RESOLUTION 2019-007           PASSED: JANUARY 14, 2019

AUTHORIZING A RETAIL TOBACCO STORE LICENSE FOR AROMA'S, ING., 811 W. LINCOLN HIGHWAY, DEKALB, ILLINOIS.

WHEREAS, the City Council of the City of DeKalb has previously adopted Chapter 64 of the City Code, which Chapter relates to the licensure of Retail Tobacco Stores located within the corporate limits of the City; and

WHEREAS, the City has been requested to approve of a change in ownership for the existing retail tobacco store license for the facility known as Aroma's Inc., located at 811 W. 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,

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 Retail Tobacco Store License for Aroma's Inc., 811 W. Lincoln Highway, DeKalb, Illinois, for the ownership described in the attached Exhibit A, Retail Tobacco Store 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 tobacco sales, promotional activities or other similar endeavors.

3. 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.

4. 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.

5. Licensee shall provide proof that it has acquired required insurance coverages and paid all applicable fees prior to commencing operations.

6. 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 64 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 Regular meeting thereof held on the 14th day of January 2019 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Jacobson, Finucane, Stupegia, Fagan, Noreiko, Verbic, Faivre, Smith. Nay: None.

ATTEST:

LYNN A. FAZEKAS, City Clerk

JERRY SMITH, Mayor
City of DeKalb Retail Tobacco License Application Supplement

1. Type of License(s) Sought:

☐ Retail Store Tobacco License – Applicant is required to obtain a Fire Life Safety License, provide Certificate of Occupancy, and successful completion of background checks prior to applying for a Retail Store Tobacco License. Upon receipt of a completed application, City shall have a period of forty-five (45) days for staff review and evaluation of the application. Within forty-five (45) days of the date on which staff review is completed, the application shall then be forwarded to the City Council of the City of DeKalb for consideration. The City Council shall be provided with all staff recommendations and shall make the ultimate decision as to whether a license should be granted or denied.

✓ Conditional Retail Store Tobacco License - The City Council may, but shall not be obligated to, approve Tobacco licenses for licensees who are otherwise eligible for issuance of a license, but whose place of business has not been built-out, has not received a Fire-Life Safety License, is not yet eligible for issuance of a final certificate of occupancy or is otherwise ineligible for operation because of non-compliance with any other City Code or requirement. Applicants are required to successfully complete background checks prior to submission of an application. Upon receipt of a completed application, City shall have a period of forty-five (45) days for staff review and evaluation of the application. Within forty-five (45) days of the date on which staff review is completed, the application shall then be forwarded to the City Council of the City of DeKalb for consideration. The City Council shall be provided with all staff recommendations and shall make the ultimate decision as to whether a license should be granted or denied.

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 tobacco will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption, 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.

3. Please attach a signed and completed waiver for completion of criminal background checks, for all owners and managers.

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

A. No owners or managers are delinquent on any tax, obligation, parking citation, ordinance
violation, or other cost fee or expense due and payable to the City of DeKalb.
B. You have reviewed Chapter 38 of the City of DeKalb Code of Ordinances and shall comply therewith, including but not limited to Sections 38.09, 38.21 and 38.23.

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

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

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

6. Please provide a detailed, written description of the security plan for the premises. The security plan should address: a) measures for age verification prior to entry into the premises and/or prior to sale of tobacco; b) method of storing and securing tobacco prior to sale; c) method of securing site access; d) training to be provided to employees and tobacco servers; e) security plan for rowdy or disruptive patrons; f) anti-theft policies and countermeasures; g) surveillance equipment to be utilized and surveillance plan; and, h) any other related security information. In addition, please address any license-specific security measures.

7. Please attach a certificate of insurance compliant with Section 38.06. The certificate must name the City of DeKalb as additional primary insured without right of subrogation, and with a 30 day notice of cancellation, on a minimum $1,000,000 comprehensive general liability insurance policy.

8. Please provide a detailed signage plan. Signs are required to notify patrons of applicable age restrictions. Sign content and location must be submitted and approved.

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

10. Please provide a detailed description of your training plan for tobacco servers.

11. Please attach a copy of your city of DeKalb fire life safety license, or a copy of your file-stamped application therefore.

12. Are you requesting a conditional tobacco license (prior to issuance of certificate of occupancy)? If yes, please describe the reasons for such request.

13. Please provide a brief narrative of your experience in the line of business you are seeking a license for.

14. Please attach any other information you believe would be helpful in the evaluation of your application.
Signed and submitted under Oath, this 20th day of August, 201_.

Applicant:

[Signature] [Printed Title]
Signed and submitted under Oath, this ___ day of August, 2018.

