RESOLUTION 2019-075

APPROVING A LIQUOR PRODUCTION LIQUOR LICENSE FOR BYERS BREWING, LLC, LOCATED AT 230 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 Liquor Production Liquor License for the establishment known as Byers Brewing, to be located at 230 E. Lincoln Highway, DeKalb, Illinois and to be operated by Byers Brewing, LLC, and the City Council has determined that it is appropriate to issue said licenses to the establishment;

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

SECTION 1: A liquor license, Liquor Production, shall be issued for Byers Brewing, LLC, 230 E. Lincoln Highway, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

1. The Licensee shall not be required to pay initial issuance fees but shall be obligated to pay liquor license renewal fees as a component of the 2020 (and years subsequent) renewal of its liquor license.

2. 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.

3. 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.

4. The License shall be conditioned upon the following conditions precedent to final issuance:
   
a. Adherence to the occupancy limit, once established.

b. A Fire Life Safety license must be obtained and maintained.
c. Registration for payment of all applicable City, State and Federal taxes.

d. Final approval by the City Police Department and Fire Department of public safety/access restrictions and policies, signage and similar measures.

e. The Licensee shall successfully complete all pre-license investigations required by City Code.

f. The Premises shall be improved and built-out in accordance with the requirements of City Code and the Premises Plan to be approved and shall obtain a certificate of occupancy permitting its use.

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

a. The property shall otherwise comply with all applicable City Codes and Ordinances.

b. The property shall comply with applicable Unified Development Ordinance (UDO) requirements and parking restrictions.

c. The property shall comply with the applicable restrictions for Liquor Production liquor use.

d. The License granted herein shall permit the initial use of the Premises for the production of alcoholic beverages, for the retail sale of package liquors, for tasting and sampling and for on-site consumption of alcoholic beverages, within the specified areas as outlined in the Premises Plan to be approved by the Liquor Commissioner. The City acknowledges that it is contemplated that the Licensee may expand operations to also include a restaurant and expanded area for consumption on-premises, potentially including an outdoor seating area. Such expansion may be authorized with the approval of the Liquor Commissioner, with the advice and recommendation of City staff, without requirement of further City Council approval. At the time of such expansion, the Licensee shall submit a revised Business Plan and Premises Plan for approval by the Liquor Commissioner.

e. Access to the licensed premises shall only be by persons 21 years of age or older, or persons with their parent or legal guardian.

f. The License shall not authorize the installation or maintenance of Video Gaming Terminals, unless later authorized by the City Council.

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 be issued. 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 13th day of May 2019 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Morris, Finucane, Smith, Fagan, McAdams, Verbic, Faivre, Mayor Smith. Nay: none.

ATTEST:

LYNNA 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 (6,790 - 19,999 sq. ft.)
       - Medium (20,000 - 40,001 sq. ft.)
       - Large (40,001+)
     - + 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
       - 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 28th day of March 2017.

Applicant:

[Signature]

[Printed Name]

[Title]

[Bus ID #347]
[Inv # 465]
[Lic # 2019-0221 (pending approval)]
Statement on Security at Byers Brewing Company

The building is equipped with RFID card access at all entries. The cards are by Continental Access, they can be disabled after hours. There will be 4-5 security cameras located around the brewery. Staff will be BASSET trained. There will always be more than one employee working. Customers will not have access to the brewing area or the dry storage area.

Bartenders and servers will verify each customer's age with a government issued ID prior to serving. Alcohol will be stored in the fridge with access only from behind the bar by staff members. Rowdy or disruptive patrons will be cut off, given water, their tab will be settled and they will be escorted off the premises. An ride service will be called if necessary. The local police will be called if the patron is belligerent.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
First Insurance Group of IL
11000 E, US Highway 34 Suite 1
Plano, IL 60545

INSURED
Byers Brewing LLC
230 E Lincoln Hwy
DeKalb, IL 60115

CONTACT NAME: Lori Dobbs
PHONE: (630) 552-3447
FAX: (630) 552-3850
EMAIL: ldobbs@lifegig.com

