RESOLUTION 2018-165  
PASSED: DECEMBER 18, 2018

APPROVING A BODY ART ESTABLISHMENT LICENSE FOR OUT ON A WHIM TATTOO, LOCATED AT 127 E. LINCOLN HIGHWAY, DEKALB, ILLINOIS.

WHEREAS, the City Council of the City of DeKalb has previously adopted Chapter 67 of the City Code, which Chapter relates to the licensure of Body Art Establishments located within the corporate limits of the City; and

WHEREAS, the City has been requested to approve of a body art license for the facility to be known as Out on a Whim Tattoo, proposed to be located at 127 E. Lincoln Highway, DeKalb, Illinois; and

WHEREAS, the City Council of the City of DeKalb hereby finds that the licensure of the establishment is necessary and desirable, and that the applicant is fit, willing, able and qualified to perform such body art services and to conform to the provisions of City Code; and

WHEREAS, in making those findings, the City Council has considered the following factors:

1. The number of body art establishments already in operation;

2. Whether existing body art establishments are adequate to meet the public need;

3. The proximity of body art establishments to the proposed location;

4. The probable effect of the body art establishment on neighboring businesses;

5. The compliance of the proposed premises with City codes and ordinances and State law and regulations; and

6. The character, experience and responsibility of the applicant;

WHEREAS, the City Council finds that issuance of the license contemplated above is appropriate, subject to the imposition of the restrictions outlined below;

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

SECTION 1: A Body Art Establishment License for Out on a Whim Tattoo, 127 E. Lincoln Highway, DeKalb, Illinois, for the ownership described in the attached Exhibit A, Body Art Establishment License Application, is hereby approved subject to the following conditions and restrictions:
1. All signage shall strictly conform to the City of DeKalb Unified Development Ordinance.

2. The licensee shall not utilize any form of temporary signage to advertise body art services, nor to advertise sales, promotional activities or other similar endeavors.

3. The licensee shall not display photographs, pictures or depictions of body art modifications in the establishment in an area where visible from the public right of way.

4. The licensee shall not provide body art services in a fashion visible from the public right of way.

5. The license shall be subject to the imposition of further and future restrictions as the City Council may determine to be appropriate from time to time.

6. Licensee shall be required to complete all applicable inspections and obtain all other licensure as shall be required to lawfully maintain the facility and must satisfactorily pass inspection prior to commencing operations.

7. Licensee shall comply with all applicable City Code requirements, and all superior governmental mandates.

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. The City shall issue a license, inclusive of the restrictions outlined above, upon payment of the appropriate licensure fee. Said license shall subsequently be eligible for renewal, subject to the provisions of Chapter 67 of the City Code and the reservation of the City Council to impose additional restrictions at a future date.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Special meeting thereof held on the 18th day of December 2018 and approved by me as Mayor on the same day. Passed by a 7-0 roll call vote. Aye: Jacobson, Finucane, Fagan, Noreiko, Verbic, Faivre, Smith. Nay: None.

ATTEST:

[Signature]

LYNN A. FAZEKAS, City Clerk

STATE OF ILLINOIS JERRY SMITH, Mayor
Body Art Establishment License Application
For complete information please refer to Municipal Code Chapter 67

PART I: BUSINESS APPLICANT INFORMATION
Type of Applicant: Corporation

1. NAME of Individual, Partnership, Corporation or LLC: Out on A Whim Tattoo, Inc.
ADDRESS: 218 E. State St, Cherry Valley (Village)
STATE: IL
ZIP CODE: 61016
TELEPHONE: (815) 980-0094
DATE OF FORMATION OR INCORPORATION: 12/3/18
BUSINESS E-MAIL ADDRESS AND CELLULAR TELEPHONE: Melissa.schaal@yahoo.com
(815) 980-0094

2. NAME OF BUSINESS PREMISES: Out on A Whim Tattoo
ADDRESS: 107 E. Lincoln Hwy DeKalb
STATE: IL
ZIP CODE: 60115
TELEPHONE: (815) 754-4300

3. ILLINOIS BUSINESS TAX NUMBER (IBT OR SALES TAX NO.):

4. Describe the proposed business operation and types of services to be provided:
Tattooing, body piercing and Jewelry sales

5. For Corporations or Limited Liability Companies:
NAME of Registered Agent for the Business: Jason Rock
ADDRESS: 1833 Stalter Dr #100 Rockford, IL
PHONE: (815) 962-6031

6. □ YES ☐ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?

