RESOLUTION 2018-122  PASSED: SEPTEMBER 10, 2018

AUTHORIZING A RESTAURANT LIQUOR LICENSE FOR
BUFFALO WILD WINGS, INC., 2466 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 Restaurant Liquor License for the establishment located at 2466 Sycamore Road, DeKalb, Illinois and to be operated by Buffalo Wild Wings, Inc., and the City Council has determined that it is appropriate to issue said licenses to the establishment;

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS:

Section 1: A liquor license, Restaurant, shall be issued for Buffalo Wild Wings, Inc., 2466 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. The License shall be conditioned upon the following conditions precedent to final issuance:

   a. The applicant shall be required to maintain at all times a fire life safety license for the licensed premises;

   b. The applicant shall be required to adhere to the occupancy limit, once established; and,

   c. The applicant shall operate the premises in accordance with all applicable codes and ordinances, and shall collect and remit all taxes required under applicable federal, state or local laws.

3. 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.

4. The Licensee shall pay all liquor license issuance fees prior to issuance of a license.

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.

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 10th day of September, 2018, and approved by me as Mayor on the same day. Passed by an 8-0 Omnibus roll call vote under the Consent Agenda. Aye: Jacobson, Finucane, Marquardt, Fagan, Noreiko, Verbic, Faivre, Smith. Nay: None.

ATTEST:

LYNN A. FAZEKAS, 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
   - **Public Entity / Non Profit**
     - + Live Entertainment
   - **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.

2. **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. (ATTACHED)
Buffalo Wild Wings, Inc. d/b/a Buffalo Wild Wings
2466 Sycamore Road DeKalb, IL 60115
(815) 754-9299

Hours of Operation
Monday-Thursday: 11:00 am – 12:00 am
Friday-Saturday: 11:00 am – 1:00 am
Sunday: 11:00 am – 12:00 am

Security Plan
Total control and transfer of alcohol from partner to patron will be maintained, ensuring that the order is given to the correct person. Alcohol will be served in glass ware and will not be served for to go purposes.

The minimum age requirement for the purchase of alcoholic beverage is 21 years of age. Anyone who appears to be below 40 years or age requesting alcohol service will need to provide photo identification demonstrating that they are of age. If a partner has any reason to believe that an underage patron is attempting to purchase alcohol, the partner will ask for proper identification. Under no circumstances will alcohol be sold to a person under 21 years of age. The following pieces of identification, unaltered and current, verifying the patron’s age to be of at least 21 years, are acceptable:

- Current Driver’s License (Primary)
- Current Photo Identification Card (State Issued)
- Passport

If any form of identification appears to be questionable, the partner should notify and/or review directly with the Store Manager.

Traffic tickets are not an acceptable form of identification.

Signage Plan
BWW will post the required Government Warning (pregnancy) and Proof of Age signage as dictated by the Illinois Liquor Control Commission.

Training Plan
Strict operational routines have been put in place to ensure proper identification at the point of sale of alcohol. All alcohol servers have received training in acceptable and responsible alcohol service practices and skills for managing alcohol service patrons including refusing alcohol service to intoxicated or underage patrons and non-compliant and unruly patrons. Buffalo Wild Wings will not serve alcoholic beverages to anyone who is visibly intoxicated. Store partners have also been well trained in handling disruptive situations and emergencies. All alcohol servers will be required to participate in and complete BASSET training.
Line of Business Narrative

Buffalo Wild Wings is an American casual dining restaurant and sports bar franchise in the US and nine other countries specializing in chicken wings. Buffalo Wild Wings was founded in 1982 by Jim Disbrow and Scott Lowery after the two moved to Ohio from Buffalo, NY. Since its founding, the company has grown to include over 1,000 locations in all 50 states and DC. The restaurants focus on providing many options for wings, sauces, beers, and sports broadcasts.
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).

Producer:
Marsh USA, Inc.
Two Alliance Center
3600 Lenox Road, Suite 2400
Atlanta, GA 30328
04976-BWW-GAWU-18-18 110

Insurer:
Buffalo Wild Wings, Inc.
550 Wayzata Blvd, Suite 166
Minneapolis, MN 55416

Contact:
Name: 
Phone: 
Fax: 
Email: 
Address: 

Insurer(s) affording coverage: 

<table>
<thead>
<tr>
<th>INSURER A: ACE American Insurance Company</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22567</td>
</tr>
</tbody>
</table>

Certificate number: ATL-00481849-97
Revision number: 13

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.

Insr. Ltr. | Type of Insurance | Adc/s/Vcc | Policy Number | Policy eff (mm/dd/yyyy) | Policy Exp (mm/dd/yyyy) | Limits |
-----------|-------------------|-----------|---------------|------------------------|------------------------|--------|
A | Commercial General Liability | X | X | X | 05/29/2018 | 06/29/2019 | $2,250,000 |
| | | | | | | | |
B | Automobile Liability | X | X | X | 05/29/2018 | 06/29/2019 | $2,250,000 |
| | | | | | | | |
C | Workers Compensation and Employer's Liability | X | X | X | 05/29/2018 | 06/29/2019 | $1,000,000 |
| | | | | | | | |

Description of operations/locations/vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Buffalo Wild Wings #110, 2466 Syosset Road, DeKalb, IL 60115.

Liquor liability policy is continuous until canceled. Patches included.

City of DeKalb is included as additional insured (except workers' compensation).

