RESOLUTION 2019-028

AUTHORIZING A RETAIL TOBACCO STORE LICENSE FOR THE
SMOKE SHOP NIU, INC., LOCATED AT 818 W. LINCOLN HIGHWAY,
SUITE 3, DEKALB, ILLINOIS.

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

WHEREAS, the City has been requested to approve of a change in ownership for the
existing retail tobacco store license for the facility known as The Smoke Shop NIU, Inc.,
located at 818 W. Lincoln Highway, Suite 3, DeKalb, Illinois; and

WHEREAS, the City Council of the City of DeKalb hereby finds that the licensure of the
establishment is necessary and desirable; and,

WHEREAS, the City Council finds that issuance of the license contemplated above is
appropriate, subject to the imposition of the restrictions outlined below;

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

SECTION 1: A Retail Tobacco Store License for The Smoke Shop NIU, Inc., 818 W.
Lincoln Highway, Suite 3, DeKalb, Illinois, for the ownership described in the attached
Exhibit A, Retail Tobacco Store License Application, is hereby approved subject to the
following conditions and restrictions:

1. All signage shall strictly conform to the City of DeKalb Unified Development
   Ordinance.

2. The licensee shall not utilize any form of temporary signage to advertise tobacco
   sales, promotional activities or other similar endeavors.

3. The license shall be subject to the imposition of further and future restrictions as the
   City Council may determine to be appropriate from time to time.

4. Licensee shall be required to complete all applicable inspections and obtain all other
   licensure as shall be required to lawfully maintain the facility, and must satisfactorily
   pass inspection prior to commencing operations.

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

6. Licensee shall comply with all applicable City Code requirements, and all superior
   governmental mandates.
SECTION 2: That the City Clerk of the City of DeKalb, Illinois be authorized and directed to attest the Mayor’s Signature and shall be effective thereupon. The City shall issue a license, inclusive of the restrictions outlined above, upon payment of the appropriate licensure fee. Said license shall subsequently be eligible for renewal, subject to the provisions of Chapter 64 of the City Code and the reservation of the City Council to impose additional restrictions at a future date.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 28th day of January 2019 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Jacobson, Finucane, Stupegia, Fagan, Noreiko, Verbic, Faivre, Smith. Nay: None.

ATTEST:

LYNN A. FAZEKAS, City Clerk

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

1. Type of License(s) Sought:

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

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

2. Please attach a detailed floor plan for the proposed licensed establishment. The floor plan should clearly reflect all entrances and exits, restrooms, areas where tobacco will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption, each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 38 of the City Code.

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

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 Tobacco License Application, this Local Supplement, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.

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

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

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

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

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.

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.

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

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

Are you requesting a conditional tobacco license (prior to issuance of certificate of occupancy)? If yes, please describe the reasons for such request. NO

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

Please attach any other information you believe would be helpful in the evaluation of your application.
Signed and submitted under Oath, this 23 day of SEPTEMBER, 2018.

Applicant:

[Signature]

OWNER

Printed Title
6.)

The security plan will be as follows.

a.) Age verification is one of our top priorities, any and all store customers will be required to present a valid state ID upon entry. All tobacco products will be behind the counter, shelved and out of reach.

b.) All doors as well as the interior/exterior will be outfitted with security cameras, which can be remotely viewed to ensure safety.

c.) All applicants are required to submit a criminal background check as well as agree to a drug test. Multiple signs reminding of ID located outside, as well as inside. As well as a training video and quiz required by all employees that goes over proper ID procedure, identifying fake ID cards and more.

d.)

e.) The interior and exterior video cameras are there to capture any and all unruly behavior. Customers will be asked politely to leave the premises, if not compliant they may be charged for trespass and banned.

f.) The interior and exterior cameras can be utilized to catch thieves in the act or after. Counter measures to prevent it in the first place are locked cabinets, shelves behind “employee only” areas and a watchful eye.

g.) A 10 camera setup that is also remotely viewable via smartphone as well as in store on the monitor. As well as security alarm with motion detectors for after hours.

h.) Security, Service, and Staying compliant are our main goals!

8.

Signage

- Not permit smoking at their business or within 15 feet of entrances, exits, windows that open and ventilation intakes.
- Post “No Smoking” signs/ ID signs / Surgeon General Warning sign/ at each entrance to the place of employment or public place where smoking is prohibited. “No Smoking” signs will comply with the specification in the Smoke-free Illinois Act.