7. □ YES ☐ NO Are you a defaulter in any financial obligation to the City, including but not limited to the payment of any fines, fees, taxes, bills or assessments due to the City?

8. □ YES ☐ NO Within the preceding seven (7) years, have you been convicted of a felony, any sex offense, drug or narcotics offense, battery or convicted of being the keeper of or are keeping a house of ill fame, or convicted of other crimes opposed to honesty, decency and morality? (PLEASE NOTE that applicant is not required to disclose any sealed or expunged convictions.)

FOR CITY USE ONLY
Application Fee Paid: $250.00 License Fee Paid: $100.00
Date Received: 12/1/18 Date Received: 
Check #: 2011 Cash: □ Check #: 
Cash: □
DEC 12 2018
SECTION 1: OWNERSHIP INFORMATION
ALL OWNERS, PARTNERS, OFFICERS, DIRECTORS, SHAREHOLDERS AND MEMBERS WHO HOLD EQUAL TO OR GREATER THAN 5% INTEREST MUST COMPLETE THIS SECTION AND PART II, PERSONAL INFORMATION, OF THIS APPLICATION.

INDIVIDUAL OR SOLE PROPRIETORSHIP: Owner must complete this section, Section 2 and Part II Personal Information.
PARTNERSHIP: All general partners, limited partners and managing partners with an interest equal to or greater than 5% must complete this section and Part II Personal Information.
CORPORATION: All officers, directors and shareholders with stock equal to or greater than 5% must complete this section and Part II Personal Information. Attach a copy of Certificate of Good Standing from the Secretary of State’s Office: www.cyberdriveillinois.com/departments/business_services/corp.html or (217) 782-6875.
LIMITED LIABILITY COMPANY: Each member or partner must complete this section and Part II, Personal Information. Attach a copy of Certificate of Good Standing from the Secretary of State’s Office available at: www.cyberdriveillinois.com/departments/business_services/corp.html or (217) 782-6875.
(Make additional copies of this page if needed.)

NAME

HOME ADDRESS

TELEPHONE

TITLE/POSITION

DOB

SEX

% OWNED

NAME

HOME ADDRESS

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% OWNED

NAME

HOME ADDRESS

TELEPHONE

TITLE/POSITION

DOB

SEX

% OWNED
SECTION 2: MISCELLANEOUS BUSINESS INFORMATION

All applicants complete this section.

If the premises are planned, under construction or undergoing substantial alteration, this application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Code Enforcement Division of Public Works, no additional plans need to be filed.

9. PROPERTY INFORMATION: Subsequent to the submission of a completed application, the applicant’s premises shall be inspected by the City to determine its compliance with applicable property maintenance, zoning and building codes.
   1. Do you own the premises on which the license is to be located:   YES □ NO X
      If “yes”, please supply a copy of the documentation (deed or trust agreement) evidencing ownership.
   2. If you lease, provide landlord information and documentation evidencing a lease of the premises.
      Landlord’s Name: Pete Tsiftillis
      Address:                                City:                            State:                           Zip Code:  

10. BODY ARTISTS’ INFORMATION – (Please print or type)
    If additional space is needed, please make copies of this page or request more from the City Manager’s Office.