Certificate holder:

DeKalb
200 South 4th 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:

Manasi M. Mukherjee

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Illinois Liquor Control Commission

100 W. RANDOLPH ST.
SUITE 7-801
CHICAGO, ILLINOIS 60601
TELEPHONE: 312-814-2206
FAX: 312-814-2241
TDD: 312-814-1844

101 W. JEFFERSON ST.
SUITE 3-525
SPRINGFIELD, ILLINOIS 62702
TELEPHONE: 217-782-2136
FAX: 217-524-1911
WEB SITE: www.state.ill.us/LCC

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(c)], the only exception being a wine-maker's retail license—2nd location [235 ILCS 5/5-1(i)]. 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 IL-LCC IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 61 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.
Application for State of Illinois Retailer's Liquor License

1. APPLICANT - CORPORATE INFORMATION

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

FEIN #
41-1957107

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 #
3432-0245

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

AREA CODE/TELEPHONE NO.
(952) 593-9943

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

COUNTY
HENNEPIN

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
BLAZIN WINGS, INC.

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

ADDRESS | CITY | STATE | ZIP CODE
--- | --- | --- | ---
5500 WAYZATA BLVD | MINNEAPOLIS | MN | 55416
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: 12/09/1999
   STATE OF INCORPORATION: MN
   DATE QUALIFIED TO DO BUSINESS IN ILL: 01/12/2005

D. FOREIGN CORPORATION
   STATE OF INCORPORATION:__________________________

E. LIMITED LIABILITY COMPANY
   DATE FORMED:__________________________

If "C" or "D" is checked, Indicate your current Secretary of State file number here. 63991694

(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/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex,
title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of sharehold-
ers owning less than 5%, indicate the aggregate total of ownership under E.

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buffalo Wild Wings, Inc</td>
<td>5500 Wayzata Blvd. Suite 1600</td>
<td>Minneapolis</td>
<td>MN</td>
<td>55416</td>
</tr>
<tr>
<td>FeIN# 31-1455913</td>
<td>Shareholder</td>
<td>(952) 593-9943</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Pipes, Jerry David</td>
<td>Home Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Okeson, Nils H.</td>
<td>Home Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Jones, Robert Q.</td>
<td>Home Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST

0.00 %
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)**

Buffalo Wild Wings

B. TELEPHONE

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

**AREA CODE/TELEPHONE NO.**

(815) 754-9299  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.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2466 Sycamore Rd,</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".

- [ ] DRUG STORE/PHARMACY
- [ ] LIQUOR STORE
- [ ] CONVENIENCE & GAS
- [ ] SMALL GROCERY
- [ ] GAS STATION
- [ ] 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>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
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</tr>
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</table>

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>Northland Plaza Improvements, LLC</td>
<td>C/o DLC Management Corporation</td>
</tr>
</tbody>
</table>

IL 567-0015 (03/2009)  PAGE 4 OF 8
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 premises. 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/CONTY ISSUING LOCAL LIQUOR LICENSE</th>
<th>LOCAL LICENCE 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>City of DeKalb</td>
<td></td>
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<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 ___  X

IF NO, PROVIDE DATE FIRST APPLIED: 8/6/2007

DISPOSITION:  □ GRANTED  □ DENIED  □ WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: 2466 Sycamore Street  DeKalb, IL 60115

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).ii, “gaming,” 720 ILCS 5/28-1.1(e)-(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 licensee, representative 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 100/10-85(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 5/3] 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>
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<tbody>
<tr>
<td>11am-12am</td>
<td>----------------</td>
<td>----------------</td>
<td>-------</td>
<td>1lam-1am</td>
<td>1lam-1am</td>
<td>1lam-12am</td>
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9. **SIGNATURE/TITLE/DATE**

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


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

Blazin Wings, Inc.

SIGNATURE OF APPLICANT

TITLE/POSITION

DATE

IL 567-0015 (03/2009)

PAGE 6 OF 6
Liquor License

BLAZIN WINGS INC
5500 WAYZATA BLVD STE 1600
ATTN LICENSING
MINNEAPOLIS MN  55416

July 19, 2017
Letter ID: L1636346960
License No.: 1A-0068864
Expiration Date: 08/31/18
License Type: RETAILER
Account ID: 34320245

The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.

STATE OF ILLINOIS
LIQUOR CONTROL COMMISSION
Governor Bruce Rauner

<table>
<thead>
<tr>
<th>IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLAZIN WINGS INC</td>
</tr>
<tr>
<td>BUFFALO WILD WINGS GRILL AND BAR</td>
</tr>
<tr>
<td>2466 SYCAMORE ROAD</td>
</tr>
<tr>
<td>#110</td>
</tr>
<tr>
<td>DEKALB IL 60115</td>
</tr>
<tr>
<td>DeKalb</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETAILER ON-PREMISES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ISSUE DATE:</th>
<th>Effective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/19/17</td>
<td>09/01/17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIS LICENSE EXPIRES ON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/31/18</td>
</tr>
</tbody>
</table>

| THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES. |
| Warehouse: N/A |

Sales Tax Acct # 34320245

This license not transferable as to principal.
# Receipts Voucher

**City of DeKalb**

**Finance Department**  
**Date:** August 13, 2018

<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><strong>BUFFALO WILD WINGS</strong> Liquor License APP FEE</td>
<td>$520.00</td>
</tr>
<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Renewal License Fee</td>
<td>$</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>
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<tr>
<td>LIQUOR</td>
<td>Liquor License Fee</td>
<td>Gambling Device License Renewal</td>
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<tr>
<td>FPF</td>
<td>Finger Print Fee</td>
<td>Manager Background Fingerprints</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL:** $520.00

(Handwritten note: **PAID** AUG 13 2018)