RESOLUTION 2019-069  

APPROVING A LOW ALCOHOL BY VOLUME RESTAURANT LICENSE FOR BEST OF THE MIDDLE EAST, INC., D/B/A JAMRAH MIDDLE EASTERN 209 E. LINCOLN HIGHWAY, DEKALB, ILLINOIS.

WHEREAS, the City of DeKalb regulates the sale of alcoholic beverages within the corporate limits of the City pursuant to the applicable provisions of the Illinois Liquor Control Act and Chapter 38 of the City Code of Ordinances; and

WHEREAS, the City has received and reviewed an application for a Low Alcohol by Volume Restaurant Liquor License for Best of the Middle East, Inc., d/b/a Jamrah Middle Eastern, 209 E. Lincoln Highway (respectively, “the Licensee” and “the Establishment”), 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 Low Alcohol by Volume shall be issued to Licensee for the Establishment, subject to the following terms and conditions:

1. After issuance, the license shall be subject to all provisions of the City Code of the City of DeKalb, including those provisions pertaining to the term of an initial issuance of liquor license, renewal of liquor license, and similar provisions, unless specifically waived herein.

2. This Licensee shall be required to obtain the Liquor Commissioner's approval of a Business Plan and Premises Plan which provide for the orderly conduct of the Licensee. Said Plans shall be subject to approval by the Liquor Commissioner with the advice and recommendation of the Chief of Police, and must be approved prior to commencement of operations of the Premises. The City Council expressly authorizes the Liquor Commissioner to approve of further and specific regulations of the uses of the Premises within the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.

3. The License shall be conditioned upon the following conditions precedent to final issuance:

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

   b. The applicant shall be required to obtain all required building permits for interior and exterior modifications, to complete all modifications in accordance with approved plans, and thereafter to obtain an acceptable final inspection of the premises;
c. The applicant shall be required to adhere to the occupancy limit, once established; and

d. 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.

4. The License shall be deemed to permanently include the following restrictions:

a. The property shall otherwise comply with all applicable City Codes and Ordinances as well as the Illinois Liquor Control Act.

b. The property shall comply with applicable UDO requirements and parking restrictions.

City staff are authorized and directed to issue a license upon satisfaction of the conditions precedent to issuance, and to thereafter enforce the terms of licensure included herein. Pending completion of those items, a conditional license shall issue. Said conditional license may be utilized to obtain any required federal or state licensure and may be relied upon by any superior governmental body.

SECTION 2: That the City Clerk of the City of DeKalb, Illinois be authorized and directed to attest the Mayor’s Signature and shall be effective thereupon.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 22nd day of April 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 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 ("PENP")**
     - + 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.
3. Please Attach a Signed and Completed Waiver for Completion of Criminal Background Checks, for all owners and managers.

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

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

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

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

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

5. Please attach a Certified Check for the Initial Application Fee, in the amount of $532.00, 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 alcohol; b) method of storing and securing alcohol prior to sale; c) method of securing site access; d) training to be provided to employees and alcohol servers; e) security plan for rowdy or disruptive patrons; f) anti-theft policies and countermeasures; g) surveillance equipment to be utilized and surveillance plan; and, h) any other related security information. In addition, please address any license-specific security measures (common examples: for bars, how will over-the-counter package sales be conducted; for hotels, how will mini-bars be secured from unauthorized access; for grocery stores, how will small containers [e.g., ‘fifths’] be secured).

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 for licensees using City owned property, all others only need to name City of DeKalb as additional insured for general liability and liquor liability, and with a 30 day notice of cancellation, on statutory dram shop liability insurance and on a minimum $1,000,000 comprehensive general liability insurance policy.

8. If cross-marketing is permitted for your establishment, please provide a written description of your cross-marketing plan. For PENP licenses, please attach proof of your governmental ownership or non-profit status.
10. 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.

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

12. 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.

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

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

15. Are you requesting a conditional liquor license (prior to issuance of Certificate of Occupancy)? If yes, please describe the reasons for such request.