Applicant:

[Signature]

[Printed Title]
Signed and submitted under Oath, this \underline{20}^{th} \text{ day of August, 2018.}

Applicant:

\underline{Signature} \hspace{2cm} \underline{Kyle Williams}

Printed Title
Signed and submitted under Oath, this 20th day of August, 2018.

Applicant:

[Signature]

Cameron Dye

[Printed Title]
Aromas Security Plan

Measures of age verification are as follows. We will card each individual regardless of appearance of age. “We Card Hard” will be a motto we will stand by and also post its signage on the front door as well as an age counter next to the register. Shortly after opening we will be purchasing the AgeVisor ID scanner as another precaution in tobacco sales. This device verifies age, shows a clear picture of the ID holder and gives a green if the holder is of legal age and is the correct person using the ID or a red if the ID is not current or is under the proper age.

Method of storing and securing tobacco is as follows. Tobacco will be stored in the back in the kitchen before being prepared for a hookah session for a customer which will be marked as “employees only”. Sales products will be behind the counter and in display settings pre customer purchase. At no point will a customer handle a tobacco product before age verification.

Plan for rowdy and/or disruptive patrons are as follows:

Step 1. Ask them politely to please cease their action or behavior.

Step 2. Tell them politely to cease their behavior or they will be asked to leave.

Step 3. Tell them that their session is over and tell them to pay their tab and leave.

Step 4. If problem increases or they refuse to pay, call police.

Anti-Theft polices and countermeasures are as follows. We will have multiple cameras (two cameras per floor) to assist us to catch and survey any dishonest or theft like behavior.

(“Dine and Dashers”) Will be caught on camera and we will call police, attempt to get their license plate number and report it to the authorities and assist by any means possible.

(Armed Theft) Also partially assisted by our cameras some distinctive feature will be caught on film. We will stay calm and give them what they ask for and immediately call police upon their leave from our establishment once we feel safe.

(In Store Theft) Should an employee be caught stealing or giving away merchandise they will be suspended from their position. Upon further investigation if they are caught red handed with correct evidence they will be terminated from their employment and depending on the amount of loss authorities may be contacted. If found not at fault they will be welcomed back with an apology and paid for their time missed.

(Friday/Saturday) We may be looking into having a hired on-door representative for ID checks and as another countermeasure for any theft and a second set of eyes for proper age verification on the premises.
Fire and Disaster Plan

In case of fire in our establishment the policy is as follows:

Garbage fires near back sink are to be put out with water. If it does not go out a trained staff member will use the extinguisher. As a preventative measure embers from hot coals and ashes will be placed in a metal container to be cooled. In some cases if the embers are to hot they may be placed in a metal pan with a lid on top to suffocate the heat.

Most in house fires will be resolved by trained staff. In the case of a fire we cannot extinguish on our own, we will do as follows:

Call 911

Calmly let the customers know the situation and safely evacuate them out the safest door to them.

Bring them to the furthest point of the parking lot away from the building.

Alert our connecting businesses and apartments of the situation.

Injuries

In case of Minor physical injuries such as cuts, small burns, etc., We will have a first aid kit affixed to the wall on the ground floor equipped with bandages, wraps, and antibiotic ointment. Patrons with eye injuries can be taken to the employee sink to flush their eyes. If problem is severe we can contact local healthcare professionals for them including paramedics.

In the case of major injuries such as a fracture, severe cut, severe burn, etc we will contact 911 emergency response as soon we are aware of the situation.

Severe Weather

Tornadoes - We will direct customers to the basement, which has the smallest chance of injury from a tornado.

Flash Flood - We will direct all customers to the upper floor if water seeps into the storefront.

Loss of Power - We will have multiple flashlights on hand in case of power outage

Blizzard - We will have blankets on hand to keep patrons warm while they ride out the storm.
TO: First Insurance Group Of IL  
RE: Arome's Tobacco, Inc  

DATE: 7/24/2018  
Page 1 of 3

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

LOCATION(S) OF RISK:  
1. 811 W Lincoln Hwy, Ste B, Dekalb, IL 60115

PROPOSED EFFECTIVE PERIOD: 07/25/2018 AT 12:01 AM TO 07/25/2019 AT 12:01 AM STD TIME AT RISK LOCATION.

