RESOLUTION 2017-135  PASSED: DECEMBER 11, 2017

APPROVING A RESTAURANT, FULL SERVICE LIQUOR LICENSE FOR FUSHI YAMI RESTAURANT LLC, D/B/A FUSHI YAMI, 822 W. LINCOLN HIGHWAY, 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 Restaurant Full Service Liquor License for the establishment known as Fushi Yami, located at 822 W. Lincoln Highway, DeKalb, Illinois and to be operated by Fushi Yami Restaurant, 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, Restaurant Full Service, shall be issued for Fushi Yami Restaurant, LLC, 822 W. Lincoln Highway, 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 maintained in accordance with the requirements of City Code and the Premises Plan to be approved, and shall maintain 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 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 11th day of December, 2017, and approved by me as Mayor on the same day. Passed by an 8-0 Ominbus roll call vote under the Consent Agenda. Aye: Jacobson, Finucane, Marquardt, Fagan, Noreiko, Verbic, Faivre, Smith. Nay: None.

ATTEST:

[Signed]
SUSANNA HERRMANN, City Clerk

[Jerry Smith, Mayor]
City of DeKalb Local Liquor License Application Supplement

1. Type of License(s) Sought (Pick one primary license, and all applicable sub-licenses or categories desired):

   - Package Liquor Store
     - + Tasting Permit
   - Grocery or Drug Store
     - Size (Select One)
       - Small (8,790 – 19,999 sq. ft.)
       - Medium (20,000 – 40,000 sq. ft.)
       - Large (40,001+ sq. ft.)
     - + Tasting Permit
     - + Annual Caterer License
   - Bar (Primarily Bar)
     - With Over-The-Counter Package Liquor sales
     - + Restaurant License
     - + Hospitality License for Banquet Sales
     - + Live Entertainment
     - + Tasting Permit
     - + Annual Caterer License
   - BYOB
     - Restaurant (Primarily Restaurant)
       - Type of Alcohol Service (Select One)
         - Low Alcohol by Volume
         - Unrestricted
       - + Bar License
       - + Hospitality License for Banquet Sales
       - + Live Entertainment
       - + Tasting Permit
       - + Annual Caterer License
   - Hospitality (Hotel, Banquet, Bowling Alley)
     - Primary Nature of Establishment:
       - Hotel
       - Banquet
       - Bowling Alley
     - + Live Entertainment
     - + Annual Caterer License

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

Please Attach a Detailed Floor Plan for the proposed licensed establishment. The Floor Plan should clearly reflect all entrances and exits, restrooms, areas where alcohol will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption (e.g. bar and restaurant), each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 38 of the City Code.
October 3, 2017

Re: Fushi Yami liquor license proposal

City of De Kalb Council
200 S. Fourth Street
De Kalb, IL 60115

Dear Liquor commissioner,

I am writing to request a liquor license for Fushi Yami Hibachi and Sushi located at 822 W. Lincoln Hwy. De Kalb, Illinois. We have been in business since October 2014. Our mission is to provide Japanese culture and cuisine for the residents of De Kalb and the students of NIU.

We believe that the liquor license will open new business opportunities for the Fushi Yami as it will enable us to sell cultural sake wine and Japanese beer as a curio to customers. Our success as a business has largely been in part because we provide something that Dekalb competitors cannot, an encompassing Japanese cuisine experience. While our success does not hinge on acquiring a liquor license we feel it will enhance the overall unique dining experience we provide.

Sincerely yours,

CHEN YAN-LIN
Business owner
PROPOSAL OF OPERATION

Our operation will sell wine and beer via the regulations of our license set forth by the Dekalb municipal code chapter 38. We will sell servings of wine and beer in prepackaged unopened bottles to our customers to ensure purity of product. Our staff will also be well educated to watch patrons for signs of intoxication and strange behavior. Each staff member will be specially educated in their respective areas on alcohol treatment and management. By following these small steps, we hope to provide a safe, relaxed, and entertaining atmosphere for our patrons.

HOURS: At present, our business hours of operation will be:
- Monday Friday, from 11:00 a.m. to 10:00 p.m.
- Saturday Sunday, from 11:00 a.m. to 10:00 p.m.
- Last call of alcohol sales and service will be 30 minutes before closing.

ALCOHOL MANAGEMENT:
We will strictly obey all rules and regulations promulgated by the City of Dekalb and the State of Illinois Liquor Control Commission. There will be neither service to nor consumption of alcoholic beverages by minors at any time. No alcohol will be sold, or permitted to be sold, on a commission basis by any person.
The following polices will be enforced at our establishment at all time:

1. No alcoholic beverages will be allowed on the premises, other than what is dispensed by the establishment.

2. All of our Staff will pay attention and be alert to observable clues displayed by an intoxicated individual such as: Impaired reflexes, impaired coordination, reduced judgment and inhibitions, impaired vision, etc.