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

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

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

Signed and submitted under Oath, this 11th day of February 2019.

Applicant: [Signature]  [Printed]  [Title]
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: Ammar I. Mahmood
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY:

PRESENT HOME ADDRESS:

PREVIOUS ADDRESS(ES) (last 5 years):

BIRTH DATE: Month: __ Day: __ Year: __

BIRTH PLACE: City: State: Country:

CITIZEN OF U.S. Y YES  DATE AND PLACE OF NATURALIZATION:

WEIGHT: __________ SEX: _______ HAIR COLOR: _______

HEIGHT: __________ RACE: _______ EYE COLOR: _______

DRIVERS LICENSE NUMBER:

SOCIAL SECURITY NUMBER:

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery, or contributing to the delinquency of a minor. YES NO IF YES, ATTACH EXPLANATION.

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. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to said investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any and all losses or damages.

Date: 2-7-19

Signature of Applicant

Subscribed and sworn to before me this ______ day of February 2019...

Notary Public

[Official Seal]
RUTH A SCOTT
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires July 24, 2022
6. Here are how we plan to secure the restaurant:
   A. We will check for identification card when customers ask to purchase an Alcoholic Beverage at the register. NO ALCOHOL will be sold without proper age verification
   B. All extra stock will placed in a secure room/office with surveillance monitoring 24/7
   C. All Alcohol will be placed behind the counter and or in a secure room/office. These areas are behind a locking key and monitored by surveillance and security.
   D. Employees and Managers will trained on the following:
      i. Must be 21 of age to sell alcoholic beverage.
      ii. Any one under the age of 40 will be carded-everyone will know that
      iii. Will be trained on how to ask for an ID
      iv. Will be trained to spot a fake ID
      v. Will be trained how to refuse a sale
      vi. Most importantly will be required to attend BASSET
   E. Managers and Employees will be trained on the following:
      • Constant monitoring and evaluating of surrounding customers. The goal here to prevent bad things from happening.
      • Amount of alcohol sold to each customer
      • Engage, monitor to prevent rowdy behavior. If we have to we will ask people with rowdy behavior to leave premise
      • Letting the police know before things get out of hand
   F. To minimize anti theft, we will be conducting daily inventory on alcoholic beverages. Surveillance will be monitored on a regular basis. Extra stock will be behind locked door
   G. Surveillance will be provided by Comcast and security will be done by Permar. We plan on carrying very little stock of beer and wine enough just to go in the reach in cooler up front

We don't anticipate any issues since the volume we project will be low. We just like to offer that convenience to our customers.

7. The building is under construction-Has not been insured yet

10. I am not familiar with all the signage that is needed. But I assume there will be a sign stating that you have to be 21 of age to purchase alcohol and another sign that says alcohol is bad for you if you are pregnant. If there is any other sign or signs we will be happy to comply

12. Hours of Operation will be as follows Monday-Sunday 11am-10pm

13. Training will include BASSET and also refer to #6 please
17. I managed Liquor departments at grocery stores for 12 years. And served Alcohol in my younger years.
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 #

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. EXT.

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

COUNTY

DEKALB

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

NAME

BEST OF THE MIDDLE EAST INC.

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

ADDRESS CITY STATE ZIP CODE

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.

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

<table>
<thead>
<tr>
<th>A.</th>
<th>SOLE PROPRIETORSHIP</th>
<th>DATE FILED WITH COUNTY CLERK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>PARTNERSHIP</td>
<td>DATE OF FORMATION:</td>
</tr>
<tr>
<td>C.</td>
<td>ILLINOIS CORPORATION</td>
<td>DATE OF INCORPORATION: 8/20/15</td>
</tr>
<tr>
<td>D.</td>
<td>FOREIGN CORPORATION</td>
<td>STATE OF INCORPORATION: DATE QUALIFIED TO DO BUSINESS IN ILL:</td>
</tr>
<tr>
<td>E.</td>
<td>LIMITED LIABILITY COMPANY</td>
<td>DATE FORMED:</td>
</tr>
</tbody>
</table>

