RESOLUTION 2019-076

APPROVING A HOSPITALITY LIQUOR LICENSE FOR FAMILY FUN CENTER, LLC, D/B/A MASON INDOOR GOLF, LOCATED AT 1500 SYCAMORE ROAD, DEKALB, ILLINOIS WITH SUPPLEMENTAL LICENSURE FOR VIDEO GAMING.

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 Hospitality Liquor License for the establishment known as Mason Indoor Golf, to be located at 1500 Sycamore Road, DeKalb, Illinois and to be operated by Family Fun Center, 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, Hospitality, shall be issued for Family Fun Center, LLC, d/b/a Mason Indoor Golf, 1500 Sycamore Road, DeKalb, Illinois ("Licensee") subject to the following terms and conditions:

1. The Licensee shall pay initial issuance fees in the amount of $5,320 and 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 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 UDO requirements and parking restrictions.

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

d. No package liquor sales shall be permitted.

e. The License shall authorize the installation and maintenance of not more than five (5) Video Gaming Terminals within the designated area shown on the floor plan. No person under the age of 21 years shall be permitted to enter such portion of the premises. Such area shall be locked during hours when alcohol sales are not permitted.

f. The License shall authorize a bar area as designated on the final approved plans, with no person under the age of 21 being permitted to enter such portion of the premises. Such area shall be locked during hours when alcohol sales are not permitted.

g. The License shall also authorize a sports simulation area within which alcohol may be served within permitted hours of sale under City Code, under conditions permitted for hospitality licensees (i.e. with persons under 21 being permitted to be in attendance).

h. The facility may operate at any time, provided however that liquor sales shall only be permitted during the hours allowed under City Code.

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 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:

[Signature]
LYNN A. FAZEKAS, City Clerk

[Seal]

[Signature]
BERRY 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 – 48,000 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
   - **RYOB**
   - **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 3B 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 $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 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, 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.

9. For PENP licenses, please attach proof of your governmental ownership or non-profit status. Please also contact the City to discuss your operating agreement.
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 10 day of July 2019. Received 3-28-19

Applicant: [Signature]

Printed: [Name]

Title: [Title]

Bus ID #: 348

Inv #: 468

License #: 2019-0226 (Pending Approval)
### CERTIFICATE OF LIABILITY INSURANCE

**MASOPRO-01**

<table>
<thead>
<tr>
<th>INSURER A: NORTH AMERICAN CAPACITY INSURANCE COMPANY</th>
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<tr>
<td>INSURER B: Commerce &amp; Industry Ins Co</td>
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<td>INSURER C:</td>
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<td>INSURER F:</td>
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**PRODUCER**

touchChampaign
1704 South Neil Street, Suite A
Champaign, IL 61820

**CONTACT**

PHONE:  (217) 358-3111
FAX:  (217) 358-3112

**INQUIRY**

**INSURED**

Family Fun Center, LLC
d/b/a Mason Indoor Golf
120 N Annie Gilidden Rd
DeKalb, IL 60115

**COVERAGES**

**CERTIFICATE NUMBER:**

**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>A</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL. SUBR.</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF</th>
<th>POLICY EXP</th>
<th>LIMITS</th>
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<tr>
<td>X</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>X OCCUR</td>
<td>88-G0002868-02</td>
<td>7/10/2018</td>
<td>7/10/2019</td>
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| B | UMBRELLA LIABILITY | OCCUR | EBU 015833293 | 7/10/2018 | 7/10/2019 | $10,000,000 |

| | WORKERS COMPENSATION | DED | RETENTION $ | N/A |
| | ANY PROPRIETOR/PARTNER/ECHENAGE | Y/N | EXCLUDED | N/A |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

The City of DeKalb is recognized as Additional Insured without right of subrogation.

Included: Liquor Liability

Cancellation Notice: 30 days

**CERTIFICATE HOLDER**

City of DeKalb
200 South Fourth Street
DeKalb, IL 60115

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

[Signature]

© 1995-2015 ACORD CORPORATION. All rights reserved.
6. Security Plan
a) Age Verification: Our establishment will sell liquor on the bar side of the establishment only but patrons will be able to bring their adult beverages throughout the facility as we will be requesting a hospitality liquor license. We will card all patrons at the bar area before any adult beverages are served.

b) All alcoholic beverages will be located behind the bar area for sale as well as stored in coolers in the bar storage area that will be locked at all times.

c) We will be securing access to the bar area during closed hours by locking all doors that have access to that side of the facility. The 2nd front entrance door in front of the bar as well as the 2 access doors within for patrons will be locked during hours that the bar is closed.

d) All staff will be BASSET trained and certified.

e) Rowdy and disruptive patrons will be asked to leave. We will train our staff on how to handle rowdy and disruptive patrons by staying calm and trying to diffuse the situation before calling the police. If the patrons refuse to behave the police will be called and a trespass notice will be issued for future access to our establishment.

f) Anti theft policies will be in place. All stock will be inventoried when it is delivered. The manager of the facility will check the sales and inventory daily to prevent theft at this facility. The premise will also be equipped with a security alarm, fire alarm, and security cameras.

g) We will install security cameras, security alarm, and fire alarms.