“SALE OF TOBACCO ACCESSORIES AND SMOKING HERBS TO PERSONS UNDER EIGHTEEN YEARS OF AGE OR THE MISREPRESENTATION OF AGE TO PROCURE SUCH A SALE IS PROHIBITED BY LAW.”

“SURGEON GENERAL’S WARNING: SMOKING BY PREGNANT WOMEN MAY RESULT IN FETAL INJURY, PREMATURE BIRTH, AND LOW BIRTH WEIGHT.”

“VALID ID required upon entry.”
CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
National Insurance Group
11142 S Harlem Ave
Worth, IL 60482
(708)446-4600

INSURED
THE SMOKE SHOP NIU INC
818 W LINCOLN HIGHWAY
DEKALB, IL 60115

DATE 11/21/2018

INSURERS AFFORDING COVERAGE NAIC #
INSURER A: SCOTTSDALE INSURANCE CO
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGE

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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EXCESS LIABILITY
CLAIMS MADE
DEDUCTIBLE
RENTENTION

W/C STATUTORY LIMITS OTHER
E. L. EACH ACCIDENT
E. L. DISEASE - EA EMPLOYEE
E. L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Tobacco Store

CERTIFICATE HOLDER LISTED AS ADDITIONAL INSURED

CERTIFICATE HOLDER
ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ACORD 25 (2007/08)
© ACORD CORPORATION 1998
All applicants are required to submit a criminal background check as well as agree to a drug test. As well as a training video and quiz required by all employees that goes over proper ID procedure, identifying fake ID cards and more.

13. Having been in this business for over 12 years, it has become my lifelong career. Providing a quality and truly unique shop experience are my personal goals.
Fire-Life Safety License Application  
Municipal Code, Chapter 16

Incomplete applications will be returned to applicant
THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 TO AVOID THE LATE FEE.

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

Return ORIGINAL completed application with license fee to:
Finance Department, City of DeKalb, 200 S. 4th Street, DeKalb, IL 60115
MAKE CHECKS PAYABLE TO “CITY OF DEKALB”

Application is hereby made for a Fire-Life Safety License for the period May 1 through April 30

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

Company or Corporation Name: THE SMOKE SHOP NIV  □ Sole Proprietor □ Partnership □ Corporation □ LLC
Business Name (DBA): THE SMOKE SHOP
Building Address: 818 WEST LINCOLN HWY SUITE # 2  □ Occupancy:
License Issued to: ALLAH ALABED

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 X

IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address (Please include City/State/Zip in Address)</th>
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<tr>
<td>ALLAH ALABED</td>
<td>Address:</td>
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<td>City, State</td>
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<td>Address:</td>
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<td>City, State, Zip Code:</td>
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LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

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

E-Mail address of contact person :  

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 hereby authorize the Fire Chief, or his/her designees, to make proper inspections of the above building.

Print Name and Title: ALLAH ALABED (OWNER)  Date: 11/15/15

FOR CITY USE ONLY
Date Payment Received: 11-29-18  Check #:  300432 from CR
Fee Paid:  $100.00  Cash: □

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

<table>
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<th>EMERGENCY CONTACT INFORMATION - BUSINESS</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
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<tr>
<td>BUSINESS NAME: <strong>THE SMOKES SHOP</strong></td>
<td>FIRE DEPARTMENT INFORMATION</td>
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<tr>
<td>BUILDING ADDRESS: 818 W LINCOLN</td>
<td>to be completed by Fire Prevention Officer</td>
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<tr>
<td>SUITE 9</td>
<td>STANDPIPE LOCATION:</td>
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<tr>
<td>PHONE (815) 787-0205</td>
<td>KNOX BOX LOCATION:</td>
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<td>DATE OF UPDATE:</td>
<td>OTHER FIRE DEPARTMENT INFORMATION:</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*

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<tr>
<th>CONTACT #1</th>
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<td>NAME: <strong>Ali A.</strong></td>
<td>NAME: <strong>Sunod Masid</strong></td>
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**ADDITIONAL INFORMATION**

ALARM COMPANY NAME: **CCA SERVICES**

ALARM COMPANY 24 HOUR PHONE NUMBER: (219) 413-2220

**BUSINESS HOURS:**

- MONDAY: OPEN 10 am, CLOSE 10 pm
- TUESDAY: OPEN 10 am, CLOSE 10 pm
- WEDNESDAY: OPEN 10 am, CLOSE 10 pm
- THURSDAY: OPEN 10 am, CLOSE 10 pm
- FRIDAY: OPEN 10 am, CLOSE 10 pm
- SATURDAY: OPEN 10 am, CLOSE 10 pm
- SUNDAY: OPEN 10 am, CLOSE 10 pm