    NAME: Melissa Schaal
    RESIDENTIAL ADDRESS:                                PHONE:                       
    CITY:                                            STATE:                           ZIP CODE:  

    NAME:                                              PHONE:                       
    RESIDENTIAL ADDRESS:                                CITY:                                            STATE:                           ZIP CODE:  

    NAME:                                              PHONE:                       
    RESIDENTIAL ADDRESS:                                CITY:                                            STATE:                           ZIP CODE:  

11. BODY ART ESTABLISHMENT LICENSE HISTORY

□ YES ☑ NO  Have you applied for a body art establishment license in DeKalb or any other jurisdiction? If yes, provide the name of the municipality, county or state, the date of such application, and the disposition of such application.
   Name of Governmental Body:  DeKalb County, Winnebago County, IL
   Date of application: 1/1/18, 6/1/18
   DISPOSITION: ☑ GRANTED □ DENIED □ WITHDRAWN □ EXPIRED

☑ YES ☑ NO  Have you ever been granted a body art establishment license? If yes provide the following information:
   Name of Governmental Body that Issued License:  DeKalb County, Winnebago County, IL
   Date Issued: 1/1/18, 6/1/18 Date Expired: 12/31/18, 6/30/19

□ YES ☑ NO  Have you had any previous Body Art Establishment License and/or Tattoo License revoked?

Page 3 of 6
12. THE FOLLOWING DOCUMENTS SHALL ACCOMPANY THIS APPLICATION:

1. A scale (1:20) site plan showing the interior of the premises in which the body art services will take place and identifying the source of hot and cold running water, other utilities and sharps container(s) to be used;
2. A copy of the current Certificate of Registration issued by the State of Illinois for the Body Art Establishment premises must be supplied prior to issuance of a Body Art Establishment license;
3. Certificate of public liability insurance, in a minimum amount of $100,000 per incident and occurrence, which policy shall contain a provision requiring 30-day advance notice to the City of DeKalb of any cancellation or non-renewal;
4. A copy of the aftercare instructions to be provided by the person(s) who will perform the tattooing; and
5. Proof of completion of a bloodborne pathogen training program, compliant with the OSHA Bloodborne Pathogens requirement (29 CFR 1910.1030), for each of the body artists employed by the applicant.

13. SIGNATURE/TITLE/DATE

Please sign and date the application form and provide your title with the organization. An owner, an officer, a partner or an officially authorized agent of the business must sign the application. The signature must be an original-rubber stamps or electronic signatures are not accepted.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: I UNDERSTAND THAT BODY ART MAY NOT BE SOLD OR OFFERED FOR SALE PRIOR TO THE DATE THE CITY OF DEKALB’S BODY ART ESTABLISHMENT LICENSE IS ISSUED AND 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 CITY OF DEKALB TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT AND EACH INDIVIDUAL WITH AN OWNERSHIP INTEREST THAT COMPLETED SECTION TWO IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSEPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA, THE STATE OF ILLINOIS, OR THE CITY OF DEKALB, IN PARTICULAR, THE CITY OF DEKALB’S TATTOO ORDINANCE – CHAPTER 67, CITY OF DEKALB’S ORDINANCES, RULES AND REGULATIONS, AND THE CIVIL RIGHTS THEREOF.

FURTHER, I AGREE TO NOTIFY THE CITY CLERK WITHIN 14 DAYS OF CHANGES IN ANY OF THE ABOVE INFORMATION.

Melissa School
SIGNATURE OF APPLICANT/AUTHORIZED AGENT

Vice President
TITLE/POSITION

12-5-18
DATE

(print name)

(print name)

SIGNATURE OF APPLICANT/AUTHORIZED AGENT

TITLE/POSITION

DATE

Subscribed and sworn before me this 5 day
of December, 2018.