If "C" or "D" is checked, indicate your current Secretary of State file number here __________________________
(If you do not have this number available, please contact the Secretary of State's office at 312-793-3380)

3. **OWNERSHIP INFORMATION**

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

The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5% (including officers, directors and shareholders with stock equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors, and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. **BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 6 - ELIGIBILITY.**

For each owner/officer/partner/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>A.</th>
<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>MAHMOOD, AMMAR, I</td>
<td></td>
<td>Dekalb</td>
<td>IL</td>
<td>60115</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>PRESIDENT</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

| B. | NAME (LAST, FIRST, MIDDLE INITIAL): | HOME ADDRESS | CITY | STATE | ZIP |
|    |                                     |              |     |       |     |

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>NAME (LAST, FIRST, MIDDLE INITIAL):</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>D.</th>
<th>NAME (LAST, FIRST, MIDDLE INITIAL):</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>TITLE/POSITION</th>
<th>AREA CODE/TELEPHONE NO.</th>
<th>% OWNED</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E.</th>
<th>TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL 587-0015 (03/2009)</td>
<td>PAGE 3 OF 6</td>
<td></td>
</tr>
</tbody>
</table>
4. BUSINESS PREMISE INFORMATION

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

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

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

NAME (DOING BUSINESS AS D/B/A)

JAMRAH MIDDLE EASTERN CUISINE

B. TELEPHONE

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

AREA CODE/TELEPHONE NO. 

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 premises, this license should be surrendered (if available). The applicant will also need to provide the State of Illinois Liquor Commission with a Bill of Sales Release Order ("Address Release"), if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.

ADDRESS CITY STATE ZIP CODE COUNTY

209 E LINCOLN HIGHWAY DEKAIB IL 60115 DEKAIB

D. BUSINESS TYPE

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

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

E. WAREHOUSING

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

ADDRESS CITY STATE ZIP CODE COUNTY

F. LEASED PREMISES

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

LANDLORD NAME AREA CODE/TELEPHONE NO.

JOHN PAPPAS 

ADDRESS CITY STATE ZIP CODE COUNTY

IL 567-0016 (03/2009)
5. LOCAL LICENSE INFORMATION/LIQUOR LICENSE HISTORY

A. LOCAL LIQUOR LICENSE INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE

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

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

Note: In unincorporated areas, the county acts as the local liquor licensing authority.

<table>
<thead>
<tr>
<th>MUNICIPALITY/COUNTY ISSUING LOCAL LIQUOR LICENSE</th>
<th>LOCAL LICENSE NO.</th>
<th>DATE ISSUED</th>
<th>EXPIRATION DATE</th>
<th>DATE YOU BEGAN LIQUOR SALES AT THIS PREMISE</th>
</tr>
</thead>
</table>

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the corporation's, sole proprietorship's, etc's first application for a State liquor license at any premises. If you check "no", indicate the date of your first State liquor license application. Also indicate whether the license was granted, denied or withdrawn. Provide the address of your first State liquor license application. If you have ever had a license application denied or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES ☒ NO

IF NO, PROVIDE DATE FIRST APPLIED: ________________________________

DISPOSITION: ☐ GRANTED ☐ DENIED ☐ WITHDRAWN

ADDRESS OF FIRST STATE APPLICATION: ________________________________

C. TYPE OF LIQUOR LICENSE

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

☒ ON-PREmise CONSUMPTION (PATRONS CONSUME ALCOHOLIC BEVERAGES ON PREMISE ONLY)

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

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

6. CERTIFICATE OF INSURANCE

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

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

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

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

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 6/6-2(14)]

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

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

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

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

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

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

7K ☐ YES ☑ NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 100/10-68(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 6] 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 6/6-2(a)(10) and 6/6-2(a)(10a)]

8. HOURS OF OPERATION

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1030-8</td>
<td>1030-8</td>
<td>1030-8</td>
<td>1030-8</td>
<td>1030-9</td>
<td>1030-9</td>
<td>1030-8</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.