3. All Staff will be alert to potential problems at their respective areas at the facility.

4. Patrons who appear to be 30 years of age or younger will be asked to show proper Illinois identification. Signage will be posted at sale and serving locations. Patrons must produce proper identification.
   - All patrons under 21 years of age, service will be refused.
   - Check "State Seal" and other markings. Check for damage or alterations to identification card.
5. If a patron is purchasing on behalf of someone else who appears less than 30 years old or younger, then request to see identification of recipient or contact supervisory personnel whom will seek patron(s) out. Refuse service to minors. Inform all parties involved that policy allows for ejection off of premises if illegal activity has occurred.
   o No sales to intoxicated persons
   o No sales without proper identification
   o Limited alcoholic choices if necessary
   o When in doubt, do not serve, call the supervisor

6. Observe all patrons leaving the property. No alcoholic beverages are allowed to leave the facility or property.

7. Approach any patron appearing to be impaired and leaving the event. Determine if they are driving. If so, attempt to persuade them not to drive and request a nonimpaired companion to drive. If unable, refer patron to bus or taxi service.

8. Supervisory and management personnel will complete documentation of any alcoholic related incidents at end of event. Information will be disseminated accordingly.

Date: 10/31/17

Fushi Yami Restaurant LLC

Name of business

By: Yantin Chen / President of Business

Name/Title
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/4/2017

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 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
Lead Ways Insurance Agency
121 Fairfield Way
STE 200
Bloomington, IL 60108

INSURED
FUSHIYAMI RESTAURANT LLC
DBA Fushiyami Japanese Cuisine
822 W Lincoln Hwy
DeKalb, IL 60115

COVERAGES
CERTIFICATE NUMBER: CL1710406593

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 MAINTAIN, 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.

INSCR.
INSCR.
TYPE OF INSURANCE
POLICY NUMBER
POLICY EXP.
POLICY EXP.
LIMITS

X COMMERCIAL GENERAL LIABILITY
CLAIMS-MADE
X OCCUR

BP 2135340
11/12/2016
11/12/2017

X AUTOMOBILE LIABILITY
ANY AUTO
SCHEDULED AUTOS
NON-OWNED AUTOS

X UMBRELLA LIABILITY
EXCESS LIABILITY
DEFERRED RETENTION

X WORKERS COMPENSATION
AND EMPLOYER'S LIABILITY

N/A

039602956582
11/12/2016
11/12/2017

A LIQUOR LIABILITY

BP 2135340
11/12/2016
11/12/2017
Combine Single Lmt
$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of DeKalb is Additional Insured, primary non-contributory, without right of subrogation.
Restaurant
Liquor License

CERTIFICATE HOLDER
City of DeKalb
Attention: Finance Department/Rachel Pace
200 South 4th St
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
James Chen/USER2

© 1998-2014 ACORD CORPORATION. All rights reserved.
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.
* You cannot serve to a person who is already drunk.

* Illinois law prohibits serving more than one drink to each customer at a time.

* Outline a drink limit (2-3 drinks per person in one visit).

* Stamp hands each time you serve a drink to make sure we don’t overserve.

* Use glassware so that customers can’t take outside.

* Check that the name on the ID matches the credit card.

* Make sure the stamp can’t be duplicated or pressed from one hand to another hand.

* If you want, you can buy an ID scanner to spot fake IDs. Also, it’s faster than checking.

* If you want, you can refuse to sell alcohol to people who are with underaged friends (except parents/children).

* Put a sign on the door that states the penalty for underaged drinking of customers.

* Tell your employees that they can be ticketed up to $350 for serving alcohol to minors (if they forget to check IDs).
Fire-Life Safety License Application
Municipal Code, Chapter 16

Incomplete applications will be returned to applicant

This application must be postmarked no later than January 31 to avoid the late fee.

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

Return ORIGINAL completed application with license fee to:
Finance Department, City of DeKalb, 200 S. 4th Street, DeKalb, IL 60115
MAKE CHECKS PAYABLE TO "CITY OF DEKALB"

Application is hereby made for a Fire-Life Safety License for the period May 1 through April 30

| BUSINESS INFORMATION | (Please make any necessary changes – type or print clearly)
|----------------------|--------------------------------------------------
| Company or Corporation Name: | Fushiyami Restaurant LLC |
| Business Name (DBA): | Fushiyami Hibachi & Sushi |
| Building Address: | 822 W Lincoln Hwy |
| License Issued to: | | Occupancy: |

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

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

IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address (Please include City, State, Zip in Addres)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yan Lin Chen</td>
<td></td>
</tr>
<tr>
<td>Wang Lin</td>
<td></td>
</tr>
</tbody>
</table>

LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

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

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 hereby authorize the Fire Chief, or his/her designee, to make proper inspections of the above building.

