RESOLUTION 2019-109

APPROVING A GROCERY STORE - SMALL LIQUOR LICENSE FOR
THE NEW ALDI INC., d/b/a ALDI, LOCATION AT 2540 SYCAMORE
ROAD, 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 Grocery Store -
Small Liquor License for the establishment located at 2540 Sycamore Road, DeKalb,
Illinois, to be operated by Aldi Inc., 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, Grocery Store - Small, shall be issued for Aldi Inc., 2540
Sycamore Road, DeKalb, Illinois ("Licensee") subject to the following terms and
conditions:

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

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

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

   b. The applicant shall be required to adhere to the occupancy limit, once
      established; and

   c. The applicant shall operate the premises in accordance with all applicable codes
      and ordinances and shall collect and remit all taxes required under applicable
      federal, state or local laws.

3. 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.

4. The Licensee shall pay all liquor license issuance fees prior to issuance of a license.

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.

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 24th day of June 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:

LYNN A. FAZEKAS, City Clerk

JERRY SMITH, Mayor
Liquor License Application

Municipal Code Chapter 38 “Intoxicating Liquors”
Applicants are strongly encouraged to read Chapter 38, in its entirety, prior to completing this application.

Business Name: AUSD INC.

Business Address: 2540 Sycamore Rd

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

Type of license(s) sought: (pick one primary license classification, and all applicable sub-licenses desired)

☐ Package Liquor Store
  ☐ Tasting Permit ☐

☒ Grocery or Drug Store
  Size of Store: (select one)
  ☒ Small (8,790 – 19,999 sq. ft.)
  ☐ Medium (20,000 – 40,000 sq. ft.)
  ☒ Large (40,001+ sq. ft.)
  ☐ Tasting Permit ☐
  ☐ Annual Caterer License ☐

□ Bar (Primarily Bar)
  ☐ w/Over-the-Counter Package Liquor Sales
  ☐ Restaurant License ☐
  ☐ Hospitality License for Banquet Sales ☐
  ☐ Live Entertainment ☐
  ☐ Tasting Permit ☐
  ☐ Annual Caterer License ☐

☐ BYOB

☐ Public Entity / Non-Profit (PENP)
  ☐ Live Entertainment ☐

☐ 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 ☐
  ☐ BYOB ☐

☐ Hospitality
  Primary Nature of Establishment: (select one)
  ☐ Hotel
  ☐ Banquet
  ☐ Bowling Alley
  ☐ Indoor Sports Simulator Facility
  ☐ Live Entertainment ☐
  ☐ Annual Caterer License ☐

☐ Golf Course

☐ Liquor Production

NOTE: If applying for a license for Video Gaming Devices at the licensed establishment, a separate application must be filed.

2. 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 of DeKalb’s Municipal Code. (Graph paper attached to this application.)
3. Attach a completed Liquor License Background Check Investigation Form for all owners and managers. There is a $50.00 fee for each background check. Signatures must be notarized. (Form attached to this application.)

4. Attach a Certified Check in the amount of $532.00 for the Initial Liquor License Application Fee, payable to the City of DeKalb. This fee is non-refundable.

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

   In addition, 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.

6. Attach a Certificate of Insurance compliant with Chapter 38, Section 38.06. The certificate must name the City of DeKalb as an additional primary insured without right of subrogation for licensees using City owned property. All others only need to name the City of DeKalb as additional insured for general liability and liquor liability, with a 30-day notice of cancellation on statutory dram shop liability insurance, and a minimum of $1,000,000 comprehensive general liability insurance policy.

7. If cross-marketing is permitted for the establishment, provide a written description of the cross-marketing plan. For PENP licenses, attached proof of governmental ownership or non-profit status.

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

9. If outdoor seating is desired, 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. Also include a written narrative describing operational plans for running, servicing, monitoring and security the outdoor seating area.

10. Describe the proposed hours of operation for the licensed establishment. If different areas are to have different hours of operation, please identify. Be sure to ensure that hours of operation comply with Chapter 38, Section 38.25.

11. Provide a detailed description of the training plan for Alcohol Servers. All Alcohol Servers, as defined in Chapter 38, 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.
12. Attach a copy of the City of DeKalb Fire Life Safety license, or a copy of a file-stamped Fire Life Safety application. Fire Life Safety application fees are based on square footage. (Application attached.)