7. Insurance Certificate
The certificate of insurance will be supplied at a later date. We have not began building the Golf Facility at this time. Once we are ready for insurance we will purchase the appropriate insurance that is compliant with Section 38.08 and supply a copy to you that names the City of DeKalb as additional primary insured. Certificate of Liability IS attached.

8. Our facility will primarily be an Indoor HD Golf facility. We will have 7 HD Golf simulators located at 1500 Sycamore Rd. 1502 and 1504 Sycamore Rd will be open to 1500 Sycamore Rd with a locked door to lock entrance during hours that alcohol is not able to be served. 1502 and 1504 will be the bar and video gaming area of our business. The video gaming area will be in an area with partition walls and glass to the ceiling that will have a doorway that will also lock during closed hours. The Video gaming area will be visible by the bartender at the bar through the glass. The kitchen area of the bar will open as long as the Golf facility is open. Food will be served at the concession area of the golf facility during the hours when the bar area is closed.

9. Does not apply.
10. Signage plan
Our signage plan will include posting all required signs for restaurants and bars including signs required by federal and state standards. Additional signs we will post will prohibited under 21 liquor sales reading “To be sold or served alcoholic beverages on this premises your birthdate must be on or before this date of this year.

11. No outdoor seating

12. Hours of operation.
The golf facility we plan to have open 24 hours a day 7 days a week. The bar area will be open during all hours allowed by City of DeKalb code which will be
Monday-Wednesday - 6AM to 1AM
Thursday - Saturday - 6AM to 2AM
Sunday 10AM to 1AM

13. Our training plan will be to send our servers to BASSET training at one of the BASSET classes listed on the Illinois Liquor Control Commissioner’s website in the Northern Illinois region.

14. We are not open at this time.

15. We are requesting a conditional liquor license based on City approval. Our facility will be requesting a hospitality liquor license and for our facility to be considered as a bowling alley in the current UDO. We would like to open by late by summer of 2019 but the opening date will be determined after our special use permits and building permits are approved.
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 and floor plan with license fee to:
City Manager's Office, 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

<table>
<thead>
<tr>
<th>Company or Corporation Name:</th>
<th>Family Fun Center, LLC</th>
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<tbody>
<tr>
<td>Business Name (DBA):</td>
<td>Mason Indoor Golf</td>
</tr>
<tr>
<td>Building Address:</td>
<td>1502 Sycamore Rd</td>
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<tr>
<td>License Issued to:</td>
<td></td>
</tr>
<tr>
<td>Occupancy:</td>
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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 □
If your business is covered by a Fire Alarm, has it had an annual inspection? (Please attach report)  Yes □ No □
If your business is covered by a Sprinkler System, has it had an annual inspection? (Please attach report)  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>Business Owner &amp; Phone #</td>
<td>Address: 120 N Annie Gridden Rd</td>
</tr>
<tr>
<td>Business Manager</td>
<td>Address: 120 N Annie Gridden Rd</td>
</tr>
</tbody>
</table>

LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

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

E-Mail address of contact person:

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 designee, to make proper inspections of the above building.

SIGNATURE

Print Name and Title: James Mason  Date: 4.10.19

FOR CITY USE ONLY

Date Payment Received: 4-10-19
Fee Paid: $100  Check #: 4673  Cash: □

Questions about this form? Call (815) 748-2690
**THIS FORM MUST ACCOMPANY APPLICATION**