SIGNATURE

Print Name and Title: Yan Lin Chen Owner

Date: 1/26/2016

FOR CITY USE ONLY

Date Payment Received: 1-4-17

Fee Paid: $200.00

Check #: 1202

PAID

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

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION - BUSINESS</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME: Fushi Yami Hibachi 2</td>
<td>FIRE DEPARTMENT INFORMATION</td>
</tr>
<tr>
<td>BUILDING ADDRESS: 622 W Lincoln Hwy</td>
<td>STANDPIPE LOCATION:</td>
</tr>
<tr>
<td>PHONE: 815-448-8868</td>
<td>Knox Box Location:</td>
</tr>
<tr>
<td>DATE OF UPDATE:</td>
<td>Other Fire Department Information:</td>
</tr>
</tbody>
</table>

**AFTER HOURS EMERGENCY CONTACT INFORMATION**

*EMERGENCY CONTACT PERSONNEL (MUST BE AVAILABLE 24-HOURS/DAY, 365 DAYS/YEAR) WILL BE CALLED IN THE ORDER LISTED, BEGINNING AT NUMBER ONE AND CONTINUING DOWN THE LIST*

<table>
<thead>
<tr>
<th>CONTACT #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: Wang Lin</td>
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<tr>
<td>HOME PHONE:</td>
</tr>
<tr>
<td>CELL PHONE/PAGER:</td>
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</tbody>
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<table>
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<tr>
<th>CONTACT #2</th>
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</thead>
<tbody>
<tr>
<td>NAME: Yan Lin Chen</td>
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<tr>
<td>HOME PHONE:</td>
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<tr>
<td>CELL PHONE/PAGER:</td>
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</tbody>
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<table>
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<tr>
<th>CONTACT #3</th>
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</thead>
<tbody>
<tr>
<td>NAME: Brian Chen</td>
</tr>
<tr>
<td>HOME PHONE:</td>
</tr>
<tr>
<td>CELL PHONE/PAGER:</td>
</tr>
</tbody>
</table>

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<tr>
<th>CONTACT #4</th>
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<tbody>
<tr>
<td>NAME:</td>
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<tr>
<td>HOME PHONE:</td>
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<tr>
<td>CELL PHONE/PAGER:</td>
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**ADDITIONAL INFORMATION**

<table>
<thead>
<tr>
<th>ALARM COMPANY NAME:</th>
<th>ALARM COMPANY 24 HOUR PHONE NUMBER:</th>
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**BUSINESS HOURS:**

- **MONDAY**
  - OPEN: 11 am
  - CLOSE: 10 pm

- **TUESDAY**
  - OPEN: 11 am
  - CLOSE: 10 pm

- **WEDNESDAY**
  - OPEN: 11 am
  - CLOSE: 10 pm

- **THURSDAY**
  - OPEN: 11 am
  - CLOSE: 10 pm

- **FRIDAY**
  - OPEN: 11 am
  - CLOSE: 10 pm

- **SATURDAY**
  - OPEN: 11 am
  - CLOSE: 10 pm

- **SUNDAY**
  - OPEN: 11 am
  - CLOSE: 10 pm

**FOR POLICE DEPARTMENT USE ONLY**

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

DATE RECEIVED: By TCP
DATE CAD MODIFIED: By TCP

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Rachel.pace@cityofdekalb.com) FAX: 815-748-2304
IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.
Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

A. FEIN
Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-629-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #
352514762

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

ILLINOIS BUSINESS TAX #
41490096

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

AREA CODE/TELEPHONE NO.
815-748-8868 EXT.