13. If requesting a conditional liquor license (prior to issuance of a Certificate of Occupancy), describe the reason for the request.

14. Attach a completed, signed copy of the establishment’s application for a State of Illinois Liquor License, with all supplements. By applying for a City of DeKalb Liquor License, the applicant agrees to provide copies to the City of all correspondence between the licensed establishment and the Illinois Liquor Control Commission. (Application attached.)

15. Provide a brief narrative of the applicant’s experience in the line of business in which the license is sought.

16. Attach any other information that would be helpful in the evaluation of this application.

17. By submitting this signed application, the applicant certifies under oath, and subject to penalties of perjury, that: (initial each statement)

   ✓ 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. Chapter 38 of the Municipal Code of the City of DeKalb has been reviewed by the licensee who shall comply therewith, including but not limited to, Sections 38.09, 38.21, and 38.23.

   ✓ c. All of the contents on the State Liquor License Application, the City of DeKalb Liquor License Application, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.

   ✓ d. The licensee consents to the inspection provisions of Section 38.09(a).

Signed and submitted under Oath this 15th day of May, 2019.

Applicant Signature: 

Print Name: DAn

Title: Executive Assistant Date: May 15, 2019

FOR OFFICE USE ONLY

| Date Application Received: | 5-16-19 |
| Type of License: | Grocery Store - Small |
| Application Fee: | $532.00 |
| Background Check Fee x ___: | $ pending |
| Fire Life Safety Fee: | $100.00 |
| TOTAL: | $1,232.00 |

Liquor License Application
Page 3 of 3
To Whom it May Concern,

ALDI does not have a written description of security for our establishments. We currently card for alcohol sales and do not accept IDs that are vertical. Our store associates are Basset trained, and will usually go through this training in their first few weeks on the job. Our District Managers are certified Basset trainers and host 2-3 classes per month.

Signs are posted at the check lanes from the Illinois Liquor Commission stating that you should "Be prepared to show PROOF OF AGE" when purchasing alcohol. IDs are checked prior to the sales, and the associates key in the birthdates to our register system to verify that the customer is of age.

ALDI currently holds over 100 state and local liquor licenses in Illinois.
# Certificate of Liability Insurance

**Producers:**
Hayes Companies  
1200 North Mayfair Road, Suite 100  
Milwaukee, WI 53226

**Insured:**
ALDI Inc.  
1200 N. Kirk Road  
Batavia, IL 60510-1477

**Certificate Number:** 53035193

**Revised:**

**Coverages:**

<table>
<thead>
<tr>
<th>N O.</th>
<th>Type of Insurance</th>
<th>X Origin</th>
<th>Policy Number</th>
<th>Start Date</th>
<th>End Date</th>
<th>Limit</th>
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<td>Commercial General Liability</td>
<td>X</td>
<td>QLO1009247-03</td>
<td>07/01/18</td>
<td>07/01/19</td>
<td>Each Occurrence: $1,000,000</td>
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<td>X</td>
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<td>Premises (as occurrence): $500,000</td>
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<td>Med Exp (per person): Excluded</td>
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<td>Personal &amp; Adv Injury: $1,000,000</td>
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<td>General Aggregate: $2,000,000</td>
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<td>Products - Comp agg: $2,000,000</td>
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<td>07/01/18</td>
<td>07/01/19</td>
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**Workers Compensation and Employers’ Liability:**

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<tr>
<th>Y/N</th>
<th>Statute</th>
<th>Plan</th>
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<tr>
<td>N/A</td>
<td>E.L. Each Accident: $100,000</td>
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<td></td>
<td>E.L. Disease - S.A. Employee: $100,000</td>
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<td></td>
<td>E.L. Disease - Policy Limit: $100,000</td>
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</table>

**Description of Operations / Locations / Vehicles:**

30 day notice of cancellation applies.

Re: Aldi Store #46, Batavia Division: 2569 Sycamore Road, DeKalb, IL 60115. The City of De Kalb is included as additional insured as respects the above policies. A waiver of subrogation applies. General Liability is primary and non contributory.