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION – BUSINESS</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
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<tbody>
<tr>
<td><strong>BUSINESS INFORMATION</strong></td>
<td><strong>FIRE DEPARTMENT INFORMATION</strong></td>
</tr>
<tr>
<td><strong>BUSINESS NAME</strong> Mason Indoor Golf</td>
<td>to be completed by Fire Prevention Officer</td>
</tr>
<tr>
<td><strong>BUILDING ADDRESS:</strong> 1500-1504 Sycamore Rd</td>
<td>STANDPIPE LOCATION:</td>
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<tr>
<td><strong>PHONE:</strong></td>
<td>KNOX BOX LOCATION:</td>
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<tr>
<td><strong>DATE OF UPDATE:</strong></td>
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**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>
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<tbody>
<tr>
<td><strong>NAME:</strong> Jim Mason</td>
</tr>
<tr>
<td><strong>HOME PHONE:</strong> [Redacted]</td>
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<td><strong>CELL PHONE/PAGER:</strong> [Redacted]</td>
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<th>CONTACT #2</th>
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<tr>
<td><strong>NAME:</strong> Steve Miner</td>
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<tr>
<td><strong>HOME PHONE:</strong> [Redacted]</td>
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<td><strong>CELL PHONE/PAGER:</strong> [Redacted]</td>
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<th>CONTACT #3</th>
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<tr>
<td><strong>NAME:</strong> Sarah Whiting</td>
</tr>
<tr>
<td><strong>HOME PHONE:</strong> [Redacted]</td>
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<td><strong>CELL PHONE/PAGER:</strong> [Redacted]</td>
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<th>CONTACT #4</th>
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<tr>
<td><strong>NAME:</strong> Mike Thompson</td>
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<tr>
<td><strong>HOME PHONE:</strong> [Redacted]</td>
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<td><strong>CELL PHONE/PAGER:</strong> [Redacted]</td>
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**ADDITIONAL INFORMATION**

<table>
<thead>
<tr>
<th>ALARM COMPANY NAME: TBD</th>
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<tr>
<td><strong>ALARM COMPANY 24 HOUR PHONE NUMBER:</strong> [Redacted]</td>
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**BUSINESS HOURS**

<table>
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<td>WEDNESDAY</td>
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<td>THURSDAY</td>
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<td>FRIDAY</td>
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<td>SATURDAY</td>
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<td>SUNDAY</td>
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<td>CLOSE: TBD</td>
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**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:**

**BY TC#:**

**DATE CAD MODIFIED:**

**BY TC#:**

---

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE CITY MANAGER'S OFFICE (ruth.scott@cityofdekalb.com) FAX: 815-748-2891.

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 CITY MANAGER'S OFFICE AT (815) 748-2090.
APPLICATION FOR STATE OF ILLINOIS RETAILER'S LIQUOR LICENSE

REMEMBER: YOU CANNOT PURCHASE OR SELL ALCOHOL WITHOUT A VALID STATE LIQUOR LICENSE!

DEFINITION: A Retailer's Liquor License shall allow the licensee to sell and offer for sale at retail, only at the premises specified in such license, alcoholic liquor for use or consumption, but not for resale in any form; provided that any retail liquor license issued to a manufacturer shall only permit such manufacturer to sell alcoholic beverages at retail on the premises actually occupied by such manufacturer [235 ILCS 5/5-1.1(b)], the only exception being a vine-maker's retail license—2nd location [235 ILCS 5/5-1(f)]. All applicants for licensing as a liquor "retailer" must complete this application form. Respond to all questions on the application and furnish all required supporting documents. Failure to do so will result in the rejection of the application and non-issuance of a state liquor license.

RETAILER'S LIQUOR LICENSE

The following documents and information are REQUIRED prior to receiving for your state license:

1) Photocopy of Certificate of Insurance (not the "Policy Declaration") if alcohol will be consumed on-premise;
2) Photocopy of Current Local Liquor License (contact your local liquor commission);
3) Prior State Liquor License (if applicable);
4) Bulk Sales Release Order—Address Release (call IL Dept. of Revenue at 312-814-3063 if applicable);
5) Proof of Purchase, ie, bill of sale or closing statement (the closing on the purchase of business MUST occur prior to applying for your state license);
   IMPORTANT: You must also present proof that the applicant (ie, Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (ie, Deed or Lease). If there is an existing state liquor license on the premise, this license should be surrendered (if available);
6) Federal Employer Identification Number (FEIN). Call 800-829-3676 to apply for number;
7) Illinois Business Tax (Sales Tax Account) Number, if applicable, visit www.tax.illinois.gov, click on "Businesses", and then "Business Registration" to obtain this number. If you have any questions, call 217-785-3707.
8) Check or Money Order payable to the "Illinois Liquor Control Commission" (the Commission does NOT accept U.S. currency/cash as payment);
9) This application with the information requested printed or typed in the spaces provided. This form MUST bear an Original Signature

NOTE: The date of expiration of your initial State license will coincide with the 12-month period that begins on the issue date of your local liquor license. In some cases, the term of your first year's State liquor license may be less than a full year in duration.

IMPORTANT NOTICE: THE ILL.CGS REQUESTS DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. THIS FORM IS APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

IL 667-0015 (03/2009)
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.

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.