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

SIGNATURE OF APPLICANT

OWNER

DATE 2-13-19

IL 567-0015 (03/2009)

PAGE 6 OF 6
City of DEKALB
200 South Fourth Street
Dekalb, IL 60115 • (815) 748-2000

RECEIVED FROM: Janine M. Eldred

THE SUM OF: Six Hundred Eighty Five Hundred Dollars ($685.00)

FOR: Kansas City Airport Authority

AMOUNT OF ACCOUNT: $685.00
AMOUNT PAID: $685.00
BALANCE DUE: $0.00

Cash

CHECK/1945 M.O.

BY: [Signature]

DATE: 2-8-2019
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 (Please make any necessary changes - type or print clearly)

Company or Corporation Name: Jamrah Middle Eastern
Business Name (DBA): Best of the middle East
Building Address: 209 E. Lincoln Highway DeKalb
License Issued to: Ammar Mahmood
Occupancy: 44

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

Name: Ammar Mahmood
Business Owner & Phone #: Address: [Redacted]
City, State, Zip Code: DeKalb 11, 60115
Business Manager:
Address:
City, State, Zip Code:

LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

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

E-Mail address of contact person: [Redacted]

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

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

SIGNATURE ☒

Print Name and Title: Ammar Mahmood - Owner
Date: 2/7/19

FOR CITY USE ONLY

Date Payment Received: 2-8-19
Fee Paid: 1,085.00 Check #: 1944 Cash: ☐

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

COPY 2/8/19
original doc forwarded to
**THIS FORM MUST ACCOMPANY APPLICATION**

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION - BUSINESS</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME: Jamrah Middle Eastern Cuisine</td>
<td>FIRE DEPARTMENT INFORMATION to be completed by Fire Prevention Officer</td>
</tr>
<tr>
<td>BUILDING ADDRESS: 209 E. Lincoln Highway</td>
<td>STANDPIPE LOCATION:</td>
</tr>
<tr>
<td>PHONE: [REDACTED]</td>
<td>KNOX BOX LOCATION:</td>
</tr>
<tr>
<td>DATE OF UPDATE:</td>
<td>OTHER FIRE DEPARTMENT INFORMATION:</td>
</tr>
</tbody>
</table>

**AFTER HOURS EMERGENCY CONTACT INFORMATION**

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

<table>
<thead>
<tr>
<th>CONTACT #1</th>
<th>CONTACT #2</th>
<th>CONTACT #3</th>
<th>CONTACT #4</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: Ammar Mahmoud</td>
<td>NAME: Jennifer Lake</td>
<td>NAME: Sammy Lake</td>
<td>NAME:</td>
</tr>
<tr>
<td>HOME PHONE: [REDACTED]</td>
<td>HOME PHONE: ( )</td>
<td>HOME PHONE: ( )</td>
<td>HOME PHONE: ( )</td>
</tr>
<tr>
<td>CELL PHONE/PAGER: [REDACTED]</td>
<td>CELL PHONE/PAGER: [REDACTED]</td>
<td>CELL PHONE/PAGER: ( )</td>
<td>CELL PHONE/PAGER: ( )</td>
</tr>
</tbody>
</table>

**ADDITIONAL INFORMATION**

<table>
<thead>
<tr>
<th>ALARM COMPANY NAME: Per Mar</th>
<th>ALARM COMPANY 24 HOUR PHONE NUMBER:</th>
<th>BUSINESS HOURS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MONDAY OPEN: 10:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TUESDAY OPEN: 10:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WEDNESDAY OPEN: 10:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>THURSDAY OPEN: 10:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FRIDAY OPEN: 10:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SATURDAY OPEN: 10:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUNDAY OPEN: 10:30</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

DATE RECEIVED:

DATE CAD MODIFIED:

COPY 2/8/19

original doc

City of DeKalb
opportunity - innovation

U:\Website Docs\Application-Fire Life Safety.doc
MEMO TO:  Chief Gene Lowery
FROM:  CSO Dan Gerace
DATE:  3/12/19
SUBJECT:  BACKGROUND INVESTIGATION for Ammar Mahmood for Jamrah Restaurant

CRIMINAL CHECKS

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

Police Records Checks – List all departments you inquired with.
☐ No  ☒ Yes  Explain: DeKalb Police has 39 contacts with most of them being the “reporting person.” All contacts are non-negative.

Does applicant possess a valid driver’s license?
☐ No  ☒ Yes  Explain: Valid Illinois Driver’s License

CIVIL CHECKS

Were any bankruptcies, liens or judgments located on applicant?
☐ No  ☒ Yes  Explain: 1999: 1 Judgement – Released.

OTHER AGENCIES CHECKED

Were any other agencies contacted?
☐ No  ☒ Yes  Explain: DeKalb Police and DeKalb County Circuit Clerk. Two speeding citations by DeKalb Police in 2008 and 2014.

OTHER COMMENTS

Are there other notes of interest that should be noted on the applicant?
☐ No  ☒ Yes  Comments: Arrests

Received & Recommended for approval.

[Signature]
3-13-19
LIQUOR LICENSE
BACKGROUND INVESTIGATION FORM
SUBMIT WITH APPLICATION FOR A LIQUOR LICENSE
(This document may be duplicated) (Original signature required)

NAME OF APPLICANT: Ammar I. Mahmoud
(Full name with middle initial)

MAIDEN NAME AND/OR NAMES ALSO KNOWN BY:

PRESENT HOME ADDRESS: ____________________________
PHONE: ____________________________

PREVIOUS ADDRESS(ES) (past 5 years):

BIRTH DATE: Month: ____________________________
BIRTH PLACE: City: ____________________________

CITIZEN OF U.S? YES DATE AND PLACE OF NATURALIZATION: ____________________________

WEIGHT: ____________________________ SEX: ____________________________ HAIR COLOR: ____________________________
HEIGHT: 5'9" RACE: ____________________________ EYE COLOR: ____________________________

DRIVERS LICENSE NUMBER: ____________________________ STATE: ____________________________
SOCIAL SECURITY NUMBER: ____________________________

Has applicant pled, been found guilty, or have pending charges for any crimes including, but not limited to firearms, gambling, racketeering, alcohol, controlled substances, sexual offenses, prostitution, assault, battery or contributing to the delinquency of a minor. ____ YES X NO IF YES, ATTACH EXPLANATION.

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. I understand that this form is to be utilized to complete a criminal, driving, and/or general background investigation into myself, and by signing below, wish to indicate my consent to that investigation and any subsequent questioning or review of myself, others, or records relating to myself that arises out of such investigation. To the fullest extent of the law, I knowingly and voluntarily waive any and all claims of any kind arising out of or related to the background investigation, and agree to indemnify and hold harmless the City of DeKalb, its agents and employees from any and all claims, losses or damages.

Date: 2-7-19

Signature of Applicant

STATE OF ILLINOIS ) SS
COUNTY OF DEKALB )

OFFICIAL SEAL
RUTH A. SCOTT
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires July 24, 2022

Subscribed and sworn to before me this 11th day of February, 2019
Notary Public

must be signed
Good morning Ruth I am thinking this is information you may need. I did send Kelly and email letting her know that different people are taking care of different things so depending on what the background check is for will depend on who needs this and suggested she include Ray on all so that he can be aware of them for follow up. Thanks.

Results are in for LIQ APP — Mahmood. No Arrests, results have been placed in Gerace’s mailbox.

Amy,

Rachel used to keep a spreadsheet with the updates on the applicants, not sure if you do the same. So, just let me know if you want to be updated or not.

Thanks, Kelly