INSURER(S) AFFORDING COVERAGE
INSURER A: Cincinnati Insurance Company

NAC #

COVERAGE
CERTIFICATE NUMBER: CL121842964
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
<th>POLICY NUMBER</th>
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<td>ETD 0524862</td>
<td>02/15/2019</td>
<td>02/15/2020</td>
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<td>CLAIMS-MADE</td>
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<td>DAMAGE TO RENTED PREMISES (Ex occurrence)</td>
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<td>MED EXP (Any one person)</td>
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<td>AND EMPLOYEES' LIABILITY</td>
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<td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory in NJ)</td>
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<td>DESCRIPTION OF OPERATIONS BELOW</td>
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<td>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</td>
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<tr>
<td>CERTIFICATE HOLDER</td>
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<tr>
<td>CANCELLATION</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

© 1988-2015 ACORD CORPORATION. All rights reserved.
LexisNexis is not the Insurance Company. Do not send premium payments to LexisNexis/FIRST.

- For any and all policy changes you must contact the Insurance Company, Carrier, or Producer listed in the detail below.
- For all cancellation, non-renewal, expiration, and lapse notices all coverage will cease at 12:01AM local time at the premises, unless otherwise shown in the item detail provided.
- Premium Bill and Renewal Bill items require action on the part of the Loss Payee/Mortgagee listed.
- If you want to receive future notifications electronically, email firstsupport@lexisnexisrisk.com.
- This insurance notice is sent to you as the Loss Payee/Mortgagee/Additional Interested Party on behalf of the carrier listed.

CITY OF DEKALB (OWNER)
200 S 4TH ST
DEKALB IL 60115-3733

Total Property Notifications with this Document: 1   April 23, 2019

Policy: ETD00524662   REASON: Cancellation - Non-Pay Premium
Insured: BYERS BREWING LLC -200 E LINCOLN HWY-DEKALB-IL-60115
Mortgagee/Add.Party: CITY OF DEKALB -200 S 4TH ST-DEKALB-IL-60115-USA
Insurance: Cincinnati Insurance Company -PO Box 14596-Cincinnati-OH-45250
Producer: First Insurance Group LLC-11000 US Highway 34 Ste 1-Plano-IL-60545 630.552.3447
Prop. Loc:
Loan #:
FIRST Id: 10477-1220-5672709-478019671

Carrier: The Cincinnati Insurance Company
Pol. Type: Commercial Property
Eq. Dile: 05/07/2019 12:01 AM ST
Pol. From: 02/15/2019 Pol. To: 02/15/2020

This is not an Invoice/Bill
Signage Plan for the Byers Brewing Company

Directly behind the bartender shall be this sign:

NOTICE
NO ALCOHOL WILL BE SERVED TO PATRONS UNDER 21 YEARS OF AGE
Hours of Operation

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tr>
<td>2-9</td>
<td>CLOSED</td>
<td>4-9</td>
<td>4-9</td>
<td>4-9</td>
<td>4-10</td>
<td>2-10</td>
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</table>
Training Plan for Alcohol Servers at the Byers Brewing Company

Servers will be required to complete BASSET certification prior to starting. They will also undergo 2+ hours of training at the Byers Brewing Company.
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: Byers Brewing LLC
Business Name (DBA): Byers Brewing Company
Building Address: 130 E. Lincoln Highway DeKalb IL 60115
License Issued to: Occupancy:

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

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

IDENTIFICATION - TO BE COMPLETED BY ALL APPLICANTS:

Name: Steven Byers
Address: [Redacted]
City, State, Zip Code: DeKalb IL 60115

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: byersbrewingcompany@email.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 his/her designees, to make proper inspections of the above building.