**Certificate Holder:**

DeKalb, IL 60115  
USA

**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

© 1988-2015 ACORD CORPORATION. All rights reserved.
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>BUSINESS INFORMATION</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Company or Corporation Name:</td>
<td>ALDI INC</td>
</tr>
<tr>
<td>Business Name (DBA):</td>
<td>ALDI</td>
</tr>
<tr>
<td>Building Address:</td>
<td>2540 Summit Rd</td>
</tr>
<tr>
<td>License Issued to:</td>
<td>ALDI INC</td>
</tr>
<tr>
<td>Occupancy:</td>
<td></td>
</tr>
</tbody>
</table>

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

Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax? Yes [X] No [ ]
If your business is covered by a Fire Alarm, has it had an annual inspection? (Please attach report) Yes [X] No [ ]
If your business is covered by a Sprinkler System, has it had an annual inspection? (Please attach report) Yes [X] 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 #: ALDI INC 650-870-8100</td>
<td>Address: 1200 N. Kirk Rd</td>
</tr>
<tr>
<td>Business Manager: DAMIAN DAVO</td>
<td>Address: 150 E. Rio Raton, IL 60047</td>
</tr>
<tr>
<td>City, State, Zip Code: Miami, FL 60510</td>
<td>City, State, Zip Code: St. Charles, IL 60175</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 Licensing Dept.

| E-Mail address of contact person: | BAR @ ALDI.UD |

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: | Lavern Branneman | Vice President | Date: 5/10/19 |

FOR CITY USE ONLY

| Date Payment Received: | 5-16-19 |
| Fee Paid: | $100.00 | Check #: 463519 | Cash: [ ] |
**THIS FORM MUST ACCOMPANY APPLICATION**

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME</td>
<td>Aldi</td>
</tr>
<tr>
<td>BUILDING ADDRESS</td>
<td>2540 Sycamore Ro</td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
</tr>
<tr>
<td>DATE OF UPDATE</td>
<td>7/26/99</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*

**CONTACT #1**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Daniel Down</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE</td>
<td>(770) 595-1250</td>
</tr>
<tr>
<td>CELL PHONE/PAGER</td>
<td></td>
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**CONTACT #2**

<table>
<thead>
<tr>
<th>NAME</th>
<th>James Quinn</th>
</tr>
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<tbody>
<tr>
<td>HOME PHONE</td>
<td>(404) 699-1732</td>
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<td>CELL PHONE/PAGER</td>
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**CONTACT #3**

<table>
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<tr>
<th>NAME</th>
<th>Timothy Goodvin</th>
</tr>
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<tbody>
<tr>
<td>HOME PHONE</td>
<td>(770) 212-0053</td>
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**CONTACT #4**

<table>
<thead>
<tr>
<th>NAME</th>
<th>Larry Lawrence</th>
</tr>
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<tr>
<td>HOME PHONE</td>
<td>(404) 701-8860</td>
</tr>
<tr>
<td>CELL PHONE/PAGER</td>
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**ADDITIONAL INFORMATION**

ALARM COMPANY NAME: F.E. Mann
ALARM COMPANY 24 HOUR PHONE NUMBER: (866) 472-4450

**BUSINESS HOURS:**

<table>
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<tr>
<th>MONDAY</th>
<th>OPEN: 9 a.m.</th>
<th>CLOSE: 9 p.m.</th>
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</thead>
<tbody>
<tr>
<td>TUESDAY</td>
<td>OPEN: 9 a.m.</td>
<td>CLOSE: 9 p.m.</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>OPEN: 9 a.m.</td>
<td>CLOSE: 9 p.m.</td>
</tr>
<tr>
<td>THURSDAY</td>
<td>OPEN: 9 a.m.</td>
<td>CLOSE: 9 p.m.</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>OPEN: 9 a.m.</td>
<td>CLOSE: 9 p.m.</td>
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<tr>
<td>SATURDAY</td>
<td>OPEN: 9 a.m.</td>
<td>CLOSE: 9 p.m.</td>
</tr>
<tr>
<td>SUNDAY</td>
<td>OPEN: 9 a.m.</td>
<td>CLOSE: 9 p.m.</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: [Redacted]
DATE-CAD MODIFIED: [Redacted]

PLEASE KEEP THIS FORM ON FILE AND E-MAIL OR FAX UPDATES TO THE CITY MANAGER'S OFFICE (ruth.scott@cityofdekalb.com) FAX: 815-748-2091.

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.
Illinois Liquor Control Commission
Application for Change of Business Name, Corporate Name, Address, IBT#, Business Type, or Special Event Information

Duplicate License Fee $12.00
Duplicate License Fee for License Over $200 $24.00

I am the owner of an alcohol beverage business located at the address listed below. I have changed the name, corporate name, the address of my business, IBT (sales tax number), business type or my special event information as indicated.