Notary Public

(CITY PERSONNEL WILL NOT NOTARIZE APPLICATION)
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A BODY ART ESTABLISHMENT LICENSE

ALL OWNERS, PARTNERS, OFFICERS, DIRECTORS, SHAREHOLDERS AND MEMBERS WITH AN INTEREST EQUAL TO OR GREATER THAN 5% MUST FILL OUT PART II.
(This document may be duplicated for multiple applicants) (Original signature required)

PART II – PERSONAL INFORMATION

NAME OF APPLICANT: Melissa S. Schaal
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY: Melissa S. Austin

PRESENT HOME ADDRESS: 

PHONE: 

PREVIOUS ADDRESS(ES) (past 5 years):

PREVIOUS BUSINESS(ES) OWNED (past 5 years) Please include name of business, address and dates:
Rock City Tatto 4512 E State St. Rockford, IL 61108 Out on a whim 127 E. Lincoln Hwy DeKalb, IL 60115 (Out on a whim Date: approximately 2 yrs) (Rock City approximately 10 yrs)

PREVIOUS EMPLOYMENT (past 5 years) Please include name of employer, address and a contact name and phone #

Euro Tattoo 5920 E State Rockford IL 61108 Melissa Schaal

BIRTH DATE: Month: Day: Year:

BIRTH PLACE: City: State: Country:

CITIZEN OF U.S. RESIDENT ALIEN

WEIGHT: SEX: HAIR COLOR:

HEIGHT: RACE: EYE COLOR:

Page 5 of 6
STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge.

Date: 12-5-18

Signature of Applicant

Official Seal
JEFFREY A. MEYER
Notary Public - State of Illinois
My Commission Expires 7/31/2022
MEMO TO: Chief Gene Lowery
FROM: CSO Dan Gerace
DATE: 6/10/16
SUBJECT: BACKGROUND INVESTIGATION Melissa Schaal, Body Art License, of Cherry Valley

CRIMINAL CHECKS

LiveScan Fingerprinting Results?
☒ No Arrests/Contacts ☐ Yes Explain:

Police Records Checks – List all departments you inquired with.
☒ No ☐ Yes Explain: DeKalb Police, Cherry Valley Police show no contacts with Strickland.

Does applicant possess a valid driver's license?
☐ No ☒ Yes Explain:

CIVIL CHECKS

Were any bankruptcies, liens or judgments located on applicant?
☐ No ☒ Yes Explain:

OTHER AGENCIES CHECKED

Were any other agencies contacted?
☐ No ☒ Yes Explain: DeKalb County Circuit Clerk – no record

OTHER COMMENTS

Are there other notes of interest that should be noted on the applicant?
☒ No ☐ Yes Comments:
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A BODY ART ESTABLISHMENT LICENSE

ALL OWNERS, PARTNERS, OFFICERS, DIRECTORS, SHAREHOLDERS AND MEMBERS WITH AN INTEREST EQUAL TO OR GREATER THAN 5% MUST FILL OUT PART II.
(This document may be duplicated for multiple applicants) (Original signature required)

PART II – PERSONAL INFORMATION

NAME OF APPLICANT: Melissa S. Schaaf
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY: Melissa S. Austin

PRESENT HOME ADDRESS: [Address redacted]

PREVIOUS ADDRESS(ES) (past 5 years):

PREVIOUS BUSINESS(ES) OWNED (past 5 years) Please include name of business, address and dates:

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<thead>
<tr>
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BIRTH DATE: Month: [Month] Day: [Day] Year: [Year]

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

[ ] CITIZEN OF U.S. [ ] RESIDENT ALIEN

WEIGHT: [Weight] SEX: [Sex] HAIR COLOR: [Color]

HEIGHT: [Height] RACE: [Race] EYE COLOR: [Color]
DRIVERS LICENSE NUMBER: 
SOCIAL SECURITY NUMBER: 

1. ☐ YES ☑ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)?
2. ☐ YES ☑ NO Are you a defaulter in any financial obligation to the City, including but not limited to the payment of any fines, fees, taxes, bills or assessments due to the City?
3. ☐ YES ☑ NO Within the preceding seven (7) years, have you been convicted of a felony, any sex offense, drug or narcotics offense, battery or convicted of being the keeper of or are keeping a house of ill fame or convicted of other crimes opposed to honesty, decency and morality? (PLEASE NOTE that applicant is not required to disclose any sealed or expunged convictions.)