FORM OF COVERAGE: PACKAGE COMMERCIAL OCCURRENCE

APPLICATION NO: APP48790218

INSURER(S):

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LIMITS / DEDUCTIBLES:

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TOTAL CHARGES:

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100% MINIMUM & DEPOSIT

TERM MINIMUM PREMIUM:

25.00 % EARNED  
MINIMUM PREMIUM = $250.00

COMMISSION: 10.00 % OF PREMIUM

EXCLUSIONS:

ENDORSEMENTS:

CONDITIONS: PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.
16901 Restaurants with no alcohol sales without table service with seating- Sales $140,000
18708 Tobacco Store- If Any

Subject to the following
TRIA
Affidavit
Serv Fee
Signed acords
Signed supp app

UNLPFD1 - COMMON POLICY DECLARATIONS.
AF001772 - CLAIM REPORTING INFORMATION.
AF100 - POLICY JACKET.
AF3380 - FRAUD & MISREPRESENTATION ENDORSEMENT.
AF3550 - MINIMUM EARNED PREMIUM & CANCELLATION CLAUSE.
AF900 - SERVICE OF SUIT.
K2017 - COMMON POLICY CONDITIONS.
AF000839 - INJURY TO EMPLOYEES, SUB CONTRACTORS, INDEPENDENT CONTRACTORS, TEMPORARY WORKERS, LEASED WORKERS OR VOLUNTEERS EXCLUSION.
AF001007 - COMBINED COVERAGE & EXCLUSION ENDORSEMENT: ASBESTOS EXCLUSION; LEAD EXCLUSION; CONTRACTOR'S SPECIAL CONDITIONS; EMPLOYMENT RELATED PRACTICES EXCLUSION; NUCLEAR ENERGY LIABILITY EXCLUSION; PROFESSIONAL SERVICES AND MALPRACTICE EXCLUSION; SEXUAL / PHYSICAL ABUSE EXCLUSION; TOTAL POLLUTION EXCLUSION WITH HOSTILE FIRE EXCEPTION; ASSAULT & BATTERY EXCLUSION; ANTI-STACKING AND NONDUPICATION OF LIMITS OF INSURANCE; TENDERING OF APPLICABLE LIMIT OF INSURANCE.
AF001396 - INFRINGEMENT, MISAPPROPRIATION AND UNFAIR COMPETITION EXCLUSION.
AF901707 - AMENDMENT OF NONPAYMENT CANCELLATION CONDITION.
AF901729 - CONDITIONAL EXCLUSION OF LIABILITY CLAIMS IN THE STATE OF MISSOURI - ONLY APPLIES IF MISSOURI IS PRINCIPLE PLACE OF BUSINESS OR RISK CONDUCTS MORE THAN 10% OF OPERATIONS IN MISSOURI.
AF901752 - AMERICANS WITH DISABILITIES ACT AND DISCRIMINATION EXCLUSION.
AF002000 - GENERAL PROPERTY ENDORSEMENT: VALUATION CONDITIONS; EARNED PREMIUM LOSS CONDITION.
AF3038 - AMENDATORY ENDORSEMENTS: CANCELLATION, CANCELLATION OF FINANCED POLICY, AUDIT CONDITIONS.
AF3400 - SILICA OR SILICARELATED DUST EXCLUSION.
UNLPF-SD-1P - COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS.
BW55 - FUNGI, SPORES, BACTERIA OR VIRUSES EXCLUSION.
CP0010 - BUILDING & PERSONAL PROPERTY COVERAGE FORM - CP0010 04-02.
CP0090 - COMMERCIAL PROPERTY CONDITIONS - CP0090 07-88.
CP1032 - ENDORSEMENT TO PROPERTY COVERAGE FORM FLOODWATER EXCLUSION.
UNLFSFD1 - COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS.
CG0001 - COMMERCIAL GENERAL LIABILITY COVERAGE FORM - CG0001 04-13.
CG2107 - ACCESS OR DISCLOSURE OF PERSONAL OR CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY EXCLUSION.
CG2167 - FUNGI OR BACTERIA EXCLUSION ((DOES NOT APPLY TO GOODS OR PRODUCTS INTENDED FOR BODILY CONSUMPTION).
CG2147 - AMENDMENT OF INSURED CONTRACT DEFINITION.
AF001401 - DAMAGE TO PREMISES RENTED TO YOU LIMITATION - FIRE LEGAL LIABILITY COVERAGE.
AF000873 - KNOWN INJURY OR DAMAGE EXCLUSION FOR PERSONAL & ADVERTISING INJURY.
AF000869 - CLARIFICATION AMENDMENT TO POLICY AIRCRAFT, AUTO OR WATER CRAFT EXCLUSION.
AF800-IL - SERVICE OF SUIT - ILLINOIS.
IL0147 - ILLINOIS CHANGES - CIVIL UNION.
AF901738 - TOBACCO OR NICOTINE PRODUCTS EXCLUSION.
AF3550 - WEAPONS OR FIREARMS EXCLUSION.
AF3550 - CLASSIFICATION LIMITATION.
AF3380 - PRODUCTS MANUFACTURED, IMPORTED OR REPAIRED BY YOU EXCLUSION.
CG0000 - DEDUCTIBLE LIABILITY.
CG2104 - PRODUCTS/COMPLETED OPERATIONS EXCLUSION.
CG2132 - COMMUNICABLE DISEASE EXCLUSION.
CG2139 - CONTRACTUAL LIABILITY LIMITATION.
CP1000 - CAUSES OF LOSS BROAD
TO: First Insurance Group Of IL

RE: Aroma's Tobacco, Inc

DATE: 7/24/2018

OF 1020 - CAUSES OF LOSS BROAD.