SIGNATURE

Print Name and Title: Steven Byers President Date: 2/16/19

FOR CITY USE ONLY

Date Payment Received: 3-28-19 Payment Stamp Here
Fee Paid: $100.00 Check #: 103 Cash: ☐
**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: Byers Brewing Company</td>
<td>FIREFIGHTER INFORMATION</td>
</tr>
<tr>
<td>BUILDING ADDRESS: 230 E Lincoln Highway</td>
<td>to be completed by Fire Prevention Officer</td>
</tr>
<tr>
<td>PHONE</td>
<td>STANDPIPE LOCATION:</td>
</tr>
<tr>
<td>DATE OF UPDATE: 2/16/19</td>
<td>KNOX BOX LOCATION:</td>
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<tr>
<th>AFTER HOURS EMERGENCY CONTACT INFORMATION</th>
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<tbody>
<tr>
<td><em>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</em></td>
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<tr>
<th>CONTACT #1</th>
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<tbody>
<tr>
<td>NAME: Steven Byers</td>
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<tr>
<td>HOME PHONE: (____)</td>
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<tr>
<td>CELL PHONE/PAGER: [redacted]</td>
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<tr>
<th>CONTACT #2</th>
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<tbody>
<tr>
<td>NAME: Megan Byers</td>
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<tr>
<td>HOME PHONE: (____)</td>
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<tr>
<td>CELL PHONE/PAGER: [redacted]</td>
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<th>CONTACT #4</th>
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<td>HOME PHONE: (____)</td>
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<td>CELL PHONE/PAGER: (____)</td>
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<th>ADDITIONAL INFORMATION</th>
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<tr>
<td>ALARM COMPANY NAME:</td>
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<tr>
<td>ALARM COMPANY 24 HOUR PHONE NUMBER: (____)</td>
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<table>
<thead>
<tr>
<th>BUSINESS HOURS:</th>
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<tbody>
<tr>
<td>MONDAY OPEN: 7am CLOSE: 9pm</td>
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<td>TUESDAY OPEN: 7am CLOSE: 9pm</td>
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<tr>
<td>WEDNESDAY OPEN: 7am CLOSE: 9pm</td>
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<td>THURSDAY OPEN: 7am CLOSE: 9pm</td>
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<td>FRIDAY OPEN: 7am CLOSE: 9pm</td>
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<td>SATURDAY OPEN: 7am CLOSE: 9pm</td>
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<tr>
<td>SUNDAY OPEN: 7am CLOSE: 9pm</td>
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<th>FOR POLICE DEPARTMENT USE ONLY</th>
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<td>NEW STREET</td>
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<td>NEW CONSTRUCTION</td>
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<td>ESTABLISHED BUSINESS/NEW ADDRESS</td>
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<td>NEW BUSINESS/ESTABLISHED ADDRESS</td>
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<td>NEW BUSINESS/NEW ADDRESS</td>
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<tr>
<td>BUSINESS CLOSED</td>
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DATE RECEIVED: ____________________________
DATE CAD MODIFIED: ____________________________

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE FINANCE DEPARTMENT (Rachel.Pace@cityofdekalb.com) FAX: 815-748-2304
IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.
APPLICATION FOR STATE OF ILLINOIS SPECIALTY RETAILER'S LIQUOR LICENSE
BREW PUB — CATERER RETAILER — WINE MAKER RETAILER

The following are considered specialty retailer’s liquor licenses. Check the box that applies to the type/class of license for which application is being made. Be sure to obtain and complete all of the supporting documents required for the particular license class.

A. ☐ BREW PUB FEE: $1,500.00

A "brew pub" means a person who manufactures no more than 155,000 gallons (5,000 barrels) per year only at a designated licensed location, to make sales to importing distributors, distributors, and to non-licensees for use and consumption only, who stores beer at the designated location and who is allowed to sell at retail from the licensed location, provided that a brew pub licensee shall not sell for off-location consumption more than 155,000 gallons (5,000 barrels) per year. (235 ILCS 5/1-3.33). The following documents must be attached.

- Photocopy of local liquor license
- Photocopy of certificate of insurance
- Registration statement(s) (form enclosed)
- Proof that applicant has the right to possession of the property (e.g., deed or lease)
- Copy of Forms(s) 5100.31: Certification/Exemption of Lab/Bottle Approval, if applicable. Forms can be downloaded at www.ttb.gov

☑ Copy of federal brewer's notice (visit www.ttb.gov)
- Tax bond acquired by one of the enclosed forms below:
  + REG-4-A, Financial Responsibility Bond
  + REG-4-D, Financial Institution Irrevocable Letter of Credit Bond

B. ☐ CATERER RETAILER FEE: $500.00

A "caterer retailer" means a person who serves alcoholic liquors for consumption, either on-site or off-site, whether the location is licensed or unlicensed, as an incidental part of food service. Prepared meals and alcoholic liquors are sold at a package price agreed upon under contract. (235 ILCS 5/1-3.34) The following documents must be attached.