**FOR POLICE DEPARTMENT USE ONLY**

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

DATE RECEIVED: ______
DATE MODIFIED: ______

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

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.
APPLICATION FOR RETAIL TOBACCO STORE LICENSE

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

1. APPLICANT - CORPORATE INFORMATION

A. FEIN
Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

FEIN #

B. ILLINOIS BUSINESS TAX NUMBER (SALES TAX ACCOUNT NUMBER)
Enter the eight-digit Illinois Dept. of Revenue Business Tax (Sales Tax Account) Number. YOU MUST HAVE THIS NUMBER IN ORDER FOR A LICENSE TO BE ISSUED. If you need to obtain this number, visit www.tax.illinois.gov and click on the "Businesses", and then the "Business Registration." If you have any questions, call 217-785-3707.

ILLINOIS BUSINESS TAX #

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

AREA CODE/TELEPHONE NO.

1815 - 787-0205

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

COUNTY

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

NAME

THE SMOKE SHOP NJU

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

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<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tbody>
<tr>
<td>818 WEST LINCOLN HWY SUITE #9</td>
<td>DEKALB</td>
<td>IL</td>
<td>60156</td>
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2. STATUS OF BUSINESS
Check the applicable box (assumed name/sole proprietorship, partnership, Illinois corporation, foreign corporation, limited liability company) which corresponds to your business’ official papers filed with the Office of the Secretary of State. Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the “Business Corporation Act of 1983” to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

A. ☑ SOLE PROPRIETORSHIP
DATE FILED WITH COUNTY CLERK: ____________

B. ☐ PARTNERSHIP
DATE OF FORMATION: ____________

C. ☐ ILLINOIS CORPORATION
DATE OF INCORPORATION: ____________

D. ☐ FOREIGN CORPORATION
STATE OF INCORPORATION: ILLINOIS

E. ☐ LIMITED LIABILITY COMPANY
DATE QUALIFIED TO DO BUSINESS IN IL: ____________
DATE FORMED: ____________

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

3. OWNERSHIP INFORMATION
Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%. The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock
equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires.

BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 5 - ELIGIBILITY.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

A.

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<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST ________%
4. BUSINESS PREMISE INFORMATION

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

A. NAME/DOING BUSINESS AS (D/B/A)
Enter the name of the business which will be selling or serving tobacco at the licensed premises. Note! This name must be consistent with the name printed on your state tobacco license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)

THE SMOKE SHOP

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

AREA CODE/TELEPHONE NO.

1815-787-0205

C. ADDRESS
In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>818 W LINCOLN</td>
<td>DEKALB</td>
<td>IL</td>
<td>60155</td>
<td>DEKALB</td>
</tr>
</tbody>
</table>

D. BUSINESS TYPE
Check the one type which best describes the type of business in operation. If the selection listed is inappropriate, describe the business under “other”.

A. ☑ RETAIL TOBACCO STORE  B. ☐ OTHER: ________________________________

E. LEASED PREMISES
If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord’s name, telephone number, street address, city, state, zip code and county.

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

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. **ELIGIBILITY QUESTIONS**
The questions below pertain to the applicant and any other person listed under “Corporate Officer/Ownership Information” listed on page 3 of this form. If any questions are answered with a “Yes” attach a full written explanation to this document.

5A □ YES ☑ NO If retailer, are you delinquent under the “30-day credit” law?
5B □ YES ☑ NO Have you ever made application for a tobacco license which has been denied?
5C □ YES ☑ NO Have you ever had any previous tobacco license suspended or revoked?
5D □ YES ☑ NO Have you ever been convicted of a felony?
5E □ YES ☑ NO Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority?
5F □ YES ☑ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of tobacco products?
5J □ YES ☑ NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order?
5K □ YES ☑ NO If a Corporate Licensee, is your corporation ineligible to be issued this license?

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>10am - 10pm</td>
<td>10am - 10pm</td>
<td>/-am /-pm</td>
<td>/-am /-pm</td>
<td>/-am /-pm</td>
<td>/-am /-pm</td>
<td>/-am /-pm</td>
</tr>
</tbody>
</table>

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

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

[Signature]

SIGNATURE OF APPLICANT

[Title/Position/Date]

OWNER

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

SIGNATURE OF AUTHORIZED PERSONNEL
We have enclosed your Illinois Business Authorization.