THE ABOVE COVERAGE ARE THE ONLY COVERAGE OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

PAYMENT: $1,115.00 DUE IN 30 DAYS FROM EFFECTIVE DATE.

WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT. FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.

B&W PRODUCER: Bryan W Carson
Tobacco Signage

We plan to carry a MINIMUM of three signs at all times to ensure our customers are aware that our products are tobacco in nature.

The state of Illinois currently requires the signage mentioned below. We intend to sport such signage in a fashion that our customers will see and understand:

“Sales of tobacco accessories and smoking herbs to persons under eighteen years of age or the misrepresentation of age to procure such a sale is prohibited by law.”

As per Illinois regulation this sign will be printed on a white card in red letters at least one-half inch in height in the direct vicinity of the sales counter, likely in an area of dead space so all customers may read the sign.
Currently there exists a WE CARD HARD sign directly on the door to Aroma’s. This will remain affixed to the front door of the business and if it becomes illegible we plan to affix a new one to the aforementioned door.

We also plan to add directly on the door “WARNING: HOOKAH IS TOBACCO. TOBACCO IS A DANGEROUS SUBSTANCE. MUST BE OF LEGAL SMOKING AGE TO ENTER” in the vicinity of the “WE CARD HARD” sign.

There also exists a digital “WE CARD HARD” calendar that lists today’s date minus eighteen years. The sign reads “you must born on or before this date to purchase tobacco.” We plan to keep the existing calendar and display it nearby the register on or behind the sales counter on the ground floor.

Lastly, we plan to add the disclaimer “WARNING: HOOKAH IS TOBACCO. TOBACCO IS A DANGEROUS SUBSTANCE” to the bottom of the menu that we serve to all customers. While we are in the business of selling tobacco, we are NOT in the business of catering to minors or persons who feel that smoking is safe. We wish to find a comfortable balance between the two, and believe that multiple disclaimers and warnings will inform our customers exactly what it is that we sell.
Aromas Employee Handbook 2018

Section 1: Intro

Congratulations on acquiring your new job at Aromas Hookah Bar! You have received a fun and sought after job. As a hookah professional you will have a number of duties to perform such as:

1. Making/Serving/Maintaining Hookahs for customers.
2. Selling retail products.
3. Maintaining a safe and fun environment for customers and coworkers.
4. Additional duties based on special events or circumstances.

We have a zero-tolerance policy for use of illegal drugs or alcohol during or before an employee's shift. Any employee operating as a representative of Aroma's while impaired by alcohol, drugs, or any mind-altering substance will be immediately terminated.

All owners and managers of Aroma's are encouraged to have an open door policy. Most of the time a manager will be on site or on call and available for any questions and assistance that employees need. We encourage constant communication and feedback to reduce any internal conflicts and help the company grow as a whole.

And please remember our mission statement:

*Our mission is to provide friendly, knowledgeable, and exceptional service in a comfortable environment suitable to all clients, whether professionals or first-timers, who are curious about hookah and tobacco related products.*

Section 2: Safety

Customer safety should always be priority number one! We may require fire training certification over time. Here are some things you should do to improve customer safety:

1. Keep all fire exits unobstructed at all times.
2. Know where all the fire extinguishers are located and how to use them.
3. Keep the floor dry at all times.
4. Make sure all fallen coals are picked up promptly and thoroughly stomped out if they fall on the ground.
5. Make sure hot coals are disposed of properly. We have a metal container for hot embers. Anything excessively hot can be suffocated in a pot with a lid over top of it.
6. If there are any customers that are becoming unruly or are causing problems, CALL AN OWNER OR MANAGER IMMEDIATELY!!!!! Please wait for a second person in shop. We will give the customer a polite warning in a timely fashion.

Plan for rowdy and/or disruptive patrons are as follows:

Step 1. Ask them politely to please cease their action or behavior.

Step 2. Tell them politely to cease their behavior or they will be asked to leave.

Step 3. Tell them that their session is over and tell them to pay their tab and leave.

Step 4. If problem increases or they refuse to pay, call police.

7. Make sure carbon monoxide levels stay under control. We have a ventilator to eliminate excess CO levels, but as an added precaution we will turn on the fan when we reach above half capacity.