- Photocopy of local liquor license
- Proof that applicant has the right to possession of the property (e.g., deed or lease)

- Photocopy of certificate of insurance

C. ☐ WINE MAKER RETAILER FEE: $500.00

A wine-maker's retail license shall allow the licensee to sell and offer for sale at retail in the location specified on the license not more than 50,000 gallons of wine per year for use or consumption, but not for resale in any form. This license shall be issued only to a person licensed as a first-class or second-class wine-maker. A wine-maker's retail licensee, upon receiving permission from the Commission, may conduct business at a second location that is separate from the location specified in its wine-maker's retail license. The following documents must be attached.

- Photocopy of local liquor license
- Proof that applicant has the right to possession of the property (e.g., deed or lease)

- Photocopy of certificate of insurance

D. ☐ WINE MAKER RETAILER Second Location FEE: $1,000.00 Third Location FEE: $1,000.00

One wine-maker's retail license for a second location may be issued to a wine-maker's retail license holder allowing the licensee to sell and offer for sale at retail at a location specified in the wine-maker's retail license second location up to 50,000 gallons of wine per year for use and consumption and not for resale produced at the licensee's first location. The following documents must be attached.

- Photocopy of local liquor license
- Photocopy of certificate of insurance
- Proof that applicant has the right to possession of the property (e.g., deed or lease)

Make check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION.
The Commission does not accept U.S. currency/cash as payment.

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1-7) DISCLOSURE. THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON ISSUANCE OF YOUR LICENSE.
Application for State of Illinois Specialty 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 Internal Revenue Service. This number is used for verification purposes only. If you do not have a FEIN, call 1 800 829-3676 for information on how to apply for and obtain the forms you need. NOTE: The ILCC will accept your application as long as you have filed an application for your FEIN.

B. ILLINOIS SALES TAX ACCOUNT ID
   Enter the eight-digit Illinois Department of Revenue Sales Tax Account ID. YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED. If you need to obtain this number, visit tax.illinois.gov, click on “Businesses” then “How do I register?” under the Business Registration section. If you have any questions, call 217 785-3707.

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

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

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

NAME

Byers Brewing LLC

F. BUSINESS ADDRESS/MAILING ADDRESS

F1 - Enter the street address, city, state, and ZIP code of the business.
F2 - Enter the mailing address, including street address, city, state, and ZIP code, if different from the Business Address on Line F1.

ADDRESS

230 E. Lincoln Highway

CITY

DeKalb

STATE

IL

ZIP CODE

60115

G. CONTACT INFORMATION

Provide the contact information for your business. The contact person should be the responsible party we can contact and who can answer questions on behalf of the business. The mobile or alternate number should be in addition to any business numbers on file. The email address should be the active email address for the business, not the personal email address of the contact person.

CONTACT PERSON'S NAME (First, Last)  BUSINESS PHONE NUMBER  ALTERNATE PHONE NUMBER (Home, Cell, etc.)

Steven Byers

berrybrewingcompany

( )

( )

IL. 507-0056 (1/2019)  PAGE 2 OF 6
2. STATUTORY 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 Illinois Secretary of State.

Based on the box that you check, provide the date of filing of the sole proprietorship/assumed name with the county clerk: in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; 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 565-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the liquor license.

A. ☐ Sole Proprietorship
B. ☐ Partnership
C. ☐ Illinois Corporation
D. ☐ Foreign Corporation
E. ☑ Limited Liability Company

Date Filed With County Clerk: ____________________________
Date Of Formation: ____________________________
Date Of Incorporation: ____________________________
State Of Incorporation: ____________________________
Date Qualified To Do Business In Illinois: __________
Date Formed: 1/8/2018

3. OWNERSHIP INFORMATION

Provide the owner/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 five percent.

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 aggregate stock equal to or more than five percent, (including officers, directors and shareholders with stock equal to or more than five percent 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 five percent interest. If additional space is needed, provide information on a separate sheet(s) in the same format as this application. Before completing this section, check the questions in Section 7 - Eligibility.