CURRENT BUSINESS INFORMATION

Current State of Illinois Liquor License Number IA - 0102140
Current Applicant or Corporate Name Aldi INC.
Currently Doing Business As (DBA) Aldi
Current IBT# (Sales Tax number) 0433-5929
Retail Type (Check one) □ ON PREMISE □ OFF PREMISE □ COMBINED
OLD Event Dates & Times Site will be closing the evening of 7/24/2019
Premise Address 2569 Sycamore Rd
City/State/Zip Code Dekalb, IL 60115

NEW BUSINESS INFORMATION

State of Illinois Liquor License Number IA - 0102140
Applicant or Corporate Name Aldi INC.
Doing Business As (DBA) Aldi
IBT# (Sales Tax number) 0433-5929
Retail Type (Check one) □ ON PREMISE □ OFF PREMISE □ COMBINED
NEW Event Date, Time or Location Site will be opening at 8:30 AM on 7/25/2019
Premise Address 2540 Sycamore Rd
City/State/Zip Code Dekalb, IL 60115

I, undersigned applicant or authorized agent thereof, swear or affirm that the matters stated in the foregoing application are true and correct, are made upon my personal knowledge and information, are made for the purpose of requesting the State of Illinois to issue the duplicate license applied for and that the applicant is qualified and eligible to obtain the license applied for. Further, if I am a licensed Illinois Liquor Retailer, I have received local licensing authority approval prior to submitting this application.

Signature of Applicant: [Signature]
If you are **changing the corporate name**, you must submit the following with your application and fee:

1. A copy of the Articles of Amendment from the Secretary of State's office
2. A copy of the local license with the new Corporate name
3. A copy of the Certificate of Insurance with the new Corporate name
4. A copy of the State of Illinois Liquor License

If you are **changing the DBA name**, you must submit the following with your application and fee:

1. A copy of the local license with the corrected DBA name
2. A copy of the State of Illinois Liquor License

If you are **changing your IBT# (sales tax number)**, you must submit the following with your application and fee:

1. A copy of the Certificate of Registration from the Illinois Department of Revenue with the corrected number
2. A copy of the IRS SS-4 showing your FEIN# **
3. A copy of the State of Illinois Liquor License

**Please note that if your FEIN# is changing due to the change of the IBT#, you must apply as new using the Retailers Application.**

If you are **changing the premise address**, you must submit the following with your application and fee:

1. A copy of the local license with the correct address
2. A copy of the Certificate of Insurance
3. Rights to the property. (Example: Lease, Recorded Deed, Bill of Sale)

If you are **changing the Type of Liquor License**, you must submit the following with your application and fee:

1. A letter from the local stating whether the business is on premise, off premise or combined
2. A copy of the Local License
3. For “On-Premise” and “Combined” licenses ONLY*: Copy of the Certificate of Insurance (make sure the business address & liquor liability are listed)

*Note: The type describes the manner in which you sell alcoholic beverages to consumers.
“On-Premise” – (patrons consumer alcoholic beverages on premise only)
“Off-Premise” – (carry-out purchases only)
“Combined” – (both on-premise consumption and carry-outs)

If you are **changing the original special event date, location &/or time**, you must submit the following with your application and fee:

1. A new local license with the change of date, location &/or time
2. A new Certificate of insurance with the corrected with the updated date, location &/or times

Please submit your application, fee and the necessary documentation to one of the following addresses:

Illinois Liquor Control Commission  
100 W Randolph St. Suite 7-801  
Chicago, IL 60601  
312/814-2206  

or  

Illinois Liquor Control Commission  
101 W Jefferson 3-525  
Springfield, IL 62704  
217/782-2136
Liquor License

ALDI INC
ALDI
1200 N KIRK ROAD
BATAVIA IL 60510

August 8, 2018
Letter ID: L1205919824
License No.: 1A-0102140
Expiration Date: 08/31/19
License Type: RETAILER
Account ID: 04335929

The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.
To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that ALDI INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 19, 1975, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of FEBRUARY A.D. 2019.

Jesse White
SECRETARY OF STATE
STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

To all to whom these presents shall come, Greeting:

Whereas, Articles of amendment to the Articles of Incorporation

ALDI INC.

have been filed in the Office of the Secretary of State on the 4th
day of February, A.D. 1980, as provided by "The Business
CORPORATION ACT" of Illinois, in force July 13, A.D. 1933.