C. TELEPHONE
Enter the area code/telephone number/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 (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.

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

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 N Annie Gidden Rd</td>
<td>Dekalb</td>
<td>IL</td>
<td>60115</td>
</tr>
</tbody>
</table>
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 name filed with 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 state where it was incorporated and the date, as well as the date of its becoming qualified under the "Business Corporation Act of 1983" to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

NOTE! In the case of a sole proprietorship, Section 5/6-2 of the Illinois Liquor Control Act requires that the business owner reside within the jurisdiction that grants the local liquor license.

A. ☐ SOLE PROPRIETORSHIP DATE FILED WITH COUNTY CLERK: 
B. ☐ PARTNERSHIP DATE OF FORMATION: 
C. ☐ ILLINOIS CORPORATION DATE OF INCORPORATION: 
D. ☐ FOREIGN CORPORATION STATE OF INCORPORATION: DATE QUALIFIED TO DO BUSINESS IN ILL: 
E. ☑ LIMITED LIABILITY COMPANY DATE FORMED: 4.9.2015

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 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. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mason, James C</td>
<td></td>
<td></td>
<td>IL</td>
<td></td>
</tr>
<tr>
<td>SOCIAL SECURITY NO.</td>
<td>DATE OF BIRTH</td>
<td>SEX</td>
<td>TITLE/POSITION</td>
<td>AREA CODE/TELEPHONE NO.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Manager</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mason, Linda R.</td>
<td></td>
<td></td>
<td>IL</td>
<td></td>
</tr>
<tr>
<td>SOCIAL SECURITY NO.</td>
<td>DATE OF BIRTH</td>
<td>SEX</td>
<td>TITLE/POSITION</td>
<td>AREA CODE/TELEPHONE NO.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Manager</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
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</tr>
<tr>
<td>SOCIAL SECURITY NO.</td>
<td>DATE OF BIRTH</td>
<td>SEX</td>
<td>TITLE/POSITION</td>
<td>AREA CODE/TELEPHONE NO.</td>
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<tr>
<th>D. NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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</tr>
<tr>
<td>SOCIAL SECURITY NO.</td>
<td>DATE OF BIRTH</td>
<td>SEX</td>
<td>TITLE/POSITION</td>
<td>AREA CODE/TELEPHONE NO.</td>
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</table>

<table>
<thead>
<tr>
<th>E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL. 567-0015 (03/2009)</td>
<td>PAGE 3 OF 6</td>
</tr>
</tbody>
</table>
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 (DB/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 DB/A):**

Family Fun Center, LLC DBA Mac's Indoor Golf

B. **TELEPHONE**

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

<table>
<thead>
<tr>
<th>AREA CODE/TELEPHONE NO.</th>
<th>___</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>714</td>
<td>___</td>
<td></td>
</tr>
</tbody>
</table>

C. **ADDRESS**

In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate. Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (i.e., bill of sale, closing statement). IMPORTANT: You must also present proof that the applicant (i.e., Corporation, LLC, Partnership, or Sole-Proprietor) has the right to possession of the property (i.e., Deed or Lease). If there is an existing state liquor license on the premise, this license should be surrendered (if applicable). The applicant will also need to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order ("Address Release") if applicable, which can be obtained by contacting the Illinois Dept. of Revenue at 312-814-3063.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500+1502 Sycamore Rd</td>
<td>Dekalb</td>
<td>IL</td>
<td>60115</td>
<td>Dekalb</td>
</tr>
</tbody>
</table>

D. **BUSINESS TYPE**

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

- **A.** DRUG STORE/PHARMACY
- **B.** RESTAURANT
- **C.** CONVENIENCE
- **D.** SUPERMARKET
- **E.** LIQUOR STORE
- **F.** DEPARTMENT STORE
- **G.** BAR/TAVERN
- **H.** HOTEL/MOTEL
- **I.** CONVENIENCE & GAS
- **J.** SMALL GROCERY
- **K.** GAS STATION
- **L.** OTHER: Indoor Golf Facility

E. **WAREHOUSING**

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

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

F. **LEASED PREMISES**

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

<table>
<thead>
<tr>
<th>LANDLORD NAME</th>
<th>AREA CODE/TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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</tr>
</tbody>
</table>
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>
<tbody>
<tr>
<td>Dekalb</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. FIRST LICENSE APPLICATION - LICENSE HISTORY

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

IS THIS YOUR FIRST STATE LICENSE APPLICATION?  YES [X]  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); 2) The address of the location where the liquor is being consumed; and 3) The dates of coverage and the coverage limits.
7. ELIGIBILITY QUESTIONS

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

7A ☐ YES ☑ NO Are you delinquent in the payment of any Illinois business taxes (sales, withholding, etc.)? [235 ILCS 5/6-3]

7B ☐ YES ☑ NO Are you delinquent under the "cash beer" law?