For each owner/officer/partner/five percent shareholder, provide full name, home address, city, state, ZIP code, Social Security number, date of birth, sex, title/position, home telephone number, and ownership percentage. Total ownership percentage should equal 100 percent. If there are a number of shareholders owning less than five percent, indicate the aggregate total of ownership under Line E.

A.

NAME (LAST, FIRST, MIDDLE INITIAL) ...

B.

NAME (LAST, FIRST, MIDDLE INITIAL) ...

C.

NAME (LAST, FIRST, MIDDLE INITIAL) ...

D.

NAME (LAST, FIRST, MIDDLE INITIAL) ...

E. Total percentage of all stock held by all persons with less than five percent interest.

%
4. BUSINESS LOCATION INFORMATION

A. NAME/DOING BUSINESS AS (DBA)
Enter the name of the business which will be selling or serving alcoholic beverages at the licensed premises. Note: This name must be consistent with the name printed on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS)
Byers Brewing Company

B. TELEPHONE
Enter the area code, telephone number and extension at the business 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 location. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Certificate.
Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (e.g., bill of sale or closing statement). IMPORTANT: You also must present proof that the applicant (e.g., corporation, LLC, partnership, or sole-proprietor) has the right to possession of the property (e.g., deed or lease). If there is an existing state liquor license on the premise, this license should be surrendered, if available. The applicant also needs to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order ("Address Release"), if applicable, which can be obtained by contacting the Illinois Department of Revenue at 312 614-3063.

ADDRESS CITY STATE ZIP CODE COUNTY
230 E. Lincoln Highway DeKalb IL 60115 DeKalb

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


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
N/A

F. LEASED PREMISES
If you lease your premises, the lease must cover the full term of the license. Provide the landlord's name, telephone number, street address, city, state, ZIP code and county.

LANDLORD NAME ADDRESS CITY STATE ZIP CODE COUNTY
Cohen Barnes 230 E. Lincoln Highway DeKalb IL 60115 DeKalb
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 location. Alcoholic beverages may not be sold or offered for sale prior to the date that the state liquor license is issued. If you begin 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 LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

Indicate by checking the correct box whether or not this is the applicant's first application for a state liquor license at any location. 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 location address of your first Illinois 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 ILLINOIS APPLICATION: ________________________

C. TYPE OF LIQUOR LICENSE

Check the box which best describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.

☐ ON-PREMISES CONSUMPTION (Patrons consume alcoholic beverages on the premise only)

☐ OFF-PREMISES CONSUMPTION (Carry-out purchases only)

☒ ON/OFF-PREMISES CONSUMPTION COMBINATION (Both on the premise consumption and carry-outs)

6. CERTIFICATE OF INSURANCE

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (not the policy declaration)

You MUST provide a copy of your certificate of insurance if you sell liquor for on the premises or on/off the premises consumption. The certificate of insurance must show that you have liquor liability insurance and must include the following: 1) the applicant shown as the insured; 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**

These questions apply to the applicant and any other person listed under Question 3. These questions MUST be answered. If the questions are not answered, the application will be rejected. If any question is checked "yes," a written, detailed explanation is required and must be attached to this application.

6-17 ☐ YES ☒ NO  HAVE YOU FAILED OR NEGLECTED TO REGISTER WITH THE FEDERAL TAX & TRADE BUREAU (TTB)? IF SO, PLEASE CONTACT THE TTB AT 1 800 937-8864 OR 513 684-2979.

6-18 ☐ YES ☒ NO  ARE YOU DELINQUENT IN THE PAYMENT OF ANY ILLINOIS BUSINESS TAXES (SALES, WITHHOLDING, ETC.)?

6-19 ☐ YES ☒ NO  ARE YOU DELINQUENT UNDER THE CASH BEER LAW?

6-20 ☐ YES ☒ NO  ARE YOU DELINQUENT UNDER THE 30-DAY CREDIT LAW?

6-22 ☐ YES ☒ NO  HAVE YOU EVER APPLIED FOR AND BEEN DENIED A LIQUOR LICENSE?