Now, therefore, I, ALAN J. DIXON, Secretary of State of the State of Illinois

by virtue of the power vested in me hereby, issue this certificate of
Restated Articles of Incorporation and
Amendment and attach hereto a copy of the Articles of Amendment to
the Articles of Incorporation of the aforesaid corporation.

In Testimony Whereof, I have hereunto set my hand, and cause to
be affixed the Great Seal of the State of Illinois;

Done at the City of Springfield, this 4th
day of February, A.D. 1980 and
of the Independence of the United States
the two hundred and 4th

[Signature]
SECRETARY OF STATE
RESTATEMENT AND AMENDMENT OF THE
ARTICLES OF INCORPORATION
OF
ALDI INC.

TO: Alan J. Dixon
Secretary of State
Springfield, Illinois

The undersigned corporation, for the purpose of restating its Articles of Incorporation and pursuant to the provisions of Sections 52.19 and 55 of "The Business Corporation Act" of the State of Illinois, hereby adopts the following restated and amended Articles of Incorporation:

ARTICLE ONE

The name of the corporation is ALDI INC.

ARTICLE TWO

The corporation was incorporated under the name of BENTEA CO. on December 19, 1975.

ARTICLE THREE

The subsequent names adopted by the corporation and the effective dates thereof, are:

<table>
<thead>
<tr>
<th>Subsequent Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENNER TEA COMPANY</td>
<td>February 23, 1976</td>
</tr>
<tr>
<td>ALDI-BENNER COMPANY</td>
<td>March 18, 1976</td>
</tr>
<tr>
<td>ALDI INC.</td>
<td>April 10, 1978</td>
</tr>
</tbody>
</table>
ARTICLE FOUR

The corporation is to have perpetual existence.

ARTICLE FIVE

The aggregate number of shares which the corporation is authorized to issue is 1,000,000 shares of Common Stock. The designation of each class, the number of shares of each class, and the par value, if any, of the shares of each class, or a statement that the shares of each class, or a statement that the shares if any class are without par value, are as follows:

<table>
<thead>
<tr>
<th>Class</th>
<th>Series (if any)</th>
<th>Number of Shares</th>
<th>Par Value or Statement that Shares are Without Par Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>None</td>
<td>1,000,000</td>
<td>$100 par value</td>
</tr>
</tbody>
</table>

ARTICLE SIX

The purpose or purposes for which the corporation is organized are:

To purchase, own and operate a grocery business and to engage in any other lawful activity for which corporations may be organized under "The Business Corporation Act" of the State of Illinois relative to the foregoing.

ARTICLE SEVEN

The address of the corporation's present registered office in the State of Illinois is: Suite 4600, One First National Plaza, Chicago, Illinois 60603; and the name of its present registered agent is: Peter H. Merlin.
ARTICLE EIGHT

Section 1. Indemnification of Directors and Officers. The corporation shall, to the fullest extent to which it is empowered to do so by "The Business Corporation Act" of the State of Illinois or any other applicable laws, as may from time to time be in effect, indemnify any person who was or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he is or was a director or officer of the corporation, or is or was serving at the request of the corporation as a director or officer of another corporation, partnership, joint venture, trust or other enterprise, against all expenses (including attorneys' fees), judgments, fines and amounts incurred by him in connection with such action, suit or proceeding.

Section 2. Contract with the Corporation. The provisions of Section 1 of this Article Eight shall be deemed to be a contract between the corporation and each director or officer who serves in any such capacity at any time while said Section 1 and the relevant provisions of "The Business Corporation Act" of the State of Illinois or other applicable laws, if any, are in effect, and any repeal or modification of any such law or of said Section 1 shall not affect any rights or obligations then existing with respect to any state of facts then or there- tofore existing or any action, state or proceeding theretofore existing or thereafter brought or threatened based in whole or in part upon any such state of facts. The corporation further agrees that in the event a person entitled to indemifications under Section 1 of Article Eight claims indemnification, the corporation shall take all required action to bring about a prompt and good faith determination of such person's right to indemnification hereunder.