STATEMENT:
I authorize and empower the DeKalb Police Department to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, criminal record, if any, health, personal characteristics and mode of living through records, correspondence or personal interviews with neighbors, friends or associates, or others with whom I am acquainted, or who may have knowledge concerning any of the above items. I swear (or affirm) the above information is true and correct to the best of my knowledge.

Date: 5/27/14

Signature of Applicant

STATE OF ILLINOIS )
COUNTY OF DEKALB )

Subscribed and sworn to before me this 8th day of May, 2014

Notary Public
(CITY PERSONNEL WILL NOT NOTARIZE APPLICATION)
OUT ON A WHIM TATTOO INC
127 E LINCOLN HWY
DEKALB IL 60115-3205

Certificate of Registration

Expiration Date: 12/5/2019
Sales and use taxes and fees (4304-3151)

Loc. Code: 019-0005-6-001
DeKalb
DeKalb County

Issued Date: 12/05/2018
We have enclosed your Illinois Business Authorization.

Welcome!

We have enclosed your Illinois Business Authorization. Verify that all of the information is correct. If any corrections are needed you must contact us immediately at the telephone number listed below.

If all of the information is correct, your authorization must be visibly displayed at the address listed.

Do not discard. Your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030

217 785-3707

Enclosure(s)
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 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
PROFESSIONAL PROGRAM INSURANCE BROKERAGE
DIVISION OF SPG INSURANCE SOLUTIONS, LLC
371 BEL MARIN KEYS BLVD., SUITE 220
NOVATO
CA, 94949-5662

CONTACT
NAME: Phone: FAX:
PRODUCER NAME (A/C, N/E): (415) 475-4300 (415) 475-4303
ADDRESS:

INSURER(S) AFFORDING COVERAGE

REVISION 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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COVERAGES

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12/07/2019

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WORKERS' COMPENSATION
AND EMPLOYERS' LIABILITY
Y N
N/A

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

Certificate holder is named as additional insured per the attached endorsement. Location: 127 E Lincoln Hwy DeKalb IL 60115

CERTIFICATE HOLDER

Pete Tsipidis

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

Susan Brown

© 1988-2010 ACORD CORPORATION. All rights reserved.
POLICY NUMBER: PB/18-1624

GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY COVERAGE PART

ADDITIONAL INSURED MANAGERS OR LESSORS OF PREMISES

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. **SECTION III. WHO IS AN INSURED** is amended to include the following:

   Any person or organization (hereinafter the "Additional Insured") scheduled in Item 2. below, where coverage under this Policy afforded to the Additional Insured is solely limited to liability directly caused by the ownership, maintenance or use of that part of the designated premises leased to the Named Insured by the Additional Insured scheduled in Item 2. below.

   Provided, however, that coverage afforded to the Additional Insured scheduled in Item 2. below shall not apply to:

   a. Any Occurrence which takes place after the Named Insured ceases to be a tenant in that premises;

   b. Structural alterations, new construction or demolition operations performed by or on behalf of the Additional Insured scheduled in Item 2. below;

   c. **Bodily Injury, Property Damage, Personal Injury or Advertising Injury** arising out of the sole negligence of the Additional Insured;

   d. **Bodily Injury, Property Damage, Personal Injury or Advertising Injury** arising out of the claimed negligence of the Additional Insured other than directly caused by the Named Insured's work in the ownership, maintenance or use of that part of the premises leased to the Named Insured which shall be imputed to the Additional Insured scheduled in Item 2. below; or

   e. **Bodily Injury, Property Damage, Personal Injury or Advertising Injury** to any employee of the Named Insured or to any obligation of the Additional Insured scheduled in Item 2. below, to indemnify another because of damages arising out of such injury.

2. Additional Insured: Designation of Premises (Part leased to additional insured):

   Pete Tsiftiois 127 E Lincoln Hwy
   DeKalb, IL 60115

All other terms and conditions of this Policy remain unchanged.
Out on a whim

Piercing healing instructions

Body piercings need to be cleaned once daily, every day, for the entire initial healing time. Most people will need to clean morning and/or night, in the shower. Do not clean more often as this can irritate the piercing and possibly delay your healing.