7C ☐ YES ☑ NO If retailer, are you delinquent under the "30-day credit" law?

7D ☐ YES ☑ NO Have you ever made application for a liquor license which has been denied? [235 ILCS 5/6-2(14)]

7E ☐ YES ☑ NO Have you ever had any previous liquor license suspended or revoked? [235 ILCS 5/6-2(7)]

7F ☐ YES ☑ NO Have you ever been convicted of a felony? [235 ILCS 5/6-2(4)]

7G ☐ YES ☑ NO Have you ever been convicted of a gambling offense as defined under section 5/6-2 of the Act which includes offenses enumerated in 720 ILCS 5/28-1(a), ii, "gambling;" 720 ILCS 5/28-1(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 5/6-2(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 100/16-65(c)]

7L ☐ YES ☑ NO Are you in violation of the required liquor liability insurance coverage stated in section 6-21(a) of the Liquor Control Act [235 ILCS 5/] regarding establishments that sell alcoholic liquors for use or consumption on the licensed retail premises?

7M ☐ YES ☑ NO If a Corporate Licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-6(c)(10)]

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>6AM-1AM</td>
<td>6AM-1AM</td>
<td>6AM-1AM</td>
<td>6AM-2AM</td>
<td>6AM-2AM</td>
<td>6AM-2AM</td>
<td>10AM-1AM</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] [Title/Position] [Date]
I, Jim Mason, have owned and operated a number of different businesses over the last 40 years. I am seeking a liquor license for a Simulated Golf Facility in the City of DeKalb. Over the last 40 years I have owned and managed over 900 residential units as well as commercial and industrial rentals. I have owned a restaurant called Annie G’s in DeKalb. The building was then sold to IHOP who currently still operate in the building. I own 2 Laundromats that I manage as well.

The Simulated Golf Facility will have the same concept as a bowling alley but instead of bowling lanes we will have 7 golf simulators where people can rent the bays and play different golf courses around the world. We will have a bar and pool tables as well as a small kitchen area where pizza and concession type food will be sold.
STATE OF ILLINOIS  
COUNTY OF DEKALB  
CITY OF DEKALB  

I, LYNN A. FAZEKAS, do hereby certify that I am the duly appointed City Clerk of the City of DeKalb, DeKalb County, Illinois, and as such officer, I am the keeper of the records and files of the City Council of said City.

I do further certify that the attached is a true and correct copy of:

ORDINANCE 2019-032-

APPROVING A SPECIAL USE PERMIT FOR AN AMUSEMENT ESTABLISHMENT (INDOOR SPORTS SIMULATION FACILITY) AT 1500-1504 SYCAMORE ROAD, DEKALB, ILLINOIS.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, on the 6th day of April 2019. The original will be kept on file at the City of DeKalb Municipal Building.

WITNESS my hand and the official seal of said City this 15th day of April 2019.

LYNN A. FAZEKAS, City Clerk

Prepared by and Return to:
City of DeKalb
City Clerk’s Office
200 S. Fourth Street
DeKalb, Illinois 60115
ORDINANCE 2019-032  

APPROVING A SPECIAL USE PERMIT FOR AN AMUSEMENT ESTABLISHMENT (INDOOR SPORTS SIMULATION FACILITY) AT 1500-1504 SYCAMORE ROAD, DEKALB, ILLINOIS.

WHEREAS, the City of DeKalb is a home rule municipality with the power and authority conferred upon it by the Illinois Municipal Code and the Constitution of the State of Illinois; and

WHEREAS, JLR Illinois, LLC, represented by James Mason (herein referred to as “Petitioner”) of property located at 1500-1504 Sycamore Road, DeKalb, Illinois, (herein referred to as “Subject Property”), has petitioned the City of DeKalb for approval of a special use permit for an Amusement Establishment (Indoor Sport Simulation Facility) in the “GC” General Commercial District; and

WHEREAS, pursuant to proper legal notice, a public hearing was conducted by the Planning and Zoning Commission on March 20, 2019; and

WHEREAS, the City and Petitioner have conducted all required public hearings before the Planning and Zoning Commission of the City of DeKalb for the special use permit for the Subject Property, and have otherwise satisfied all conditions precedent to the adoption of this Ordinance; and

WHEREAS, the City Council has reviewed and adopts the following findings of fact of the Planning and Zoning Commission of the City of DeKalb, finds that the proposed special use permit is in conformance with the applicable factors contained therein, and finds that approval of the special use permit for the Subject Property is in the public interest and promotes the public health, safety and welfare;

STANDARDS OF A SPECIAL USE – ARTICLE 14.03.05 (2) OF THE UNIFIED DEVELOPMENT ORDINANCE

1. The proposed special use complies with all provisions of the applicable district regulations.

The proposed Amusement Establishment (Indoor Sport Simulation Facility) will comply with all regulations of the “GC” General Commercial District and the UDO. Adequate parking is provided on-site and landscaping will be added along the Sycamore Road frontage to bring it into more compliance with the UDO.