6-23 ☐ YES ☒ NO  HAVE YOU HAD ANY PREVIOUS LIQUOR LICENSE REVOKED?

6-24 ☐ YES ☒ NO  HAVE YOU EVER BEEN CONVICTED OF A FELONY?

6-25 ☐ YES ☒ NO  HAVE YOU EVER BEEN CONVICTED OF A GAMBLING OFFENSE AS DEFINED UNDER SECTION 6-2 OF THE ILLINOIS LIQUOR CONTROL ACT WHICH INCLUDES OFFENSES ENUMERATED IN 720 ILCS 5/28-1 GAMBLING, 720 ILCS 5/28-1.1 SYNDICATED GAMBLING; AND 720 ILCS 5/28-3 KEEPING A GAMBLING PLACE?

6-26 ☐ YES ☒ NO  DO YOU POSSESS A CURRENT FEDERAL WAGERING STAMP? (ISSUED BY THE INTERNAL REVENUE SERVICE TO TAX WAGERING ACTIVITY)

6-27 ☐ YES ☒ NO  ARE YOU, OR ANY OTHER PERSON WITH A DIRECT INTEREST IN YOUR PLACE OF BUSINESS, A PUBLIC OFFICIAL OR LAW ENFORCEMENT OFFICIAL IN THE SAME JURISDICTION AS THE LICENSE?

6-28 ☐ YES ☒ NO  HAVE YOU RECEIVED OR BORROWED MONEY OR ANYTHING OF VALUE DIRECTLY OR INDIRECTLY FROM ANY OTHER LICENSEE(S), REPRESENTATIVES OF A LICENSEE, OR SUPPLIERS OF ALCOHOLIC PRODUCTS?

6-30 ☐ YES ☒ NO  IF OPERATING AS A SOLE PROPRIETORSHIP OR A PARTNERSHIP, ARE YOU OR YOUR PARTNER(S) CURRENTLY NOT CITIZENS OF THE UNITED STATES OR RESIDENT ALIENS WITH LEGAL STATUS?

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>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4-9</td>
<td>4-9</td>
<td>4-9</td>
<td>4-10</td>
<td>2-10</td>
<td>2-9</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, a partner or an officially authorized agent of the business. The signature must be original. Rubber stamps, photocopies, or faxed copies 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 FIVE PERCENT OR MORE OF THE BUSINESS.)

[Signature of Applicant/Authorized Agent]

[Signature of President]

2/16/2019
My Records

Here is a list of the permit, registration, and notice applications that you have permission to access and update.

If you are looking for records that were originally filed on paper or by a colleague and don't see them here, submit a request to have them linked to your account.

Showing 1-4 of 4 | Add to collection

<table>
<thead>
<tr>
<th>Date</th>
<th>Tracking Number</th>
<th>Application Type</th>
<th>EIN / Business Name</th>
<th>Perm/Reg/Op</th>
<th>Address</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/08/2019</td>
<td>2019-ENTITY-00975-O</td>
<td>Application for Original Entity</td>
<td>82-3927332 / Byers Brewing LLC</td>
<td></td>
<td>Review in Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/08/2019</td>
<td>PQ-2019-01945</td>
<td>Personnel Questionnaire</td>
<td></td>
<td>Accepted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/07/2019</td>
<td>2019-BRE-00545-O</td>
<td>Application for Brewery or Brewpub</td>
<td>82-3927332 / Byers Brewing LLC</td>
<td>230 E Lincoln HWY STE 100 Dekalb IL 60115</td>
<td>Review in Process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/10/2019</td>
<td>PQ-2019-01946</td>
<td>Personnel Questionnaire</td>
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<td>Accepted</td>
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</tbody>
</table>

Search My Records

If you are not able to find the record you are looking for by filtering the table above, you can use the search options below to find your Permits Online records.

General Search

You can use the percent sign (%) or asterisk (*) as wild cards in your search.

- Tracking Number:
- Record/Application Type:
- Start Date: 05/27/1919
- End Date: 05/02/2019
- Street No.:
- Direction:
- Street Name:
- Street Type:
- Street Suffix:
- Search Additional Criteria

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https://www.tbonline.gov/permitsonlineDefault.aspx