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

COUNTY
DeKalb

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

NAME
Fushi Yami restaurant LLC

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

ADDRESS
822 W Lincoln Hwy
CITY
DeKalb
STATE
IL
ZIP CODE
60115
2. **STATUS OF BUSINESS**

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

Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

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

A. □ SOLE PROPRIETORSHIP  DATE FILED WITH COUNTY CLERK:___________________________

B. □ PARTNERSHIP  DATE OF FORMATION:___________________________

C. □ ILLINOIS CORPORATION  DATE OF INCORPORATION:___________________________

D. □ FOREIGN CORPORATION  STATE OF INCORPORATION:___________________________  DATE QUALIFIED TO DO BUSINESS IN ILL.:___________________________

E. □ LIMITED LIABILITY COMPANY  DATE FORMED: _________________________

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

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

3. **OWNERSHIP INFORMATION**

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

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/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: ____________________________  % OWNED: ____________________________


C. NAME (LAST, FIRST, MIDDLE INITIAL): ________________  HOME ADDRESS: ____________________________  CITY: ____________________________  STATE: ____________________________  ZIP: ____________________________


D. NAME (LAST, FIRST, MIDDLE INITIAL): ________________  HOME ADDRESS: ____________________________  CITY: ____________________________  STATE: ____________________________  ZIP: ____________________________


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

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

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

Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. Note! This name must be consistent with the name printed on your local liquor license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)
Fushi Yami restaurant LLC

B. TELEPHONE

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

AREA CODE/TELEPHONE NO.
815-748-8868 EXT.

C. ADDRESS

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate. Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (ie, bill of sale, closing statement). IMPORTANT: You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease). If there is an existing state liquor license on the premises, this license should be surrendered (if available). The applicant will also need to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order ("Address Release") if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>832 W Lincoln Hwy</td>
<td>Dekalb</td>
<td>IL</td>
<td>60115</td>
<td>Dekalb</td>
</tr>
</tbody>
</table>

D. BUSINESS TYPE

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

A. ☐ DRUG STORE/PHARMACY  E. ☐ LIQUOR STORE  I. ☐ CONVENIENCE & GAS
B. ☐ RESTAURANT  F. ☐ DEPARTMENT STORE  J. ☐ SMALL GROCERY
C. ☐ CONVENIENCE  G. ☐ BAR/TAVERN  K. ☐ GAS STATION
D. ☐ SUPERMARKET  H. ☐ HOTEL/MOTEL  L. ☐ OTHER

E. WAREHOUSING

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

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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</thead>
<tbody>
<tr>
<td>None</td>
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F. LEASED PREMISES

If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord's name, telephone number, street address, city, state, Zip Code and county.

<table>
<thead>
<tr>
<th>LANDLORD NAME</th>
<th>AREA CODE/TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junction Center</td>
<td>815-895-6002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>832 W Lincoln Hwy</td>
<td>Dekalb</td>
<td>IL</td>
<td>60115</td>
<td>Dekalb</td>
</tr>
</tbody>
</table>
5. LOCAL LICENSE INFORMATION/ LIQUOR LICENSE HISTORY

A. LOCAL LIQUOR LICENSE INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE
Your local license must contain the expiration date, issue date, and license number.

Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business premise. Alcoholic beverages may not be sold or offered for sale prior to the date that the State liquor license is issued. If you have begun selling alcoholic beverage products before obtaining this license, you will be required to fill out a "delinquency affidavit" to explain the circumstances.
Note: In unincorporated areas, the county acts as the local liquor licensing authority.

<table>
<thead>
<tr>
<th>MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE</th>
<th>LOCAL LICENSE NO.</th>
<th>DATE ISSUED</th>
<th>EXPIRATION DATE</th>
<th>DATE YOU BEGAN LIQUOR SALES AT THIS PREMISE</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 corporation's, sole proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ☑ NO

IF NO, PROVIDE DATE FIRST APPLIED: ______________________________

DISPOSITION: ☐ GRANTED    ☐ DENIED    ☐ WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: ______________________________

C. TYPE OF LIQUOR LICENSE

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

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

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

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

6. CERTIFICATE OF INSURANCE

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

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

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

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

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

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

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

7E  □ YES  □ NO  Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]

7F  □ YES  □ NO  Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]

7G  □ YES  □ NO  Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a),11, "gambling;" 720 ILCS 5/28-1.1(a)-(d) “syndicated gambling;” and 720 ILCS 5/28-3 “keeping a gambling place”?

7H  □ YES  □ NO  Do you possess a current Federal Wagering Stamp?

7I  □ YES  □ NO  Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]

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

7K  □ YES  □ NO  Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/19-65(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/] 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>
</table>

9. SIGNATURE/TITLE/DATE

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


FURTHER, I AGREE TO NOTIFY THIS COMMISSION WITHIN 30 WORKING DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION. (NOTE: IF THE PERSON SIGNING THIS APPLICATION IS NOT LISTED IN SECTION 3, THEY MUST PROVIDE THEIR PERSONAL INFORMATION AS INDICATED IN SECTION 3 EVEN IF THEY DO NOT OWN 5% OR MORE OF THE BUSINESS.)

[Signature of Applicant]

[Title/Position]

[Date: 10/3/17]

IL 567-0015 (03/2009)