2. The proposed special use will not be unreasonably detrimental to the value of other property in the neighborhood in which it is to be located or to the public welfare at large.
The proposed special use will not have a detrimental effect on the adjacent properties or land uses. The site has been zoned commercial for decades and the commercial building where the proposed special use will locate has existed on the site for several decades also. The subject site is in proximity to a variety of other commercial uses including restaurants, a video gaming establishment, cash store, retail uses, business/medical offices and offices for the state of Illinois. Residential uses exist to the east of the site; however, the intensity of the proposed special use will not be any greater than the previous uses in the tenant space.

3. The location and size of the special use, the nature and intensity of the operation involved in or conducted in connection with it, and the location of the site with respect to streets giving access to it are such that the special use will not dominate the immediate neighborhood so as to prevent development and use of neighboring property in accordance with the applicable zoning district regulations.

The granting of the special use will not dominate the immediate area and will not prevent development on the neighboring properties. The surrounding area is already developed with a variety of commercial uses and some residential uses to the east of the site.

4. Adequate utility, drainage and other such necessary facilities have been or will be provided.

Adequate public services are already provided to the subject site.

5. The proposed use, where such developments and uses are deemed consistent with good planning practice, or can be operated in a manner that is not detrimental to the permitted developments and uses in the district; can be developed and operated in a manner that is visually compatible with the permitted uses in the surrounding area; shall in all other respects conform to the applicable regulations of the district in which it is located; and is deemed essential or desirable to preserve and promote the public health, safety and general welfare of the City of DeKalb.

The proposed special use will not be detrimental to the permitted developments and uses on the site or to the surrounding area. The building has previously contained commercial uses. The proposed special use will take up a vacant commercial building along Sycamore Road and will be an economic benefit to the corridor.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL of the City of DeKalb, Illinois as follows:

SECTION 1. The recitals set forth in the preamble are hereby incorporated herein by reference and made a part of this Ordinance.
SECTION 2. This Ordinance is limited and restricted to the Subject Property described as follows:


SECTION 3. A special use permit for an Amusement Establishment (Indoor Sport Simulation Facility) is hereby granted for the Subject Property in the tenant space shown on Exhibit A and subject to the following conditions:

1. The trash dumpster on the northern portion of the site shall be fully enclosed within 60 days after approval of this Ordinance.

2. Landscaping shall be added to the frontage along Sycamore Road to include seven shade trees (minimum 2 and a half-inch caliper) and 56 shrubs and to be installed within 60 days after approval of this Ordinance.

3. The number of required and provided parking spaces be documented on the survey/site plan and submitted with any building permits required for the special use permit.

SECTION 4. All ordinances or portions thereof in conflict with this ordinance, including the prior versions of the ordinances included above, are hereby repealed.

SECTION 5. Should any provision of this Ordinance be declared invalid by a court of competent jurisdiction, the remaining provisions will remain in full force and affect the same as if the invalid provision had not been a part of this Ordinance.

SECTION 6. That all provisions of the UDO shall remain in full force and effect and this Ordinance shall take effect upon its passage and approval according to Law. The City Clerk or designee shall record a copy of this Ordinance included herein after execution of this Ordinance.


ATTEST:

LYNN A. FAZEKAS, City Clerk

JERRY SMITH, Mayor
Gambling Device License Application
Municipal Code, Chapter 38.27

Incomplete applications will be returned to applicant

Return ORIGINAL completed application with fee payable to the "City of DeKalb to:
City of DeKalb
Finance Department
200 S. 4th Street
DeKalb, IL 60115
Application is hereby made for a Gambling Device License for the period

NOTE: YOU MUST HAVE A VALID LIQUOR LICENSE (CLASS A, C, OR D) WITH THE CITY OF DEKALB IN ORDER TO APPLY FOR THE GAMBLING DEVICE LICENSE. ONLY FIVE (5) TERMINALS ALLOWED PER ESTABLISHMENT.