What is Carbon Monoxide?

Carbon monoxide (CO) is an odorless, colorless gas that is extremely deadly in high concentrations. Co is produced by burning things (in our case, coals). In normal home hookah sessions CO is rarely an issue, except for prolonged, unventilated indoor sessions. In a commercial hookah environment CO becomes a risk factor because there can be many hookahs going at once for prolonged periods of time. Please refer to the above procedures, and please make sure every customer is served water upon entry.

8. Severe weather procedures are as follows:

Tornadoes - We will direct customers to the basement, which has the smallest chance of injury from a tornado.

Flash Flood - We will direct all customers to the upper floor if water seeps into the storefront.
Loss of Power - We will have multiple flashlights on hand in case of power outage

Blizzard – We will have blankets on hand to keep patrons warm while they ride out the storm.

9. Dress code- In addition to a provided uniform, we must enforce the fact that NO LOOSE CLOTHING MAY BE WORN IN SHOP! This will reduce any fire issues from handling hot coals. Any employee caught wearing loose clothing may be subject to penalty, up to and including termination in excessive or extreme cases.

Section 3: Opening Procedure

The alarm passcode is ####. You will be supplied a key to the shop and taught the basics of turning the alarm system on and off.

1. Turn on all lights on both levels and in both bathrooms. Meanwhile, check to make sure everything is clean and in order.
2. Turn on the open sign, the lighted sign, and the power strip near the glass display.
3. Make sure the iPad is plugged in. We’ll need it to run credit cards.
4. Count the cash in the register. Depending on if closing was done properly the night before, there should be about $100 in the drawer.
5. Put away clean hookah supplies in the kitchen to their proper place. You will be trained on the kitchen’s organization, but if you need help please call an owner or manager.
6. Put music on upstairs to set the mood. Please, nothing with racial or sexual content. There is no place for racially charged music in a place of business.
7. Wait until there are customers downstairs to turn the music on down there.

Section 4: During Shift

Measures of age verification are as follows: We will card each individual regardless of appearance of age. “We Card Hard” will be a motto we will stand by and also post its signage on the front door. We will also have an age counter next to the register. Customers born AFTER the age counter’s date (today’s date 18 years ago, ex. July 29, 2000) will not be served, and customers born BEFORE the age counter’s date may be served. You will be trained to use the AgeVisor ID scanner as soon as we acquire it, and this should help manage any underagers using fake IDs.

Customers may not purchase or sample a product without presenting their identification and an employee, owner, or manager verifies it. If a customer claims to know us, call us first. If you feel the customer is buying for someone who is underage, please stop the sale. And if a customer is buying with
another person (or people) who is in shop, you will need to card both (or all) customers in the group.

This includes any product we carry, including “just coals this time.” ID must be a hard copy, and must include a name, picture, and date of birth. Student IDs do not count, and a copy on someone’s phone does not count.

WE CARD HARD doesn’t mean anything if we only card some of the time. Any employee caught not checking IDs may be subject to penalty, up to and including termination.

Method of storing and securing tobacco is as follows: Tobacco will be stored in the back in the kitchen before being prepared for a hookah session for a customer which will be marked as “employees only”. Sales products will be behind the counter and in display settings pre customer purchase. At no point will a customer handle a tobacco product before age verification.

While we encourage short breaks and relaxation between sales, ask yourself some common sense questions before sitting down for a long time:

Are all the hookahs clean?
Are there any tables that need to be wiped before customers can use them?
Are the bathrooms presentable?
Is the salesfloor organized?
Have the customers been tended to recently?
Are we running low on any inventory?
Is there anything I should be doing besides sitting?

If any of the above are true, please take care of it before getting back to relaxing.

Section 5: Pricing

The pricing structure is as follows- $7 plus tax minimum per person in your group. This goes towards hookahs, drinks and hookah ad-dons. Retail sales do not count towards group minimums. You should also know what specials are going on which day, and keep in mind customers are only allowed 1 special per session. Example: Monday’s special is buy 2 hookahs get 1 free, but we also have an $8 happy hour flavors before 8 pm. A group would have to choose whether to use the B2g1 special or the happy hour special.

Section 6: Using the cash register

You will be trained on how much items cost, how to write tabs, and what discounts you are allowed to offer to customers. If you need a refresher, please call an owner or manager.
1. Make sure the register key is set to “REG” mode.
2. Enter in the first item of the sale, making sure that you price EVERYTHING CORRECTLY.
3. Hit the corresponding category key 1-10.
4. Hit “SUB”
5. Add other items before you accept any payment.

Tip: You can cancel any transaction after step 4 by pressing “MD/St about CA/AMT. Make sure your tab (guest check) has the correct information on it and is placed in the correct pile upon completion.

