exception being a wine-maker’s retail license—2nd location [235/55-LCS 8/1-1(b)]. 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 or closing statement (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 (Sales Tax Account) Number, if applicable, visit www.tax.illinois.gov, click on “Businesses,” and then “Business Registration” to obtain this number. If you have any questions, call 217-785-3707.
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 LLC/G.C. IS REQUIRED TO DISCLOSE INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235/55-LCS 5/51 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.

IL 587-0016 (03/2009)
1. **APPLICANT - CORPORATE INFORMATION**

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

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

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

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

   **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.

   **F. ADDRESS**
   Enter the street address, city, state, and Zip Code of the sole proprietorship, corporation, etc.
2. STATUS OF BUSINESS

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

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the 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: ______________________ DATE QUALIFIED TO DO BUSINESS IN ILL: ______________________
D. □ FOREIGN CORPORATION   STATE OF INCORPORATION: ______________________ DATE OF FORMATION: ______________________
E. □ LIMITED LIABILITY COMPANY   DATE FORMED: 7/31/17

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

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

3. OWNERSHIP INFORMATION

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

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% , (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/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/shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A. NAME (LAST, FIRST, MIDDLE INITIAL)   HOME ADDRESS   CITY   STATE   ZIP   SOCIAL SECURITY NO.   DATE OF BIRTH   SEX   TITLE/POSITION   AREA CODE/TELEPHONE NO.   % OWNED

B. NAME (LAST, FIRST, MIDDLE INITIAL)   HOME ADDRESS   CITY   STATE   ZIP   SOCIAL SECURITY NO.   DATE OF BIRTH   SEX   TITLE/POSITION   AREA CODE/TELEPHONE NO.   % OWNED

C. NAME (LAST, FIRST, MIDDLE INITIAL)   HOME ADDRESS   CITY   STATE   ZIP   SOCIAL SECURITY NO.   DATE OF BIRTH   SEX   TITLE/POSITION   AREA CODE/TELEPHONE NO.   % OWNED

D. NAME (LAST, FIRST, MIDDLE INITIAL)   HOME ADDRESS   CITY   STATE   ZIP   SOCIAL SECURITY NO.   DATE OF BIRTH   SEX   TITLE/POSITION   AREA CODE/TELEPHONE NO.   % OWNED

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST ______________________ %
4. BUSINESS PREMISE INFORMATION

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

A. NAME/DOING BUSINESS AS (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 Dept. of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS DBA):

HUSSIES DISCOUNT LIQUOR

B. TELEPHONE

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

AREA CODE/TELEPHONE/EXT.

815 756 2590 EXT.

C. ADDRESS

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.
Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (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:

1030 ARCAJIA AVE

DEKALB

IL

60115

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

E. WAREHOUSING

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

ADDRESS:

WAREHOUSE NAME:

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:

AREA CODE/TELEPHONE/EXT.

ADDRESS:

STATE:

ZIP CODE:

COUNTY:

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5. **LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY**

**A. LOCAL LIQUOR LICENSE INFORMATION**

**YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE**

Your local license must contain the expiration date, issue date, and license number.

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date that the State liquor license is issued. If you have begun selling alcoholic beverage products before obtaining this license, you will be required to fill out a "delayedness 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></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 proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

**IS THIS YOUR FIRST STATE LICENSE APPLICATION?**

- **YES**
- **NO**

**IF NO, PROVIDE DATE FIRST APPLIED:**

**DISPOSITION:**

- [ ] GRANTED
- [ ] DENIED
- [ ] WITHDRAWN

**ADDRESS OF FIRST STATE APPLICATION:**

310 E STATE #9
Sycamore IL 60178

**C. TYPE OF LIQUOR LICENSE**

Check the box which describes the manner in which you sell alcoholic beverages to consumers - "on-premise"; "off-premise"; or "combined". This information must be consistent with your approval granted by the local liquor licensing authority.

- [ ] ON-PREMISE CONSUMPTION (PATRONS CONSUME ALCOHOLIC BEVERAGES ON PREMISE ONLY)
- [ ] OFF-PREMISE CONSUMPTION (CARRY-OUT PURCHASES ONLY)
- [ ] ON/OFF-PREMISE CONSUMPTION COMBINATION (BOTH ON-PREMISE CONSUMPTION AND CARRY-OUTS)

6. **CERTIFICATE OF INSURANCE**

**ATTACH PHOTOCOPY OF YOUR "CERTIFICATE OF INSURANCE" (NOT THE "POLICY DECLARATION")**

**You MUST provide a copy of your Certificate of Insurance if alcohol is consumed on-premise (this certificate is not required for carry-out only establishments). The Certificate of Insurance must show that you have liquor liability insurance and must include the following:**

1) The applicant named as the insured (e.g. if the applicant is a corporation, then the corporation's name must be listed; if the applicant is a sole proprietor, then the sole proprietor's name must be listed;)
2) The address of the location where the liquor is being consumed;
3) The dates of coverage and the coverage limits.
7. ELIGIBILITY QUESTIONS

The questions below pertain to the applicant and any other person listed under “Corporate Officer/Ownership Information” listed on page 3 of this form. If any questions are answered with a “Yes” attach a full written explanation to this document.

7A ☐ YES ☑ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]

7B ☐ YES ☑ NO Are you delinquent under the “cash beer” law?

7C ☐ YES ☑ NO If retailer, are you delinquent under the “30-day credit” law?

7D ☐ YES ☑ NO Have you ever made application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]

7E ☐ YES ☑ NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(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 private law enforcement official with jurisdictional authority? [235 ILCS 5/6-2(14)]

7J ☐ YES ☑ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of alcoholic products?

7K ☐ YES ☑ NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-65(c)]

7L ☐ YES ☑ NO Are you in violation of the required liquor liability insurance coverage stated in section 6-21(a) of the Liquor Control Act [235 ILCS 5/9] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?

7M ☐ YES ☑ NO If a Corporate Licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)]

8. HOURS OF OPERATION

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-12</td>
<td>9-12</td>
<td>9-12</td>
<td>9-2</td>
<td>9-2</td>
<td>9-2</td>
<td>10-9</td>
</tr>
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</table>

9. SIGNATURE/TITLE/DATE

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

I, the undersigned applicant or authorized agent thereof, swear or affirm that: The matters stated in the foregoing application are true and correct. They are made upon my personal knowledge and information; they are made for the purpose of requesting the State of Illinois to issue the license herein applied for; the applicant is qualified and eligible to obtain the license applied for; and the applicant will not violate any of the laws of the United States of America or the State of Illinois, in particular, the Illinois Liquor Control Act, rules and regulations, and the civil rights sections thereof.

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]

[License Manager]

[Date: 09/01/17]

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The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.
Date: 03/29/2017

CONGRATULATIONS-Arya Tobacco & Liquor

The Sycamore Police Department recently conducted a tobacco sale compliance check at your business. I am pleased to report your business was found in compliance.

The Sycamore Police Department appreciates your support to ensure the health of our youth in the community.

If you have any questions or further need assistance for the police department, please contact us.

Michael V. Anderson
Commander of Investigations
Date: 05/02/2017

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