---

**BUSINESS INFORMATION**  (Please make any necessary changes – type or print clearly)

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Mason Indoor Golf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation Name:</td>
<td></td>
</tr>
<tr>
<td>Building Address:</td>
<td>1500-1504 Sycamore Rd DeKalb, IL 60115</td>
</tr>
<tr>
<td>License Issued to:</td>
<td>Mason Indoor Golf</td>
</tr>
<tr>
<td>Principal Business conducted at this location:</td>
<td>Simulated Golf Facility &amp; Bar</td>
</tr>
</tbody>
</table>

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

- Are there any liens of the City of DeKalb against the property?  
  - Yes ☐  No ☒
- Do you owe money to any other city department?  
  - Yes ☐  No ☒
- Has applicant(s) ever been convicted of any violation of the Gaming Laws of the State of Illinois or any other state or any Federal Gaming Laws?  
  - Yes ☐  No ☒

**IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mason Indoor Golf</td>
<td>Address: 120 N Annie Gildon Rd DeKalb, IL 60115</td>
</tr>
<tr>
<td>Lucky Street Gaming</td>
<td>Address: 6801 Spring Creek Rockford, IL 61114</td>
</tr>
</tbody>
</table>

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

Mail Correspondence (including renewal applications) to:  
- Business Owner ☒  Business Manager ☐  Vending Machine Company ☐

Mail copy of license to different address?  
- Yes ☐  No ☒

If yes, please provide address to send copy to:

Address:

City, State, Zip Code:

**FEES:**

Initial application fee: $500.00 per proposed Video Gaming Terminal (maximum 5).
Annual Renewal Fee for Video Gaming License shall be $250.00 per Video Gaming Terminal.
Renewal fees of $25 per machine, per year, for video gaming terminal licenses where the terminals are located within and operated by entities which are: a) tax exempt as recognized by the Internal Revenue Service; b) organized as not-for-profit entities; and, c) registered with the State of Illinois as charitable organizations

TO BE COMPLETED BY APPLICANT:

Number of Video Gaming Terminals: 5
(maximum 5 terminals)

TOTAL AMOUNT DUE: $2500

DESCRIPTION OF DEVICE(S)
Description, mechanical features and name of manufacturer of device(s) on hand at time of application; attach a layout detailing the plan of location including security measures, separation from area that minors are located, location of adults supervising measures and layout of video terminals and cash terminals:

Attached

If necessary, please use a separate sheet of paper for descriptions of more machines.

INCLUDED WITH THIS APPLICATION:

1. Copy of License from State of Illinois Gaming Board; pending
2. Drawing of location within the licensed premises where the Video Gaming Terminals are proposed to be installed as detailed in previous section;
3. Fees as outlined in this application;
4. Such other information as the Liquor Commissioner shall require.

I HEREBY AGREE TO THE FOLLOWING:

The undersigned hereby states that information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license. The Video Gaming License is treated as a supplemental license to the licensed premises’ liquor license. Any violation of the Video Gaming Act or any violation of any provision of this Chapter 38 shall constitute a violation of the terms and conditions of both the Video Gaming License and the establishment’s liquor license. Any suspension, revocation, termination or other disciplinary proceeding applicable to a licensed premises liquor license shall be applicable to its Video Gaming License, and any proceeding applicable to the Video Gaming License shall be applicable to the liquor license. A suspension, revocation or termination of either license shall automatically result in the suspension, revocation or termination of the other license.

Any Video Gaming Terminal utilized in a licensed premises shall be installed in a fixed location described in the drawing from which the Video Gaming Terminal is visible to 100 of the licensed premises at all times. It shall be unlawful for any person under the age of 21 years to operate, play or utilize a Video Gaming Terminal.

SIGNATURE: ___________________________ Date: 5-7-19

Print Name and Title: James Mason manager

Bus ID #: 348
Inv #: 672
Lic #: 2019-0361 (pending approval)
<table>
<thead>
<tr>
<th>Property</th>
<th>Account</th>
<th>Invoice</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ffc</td>
<td>1528</td>
<td>Application Fee</td>
<td>Gaming License</td>
<td>2,500.00</td>
</tr>
</tbody>
</table>
Proposed Indoor Golfing & Bar Renovation Project
1500 Sycamore Road DEKALB, ILL 60115

Proposed Bar & Warming Kitchen Plan Layout
Existing 3,360 Square Feet Space

Revised Floor Plan Layout
DEKALB, ILLINOIS
Based in Illinois, Lucky Street Gaming™ believes in giving back to the growth of the community.

Our services and products are highly specialized, concentrating on quality, not quantity. We seek to put ourselves in our customers' shoes and treat them the way we would want to be treated.