Accepting payment:

To accept a cash payment: After the final item in the sale has been added. Enter the amount of cash given to you by the customer. Then give their exact change and the sale is done. Take the receipt and on a pad of paper given to you write down exactly what is on the receipt.

To accept a credit card sale: Activate the iPad/ Type in 111111 (that’s 6 1s). Open Square, make sure E reader is plugged in, and enter the amount of the sale including tax into the register screen. Hit “add payment” then swipe or insert card. Once they remove their card they will be prompted automatically if they want to tip, and if they want a receipt. They will have to sign with their finger if the charge is over $25.

Hit ‘CC” on the register to close the sale as a credit sale.
Take receipt and staple it to the ticket showing the items sold.

We ask for a minimum $5 charge on card, but if a customer fights it just accept the payment.

If you make a mistake, PLEASE CONTACT AN OWNER OR MANAGER IMMEDIATELY!!! We understand that mistakes happen, but continued issues on your part means a continued issue on the business. We have to make money to keep the doors open, and have to charge correctly to submit taxes. Continued issues may result in penalty, up to and including termination. That said, if you are wary of an issue of payment, feel free to call at any time.

Section 7: Closing Procedure
1. Half hour before close is last call for coals. Prep a few on the burner about 45 minutes to close so they will be ready if customers need any.
2. You should clean hookah as customers leave to maximize your time at the end of the night.
3. Depending on how busy the night is you may start cleaning a little earlier, doing as much sweeping and cleaning as you can before close.
4. Remind customers at 10 minutes to close that you are about to close.
5. Begin cleaning hookahs, wiping down tables, sweeping, wiping down the fixtures in the bathroom with disinfectant (Make sure front door is locked when cleaning in bathrooms), and mopping the floors.
6. Do numbers and run the report. You will be trained on how to do this, but if you have questions please contact an owner or manager.

Reports

1. Turn the cash register key to “X”
2. Hit Ca/AMT TEND
3. Separate receipts into 3 piles: Service, Products and mixed sales, and all the category 1 and 10 sales from those receipts to the total.
4. On the notepad that we supplied for you, write down 4 sections. Service, Products, Credit, and Cash.
5. Add all categories from the receipts and add the amounts to the respected sections.

Your amount should match with the “X” Report if so turn the cash register key to “Y”. Stack the receipts nicely and staple the X and Y report to the receipts.

6. Place today’s cash profits with the “X” Report and guest checks and put report in lower cabinet to be picked up by an owner or manager.
7. Recount the money in the register to make sure that there is $100 dollars in the register.

Take the trash out, set the alarm behind you and have a good night!
**License Fee**
- Under 35,000 sq. ft.: $100.00
- Over 35,000 sq. ft.: $200.00
- Fee after January 31: DOUBLED

---

**City of DeKalb**

**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

<table>
<thead>
<tr>
<th>Company or Corporation Name:</th>
<th>Aromas Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name (DBA):</td>
<td>Aromas Hoolah Bar</td>
</tr>
<tr>
<td>Building Address:</td>
<td>811 W Lincoln Hwy, DeKalb, IL</td>
</tr>
<tr>
<td>License Issued to:</td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

---

**Identification – To be Completed by All Applicants**

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address (Please include City/State/Zip in Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron Smuck</td>
<td>Address: 811 W Lincoln Hwy</td>
</tr>
<tr>
<td>Cameron Are</td>
<td>City, State, Zip Code: DeKalb, IL 60115</td>
</tr>
</tbody>
</table>

---

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

Mail Correspondence (including renewal applications) to (check one): [ ] Business Owner/Corporate | [ ] Business Manager Licensing Dept.

---

**E-Mail address of contact person:** AromasHBE @gmail.com

---

I agree that, if live entertainment is to be provided at the above referenced business establishment, a public service announcement will be made not more than ten minutes prior to the start of a program that clearly identifies all means of egress available.

I hereby certify that I am the owner of record, or authorized designee, for the above referenced business establishment and am making this application as said owner, or authorized designee. I agree to all applicable laws of this jurisdiction. Further, I, the undersigned, swear that the above information is correct and so hereby authorize the Fire Chief, or higher designee, to make proper inspections of the above building.