Before cleaning wash your hands thoroughly with liquid antibacterial soap and hot water. Never touch healing piercings with dirty hands. This is vital for avoiding infections. Apply a small handful of cleaning solution to the area with your clean hands. Lather and rinse the area thoroughly under running water to completely remove the cleanser from the piercing. You do not need to rotate the jewelry during cleaning. Gently pat dry with disposable paper products such as paper towels or tissues, as fabric towels can harbor bacteria. Each body is unique, and healing time can vary considerably. If your piercing is tender or secreting, you should continue the care regimen, even if it is past the stated average healing time range. In the event that the piercing drains a thick pus discharge instead of the normal liquid secretion, you may want to see a physician for evaluation and possible antibiotic treatment. If you do end up with an infection, the jewelry should be left in the piercing to allow for drainage of pus. If the jewelry is removed, the holes can close up resulting in an abscess. Leave your jewelry in!

Bleeding, bruising, discoloration and/or swelling is not uncommon. There are no indications of any complications. Studies show that non-steroidal anti-inflammatory products such as ibuprofen, Advil, Motrin etc. can help minimize swelling.

For oral piercings an alcohol-free anti-microbial or antibacterial mouth rinse should be used according to the package instructions. Rinse mouth for 30-60 seconds with solution after meals during the initial healing time. Do not use more than 4-5 times daily, drink plenty of liquids especially bottled water. The healthier your lifestyle the easier it will be for your piercing to heal.

Congratulations on your new piercing and we hope you enjoy it for years. The time required for your piercing to heal completely varies. In most cases jewelry must be left in for the first three months. Your piercing may look healed before this time but it's important to be patient and wait the entire healing period before changing your jewelry or ceasing your aftercare routine.

If you have any problems at all please contact your piercer at

815-754-4300
Thank you

Out on a Whim

Tattoo aftercare instructions

Keep bandage on until tattoo is to be thoroughly cleaned.

Keep tattoo clean with mild soap.

Wash twice a day or whenever dirty and not dry. When tattoo starts to dry out and close, switch to a mild hand lotion.

Lotion twice a day or whenever overly dry.

Repeat for 2 weeks or until tattoo is smooth again.

Tattoos will need sunblock whenever exposed to sunlight for the life of the tattoo to prevent fading.

Tattoos should never be touched with unwashed hands until skin is smooth again.

Always wash tattoo first before applying any lotions.

Your tattoo will take off the top layer of skin during the healing process.

Do not pick or scratch at healing skin.

Do not soak in water during the healing process.

First and foremost always take the healing advice of your artist.

They understand best the individual needs of your specific style of tattoo.

If you have any questions or concerns please call your artist at

815-754-4300
Thank you
Certificate of Completion

MELISSA SCHAAL

This certifies that the person named above has successfully completed the International CPR Institute Three Hour Course in

Bloodborne Pathogens

Completion Date
Dec-5-2018

Auth: 797268

www.icprl.com

Expires Dec-5-2019
CITY OF DEKALB LEGAL DEPT.
ATTN: CARRI PARKER
200 S FOURTH ST
DEKALB IL 60115

Shaw Media certifies that it is the publisher of the Daily Chronicle. The
Daily Chronicle is a secular newspaper, has been continuously published
daily for more than fifty (50) weeks prior to the first publication of the
attached notice, is published in the City of DeKalb, County of
DeKalb, State of Illinois, is of general circulation throughout
that county and surrounding area, and is a newspaper as defined by 715 ILCS 5/5.

A notice, a true copy of which is attached, was published 1
time(s) in the Daily Chronicle, namely one time per week for one
successive week(s). Publication of the notice was made in the newspaper,
dated and published on
12/14/2018

This notice was also placed on a statewide public notice website as required
by 5 ILCS 5/2.1.
In witness, Shaw Media has signed this certificate by Laura Shaw, its
publisher, at DeKalb, Illinois, on
14th day of December, A.D. 2018

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