We pride ourselves on our white glove service. We understand that our locations are high traffic areas, and you can be assured that we give your gaming room an impeccable impression!

*We do not cut corners, we clean them.*
WHO WE SERVE

- Truck Stops
- Bars, Restaurants, & Parlors
- Fraternal Organizations
- Veterans Establishments

Lucky Street Gaming™ is licensed as a Terminal Operator by the Illinois Gaming Board. We specialize in video gaming operations throughout the state of Illinois. We pride ourselves in being a valuable partner with establishments.

At Lucky Street Gaming™, we aren’t just on call, we are at work to provide exceptional customer service to our clients.

815-491-7500
WWW.LUCKYSTREETGAMING.COM
SUPERIOR SERVICE
We're not just on call, we're at work.

- Service Call Center
- Statewide Preventative Maintenance.
- We strive for cleanliness and being proactive with our maintenance.
- On-staff Technicians
- Cash Collections

EQUIPMENT
We pride ourselves in providing top of the line equipment. Lucky Street Gaming™ pays for the installation, servicing, and maintenance costs for all video gaming terminals at your location.
WHY GAMING?

- Little out of pocket cost.
- Attracts new customers to your core business.
- Your competitors have gaming!
- Allows you to make additional investments.
- Further enhances your overall establishment.
- Gaming creates an exciting atmosphere for your customers!
BUSINESS RELATIONS
Lucky Street Gaming™ is here to provide your business with strategies to help you maximize revenue. You will have a designated business development representative to help you. They will help you analyze your video gaming data against other locations in order to assess and improve future performance.

REVENUE & DATA MANAGEMENT
Lucky Street Gaming™ will be responsible for collecting & accounting for all the funds related to video gaming. We study the Illinois VGT market and the location performance of our clients in order to provide insight and advice on how to grow their business. We utilize both service and machine performance analytics in order to identify opportunities for growth and gaming revenue.
GAMING CHECKLIST

- Your location must meet **1 of the 4** establishment criteria:
  1. Truck Stops 2. Liquor Pouring Establishments
  3. Fraternal Organizations 4. Veterans Establishments
- Sign a Use Agreement with Lucky Street Gaming™.
- Fill out the Illinois Gaming Board Application.
- Contact one of the three approved fingerprinting vendors to get fingerprinted immediately after submitting your location application.
- A site inspection will be scheduled by a gaming board agent once the application is complete and submitted.
- IGB will conduct a site visit. Your site MUST be ready to receive VGT’s at this time.
- The IGB will approve your application at one of their regular meetings.
- Lucky Street Gaming™ will deliver and install the gaming equipment.
- IGB, SciGames, and Lucky Street Gaming™ coordinate a time to turn on the VGT’s.
- **Go Live** - machines will be operable and you can start your video gaming business!
REVENUE POTENTIAL

NET TERMINAL INCOME BREAKDOWN

The Video Gaming Act has outlined revenue distribution in this way: Net Terminal Income (NTI) is defined as the money put into a VGT minus the credits paid to the player. The State receives 30% of the NTI generated from each licensed VGT (of that, 5% goes to the local municipality).

Of the remaining 70% of NTI, a company called Scientific Games receives 0.8513% as compensation for maintaining the Central Communications System (CCS), which all VGTs connect to. The remainder is divided equally between the Terminal Operator (who owns/leases and places the VGTs in locations) and the licensed location.

HOW MUCH DOES IT COST YOU?

- Annual $100 gaming license
- Annual $100 per VGT State Fee
- Municipality licensing costs, if any
- Power for the machines

'Splits are subject to changes in the law. Percentages above are as of 12/1/18

'35% establishment and terminal operator share are reduced to 34.675% once operator and establishment split the SciGames Admin Fee.
DATA & REVENUE MANAGEMENT

REVENUE ACCOUNTING

Lucky Street Gaming™ will be responsible for collecting and accounting for all the funds related to video gaming.

We will remit taxes owed to the State of Illinois, and remit the location’s portion in an accurate and timely manner.

DATA ANALYTICS

Lucky Street Gaming™ studies the Illinois Video Gaming market and the location performance in order to provide insight and advice on how to grow business.

We utilize both service and machine performance analytics in order to identify opportunities for growth and maximize gaming revenue.
TOP OF THE LINE EQUIPMENT

- Lucky Street Gaming™ works with all the licensed VGT distributors in Illinois to ensure we provide a competitive advantage to our clients by having top of the line equipment.

- We can provide both upright and slant style VGTs. Every machine has a software suite of games, including both video poker and reel/line games.

- Lucky Street Gaming™ will be responsible for installing, servicing, and managing all the VGTs at your location.