---

**Signature**

Print Name and Title: Cameron Are, Co-owner

---

**For City Use Only**

Date Payment Received: 

Fee Paid: Check #: Cash: [ ]

Payment Stamp Here

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

### EMERGENCY CONTACT INFORMATION - BUSINESS

**BUSINESS INFORMATION**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>Aromas Hookah Bar</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUILDING ADDRESS</td>
<td>811 W Lincoln Hwy</td>
</tr>
<tr>
<td>PHONE</td>
<td>(815) 758-8899</td>
</tr>
<tr>
<td>DATE OF UPDATE</td>
<td></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*

**CONTACT #1**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Cameron Dye</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td></td>
</tr>
<tr>
<td>CELL PHONE/PAGER</td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT #2**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Casey Williams</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td></td>
</tr>
<tr>
<td>CELL PHONE/PAGER</td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT #3**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Aaron Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td></td>
</tr>
<tr>
<td>CELL PHONE/PAGER</td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT #4**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Mike Speck</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td></td>
</tr>
<tr>
<td>CELL PHONE/PAGER</td>
<td></td>
</tr>
</tbody>
</table>

### DEKALB POLICE & FIRE DEPARTMENT

**FIRE DEPARTMENT INFORMATION**

to be completed by Fire Prevention Officer

<table>
<thead>
<tr>
<th>STANDPIPE LOCATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOX BOX LOCATION</td>
<td></td>
</tr>
</tbody>
</table>

### OTHER FIRE DEPARTMENT INFORMATION:

### ADDITIONAL INFORMATION

| ALARM COMPANY NAME: |                         |
|                    |                         |
| ALARM COMPANY 24 HOUR PHONE NUMBER: |             |

### BUSINESS HOURS:

<table>
<thead>
<tr>
<th>DAY</th>
<th>OPEN</th>
<th>CLOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
<td>9am</td>
<td>12am</td>
</tr>
<tr>
<td>TUESDAY</td>
<td>9am</td>
<td>12am</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>9am</td>
<td>12am</td>
</tr>
<tr>
<td>THURSDAY</td>
<td>9am</td>
<td>12am</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>9am</td>
<td>12am</td>
</tr>
<tr>
<td>SATURDAY</td>
<td>9am</td>
<td>12am</td>
</tr>
<tr>
<td>SUNDAY</td>
<td>9am</td>
<td>12am</td>
</tr>
</tbody>
</table>

### FOR POLICE DEPARTMENT USE ONLY

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

<table>
<thead>
<tr>
<th>DATE RECEIVED:</th>
<th>BY TC#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE CAD MODIFIED:</td>
<td>BY TC#:</td>
</tr>
</tbody>
</table>

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Rachel.pacey@cityofdekalb.com) FAX: 815-748-2304

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.
Aromas Mission Statement

Our mission is to provide friendly, knowledgeable, and exceptional service in a comfortable environment suitable to all clients, whether professionals or first-timers, who are curious about hookah and tobacco related products.
Mike Speek

I started working at Aroma's Hookah Bar in 2008 after I needed a release from traumatic events in my personal life. Hookah isn't just a business. It's a culture. From the clientele to the salesfloor, hookah is its own niche world full of unique products and customers that come together through a shared experience. I have struck business deals over a hookah session. I met my wife in the lounge. If not for hookah I wouldn't have a beautiful two-year-old girl that means the world to me. I owe everything to hookah, and when my partners and I take over I plan to give back to the customers and the community while boosting my income to give my family a better life.

If you have any more questions please contact me. Thank you for your time.

Sincerely yours,

Michael J. Speek

aromashb@gmail.com

Aaron Smuck

I started working at Aroma's Hookah bar in the middle year of 2015 and to this day still work at the lounge. I've spent 3 years in the industry perfecting my sales techniques and my hookah techniques. It has paid off in the long run. My knowledge of the customer clientele and my knowledge of the hookah business will be a strength for my team and will drive the business even farther. I've had so many good memories and met so many people at the lounge. I'm really excited to take hold of the mantle of the lounge and lead the lounge to an exciting future.

If you have any questions you can contact me through the email below.

smuckaaron@gmail.com

Kyle C Williams

I have been a customer of hookah bars since 2007. I have been to many hookah bars across the U.S. I have worked for The Philadelphia Eagles (NFL) as an image consultant for 9 years where I had been in charge of marketing, player finance, and helping players grow into professional status. I will be bringing my knowledge to our business and grow it to a franchise-able state. My passion is making money and I believe with my history, knowledge of hookah, and business marketing we will thrive, help us and our surrounding businesses grow as a community, and enhance the profit of Dekalb as a whole.

Any questions or comments please Email me at: kylechriswilliams@aol.com
Cameron Dye

I worked at Aroma's for four years. I was promoted to manager after one year. I feel with my assistance we can increase revenue and can make this a hot spot in the Dekalb community. I've been in Dekalb for 23 years and I feel I'm as big apart of the community as the community is for me.

Should you need to contact me you may do so via email at cdye77@yahoo.com
APPLICATION FOR RETAIL TOBACCO STORE LICENSE

☐ If you want your renewal application, your license certificate and other City of DeKalb correspondence sent to your “corporate” address, please check the box at left.