Section 3. Indemnification of Employees and Agents. Persons who are not covered by the foregoing provisions of this Article Eight and who are or were employees or agents of the corporation, or are or were serving at the request of the corporation as employees or agents of another corporation, partnership, joint venture, trust or other enterprise, may be indemnified to the extent is empowered to do so by "The Business Corporation Act" of the State of Illinois or any other applicable laws, when and as authorized at any time or from time to time by the board of directors in its sole discretion.

Section 4. Other Rights of Indemnification. This indemnification provided or permitted by this Article Eight shall
not be deemed exclusive of any other rights to which those indemnified may be entitled by law or otherwise, and shall continue as to a person who ceased to be a director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such person.

Section 5. Liability Insurance. The corporation shall have the power to purchase and maintain insurance on behalf of any person who is or was a director, officer, employee or agent of the corporation or is or was serving at the request of the corporation as a director, officer, employee or agent of another corporation, partnership, joint venture or other enterprise against any liability asserted against him and incurred by him in any such capacity or arising out of his status as such whether or not the corporation would have the power to indemnify him against such liability under the provisions of this Article Eight.

ARTICLE NINE

Any vacancy occurring in the Board of Directors between meetings of shareholders by reason of an increase in the number of directors or otherwise may be filled for the unexpired portion of the term by a majority of directors then in office.

ARTICLE TEN

The power to make, alter, amend, or repeal the By-Laws of the corporation shall be vested in the shareholders of the corporation.

ARTICLE ELEVEN

The number of shares of the corporation outstanding at the time of the adoption of said restatement of the Articles of Incorporation was 640,000.
ARTICLE TWELVE

The number of shares voted for said restatement of the Articles of Incorporation was 640,000; and the number of shares voted against said restatement of the Articles of Incorporation was none (0).

ARTICLE THIRTEEN

On the date of the adoption of this restatement of the Articles of Incorporation, the corporation has 640,000 shares issued, itemized as follows:

<table>
<thead>
<tr>
<th>Class</th>
<th>Series (if any)</th>
<th>Number of Shares</th>
<th>Par Value Per Share or Statement that Shares are Without Par Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>None</td>
<td>640,000</td>
<td>$100 per share</td>
</tr>
</tbody>
</table>

IN WITNESS WHEREOF, the undersigned corporation has caused these restated Articles of Incorporation to be executed in its name by its President, and its corporate seal to be hereto affixed, attested by its Assistant Secretary, this 28th day of January, 1980.

ALDI INC.

[Signature]
Its President

[CORPORATE SEAL]

Attest:

[Signature]
Its Assistant Secretary
STATE OF ILLINOIS
COUNTY OF Cook

I, Cynthia C. Cox, a Notary Public, do hereby certify that on the 28th day of January, 1980, Phillip R. Neally personally appeared before me and, being first duly sworn by me, acknowledged that he signed the foregoing instrument in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Cynthia C. Cox
Notary Public

My Commission Expires March 8, 1983

[NOTARIAL SEAL]

FILED
FEB 4 1980

SECRETARY OF STATE
June 25, 2019

Aldi Inc.
120 N. Kirk Road
Batavia, Illinois 60510-1477

Re: Liquor License Approval – 2540 Sycamore Road

To Whom It May Concern:

Congratulations on the recent issuance of a liquor license for the 2540 Sycamore Road Aldi location.

Please note the following:

1. An initial fee of $6,384 for the Grocery Store - Small liquor license is due prior to issuance of the license. Please contact Ruth Scott to make arrangements for payment and obtain the license. She can be reached by phone at (815) 748-2090 or via email at ruth.scott@cityofdekalb.com.

2. Registration for Restaurant, Bar and Package Liquor Taxes is required prior to issuance of the license. Please contact Susan Hauman by phone at (815) 748-2388 or via email at susan.hauman@cityofdekalb.com.

3. Carefully review Chapter 38 “Intoxicating Liquors” of the City’s Municipal Code as it pertains to restrictions applicable to Grocery Store - Small liquor licenses

4. A Fire Life Safety License must be maintained.

5. Based on the time of application for the license, the license will be valid through August 31, 2019. License renewal for the establishment will be due in July of 2019. A letter with the amount due will be mailed at renewal time.

6. Adherence to the approved occupancy limit is required.

Carefully read the attached resolution for further conditions of your license. If you have any questions regarding any of these matters, do not hesitate to contact me. We look forward to working with you on a successful business.

Sincerely,

[Signature]

Jerry Smith
Mayor / Liquor Commissioner