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 #

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 #

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

AREA CODE/TELEPHONE NO.

(815) 748-0789  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 state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME
Aromas Tobacco Inc

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

ADDRESS         CITY       STATE     ZIP CODE
811 W. Lincoln Hwy W 
DeKalb  IL       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.

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: __________________
E. ☐ LIMITED LIABILITY COMPANY DATE QUALIFIED TO DO BUSINESS IN IL: _________
   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. 5 - 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 shareholders 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>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dyce Carmen T</td>
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<td>25</td>
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</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Williams Kyle C</td>
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</tbody>
</table>

<table>
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<tr>
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<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Smith Aaron M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/PHONE</th>
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</thead>
</table>

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<thead>
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<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>% OWNED</th>
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<tbody>
<tr>
<td>D. Speck Michael J</td>
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<td>25</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

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 tobacco at the licensed premises. Note! This name must be consistent with the name printed on your state tobacco license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)

Aromas Hookah Bar

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

AREA CODE/TELEPHONE NO.

815 748 0789

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 state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>811 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 selection listed is inappropriate, describe the business under "other".

☐ A. RETAIL TOBACCO STORE

☐ B. OTHER: Retail/Serving Hookah Bar

E. 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>Milze Brown</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. 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.

5A □ YES □ NO If retailer, are you delinquent under the "30-day credit" law?
5B □ YES □ NO Have you ever made application for a tobacco license which has been denied?
5C □ YES □ NO Have you ever had any previous tobacco license suspended or revoked?
5D □ YES □ NO Have you ever been convicted of a felony?
5E □ 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?
5F □ 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 tobacco products?
5J □ 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?
5K □ YES □ NO If a Corporate Licensee, Is your corporation ineligible to be issued this license?

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>4pm-12am</td>
<td>4pm-12am</td>
<td>4pm-12am</td>
<td>4pm-12am</td>
<td>4pm-2am</td>
<td>4pm-2am</td>
<td>4pm-12am</td>
</tr>
</tbody>
</table>

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

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS.

[Signature]
SIGNATURE OF APPLICANT

Co-Owner 7/17/18
TITLE/POSITION/DATE

FOR OFFICE USE ONLY:
LICENSE NO: __________________ DATE ISSUED: __________________
EXP DATE: __________________

SIGNATURE OF AUTHORIZED PERSONNEL
5. ELIGIBILITY QUESTIONS
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5K □ YES ✓ NO If a Corporate Licensee, is your corporation ineligible to be issued this license?

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.

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<th>MON</th>
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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.

I, THE UNDERSIGNED APPLICANT OR AUTHORIZED AGENT THEREOF, SWEAR OR AFFIRM THAT: THE MATTERS STATED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT; THEY ARE MADE UPON MY PERSONAL KNOWLEDGE AND INFORMATION; THEY ARE MADE FOR THE PURPOSE OF REQUESTING THE STATE OF ILLINOIS TO ISSUE THE LICENSE HEREBIN APPLIED FOR; THE APPLICANT IS QUALIFIED AND ELIGIBLE TO OBTAIN THE LICENSE APPLIED FOR; AND THE APPLICANT WILL NOT VIOLATE ANY OF THE LAWS OF THE UNITED STATES OF AMERICA OR THE STATE OF ILLINOIS.

[Signature]

TITLE/POSITION DATE

FOR OFFICE USE ONLY: LICENSE NO: ______________ DATE ISSUED: ______________
EXP DATE: ______________

SIGNATURE OF AUTHORIZED PERSONNEL
5. **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.

5A  □  YES  X  NO  If retailer, are you delinquent under the “30-day credit” law?
5B  □  YES  X  NO  Have you ever made application for a tobacco license which has been denied?
5C  □  YES  X  NO  Have you ever had any previous tobacco license suspended or revoked?
5D  □  YES  X  NO  Have you ever been convicted of a felony?
5E  □  YES  X  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?
5F  □  YES  X  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 tobacco products?
5J  □  YES  X  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?
5K  □  YES  X  NO  If a Corporate Licensee, is your corporation ineligible to be issued this license?

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[Signature]

**SIGNATURE OF APPLICANT**

**OWNER**

**TITLE/POSITION/DATE**

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FOR OFFICE USE ONLY:  LICENSE NO:  DATE ISSUED:

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5A □ YES □ NO If retailer, are you delinquent under the “30-day credit” law?

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[Signature]

SIGNATURE OF APPLICANT

[Title/Position]

TITLE/POSITION

DATE 7/1/18

FOR OFFICE USE ONLY: LICENSE NO: DATE ISSUED: EXP DATE: _______________

SIGNATURE OF AUTHORIZED PERSONNEL