Welcome!

We have enclosed your Illinois Business Authorization. Verify that all of the information is correct. If any corrections are needed you must contact us immediately at the telephone number listed below.

If all of the information is correct, your authorization must be visibly displayed at the address listed.

Do not discard. Your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030
217 785-3707

Enclosure(s)
Verify that all of your Illinois Business Authorization information is correct.

☑️ If not, contact us immediately.
☑️ If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. Do not discard- your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

THE SMOKE SHOP NIU INC
818 W LINCOLN HWY STE 4
DEKALB IL 60115-3057

Expiration Date: 10/31/2019
Certificate of Registration
Cigarette and Tobacco Products Retailer
CT-15476

This person or business is authorized under the Cigarette Tax Act and the Tobacco Products Tax Act of 1995 as a retailer of cigarettes and tobacco products in Illinois.

OFFICIAL DOCUMENT - DO NOT DESTROY
Issued Date: 10/15/2018
City of DeKalb Retail Tobacco License Application Supplement

1. Type of License(s) Sought:

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

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

2. Please attach a detailed floor plan for the proposed licensed establishment. The floor plan should clearly reflect all entrances and exits, restrooms, areas where tobacco will be served, stored, prepared or consumed, and similar information. If there are proposed separate areas for consumption, each area should be depicted (along with bathrooms intended to be used). Floor plans must comply with all requirements of state law and Chapter 38 of the City Code.

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

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 Tobacco License Application, this Local Supplement, and any attachments hereto are true and accurate, and fully disclose all relevant facts and information.

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

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

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

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

11. **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.

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 tobacco servers.**

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 tobacco license (prior to issuance of certificate of occupancy)?** If yes, please describe the reasons for such request. **NO**

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

17. **Please attach any other information you believe would be helpful in the evaluation of your application.**
Signed and submitted under Oath, this 23 day of September, 2018.

Applicant:

Signature

OWNER

Printed Title
6.)

The security plan will be as follows.

a.) Age verification is one of our top priorities, any and all store customers will be required to present a valid state ID upon entry. All tobacco products will be behind the counter, shelved and out of reach.

b.) All doors as well as the interior/exterior will be outfitted with security cameras, which can be remotely viewed to ensure safety.

c.) All applicants are required to submit a criminal background check as well as agree to a drug test. Multiple signs reminding of ID located outside, as well as inside. As well as a training video and quiz required by all employees that goes over proper ID procedure, identifying fake ID cards and more.

d.)

e.) The interior and exterior video cameras are there to capture any and all unruly behavior. Customers will be asked politely to leave the premises, if not compliant they may be charged for trespass and banned.

f.) The interior and exterior cameras can be utilized to catch thieves in the act or after. Counter measures to prevent it in the first place are locked cabinets, shelves behind “employee only” areas and a watchful eye.

g.) A 10 camera setup that is also remotely viewable via smartphone as well as in store on the monitor. As well as security alarm with motion detectors for after hours.

h.) Security, Service, and Staying compliant are our main goals!

8.

Signage

- Not permit smoking at their business or within 15 feet of entrances, exits, windows that open and ventilation intakes.
- Post “No Smoking” signs/ ID signs / Surgeon General Warning sign/ at each entrance to the place of employment or public place where smoking is prohibited. “No Smoking” signs will comply with the specification in the Smoke-free Illinois Act.

“SALE OF TOBACCO ACCESSORIES AND SMOKING HERBS TO PERSONS UNDER EIGHTEEN YEARS OF AGE OR THE MISREPRESENTATION OF AGE TO PROCURE SUCH A SALE IS PROHIBITED BY LAW.”

“SURGEON GENERAL’S WARNING: SMOKING BY PREGNANT WOMEN MAY RESULT IN FETAL INJURY, PREMATURE BIRTH, AND LOW BIRTH WEIGHT.”

“VALID ID required upon entry.”
**CERTIFICATE OF LIABILITY INSURANCE**

**PRODUCER**
National Insurance Group  
11142 S Harlem Ave  
Worth, IL 60482  
(708)448-4600  

**INSURED**
THE SMOKE SHOP NIU INC  
818 W LINCOLN HIGHWAY  
DEKALB, IL 60115  

**DATE**  
11/21/2018  

**INSURERS AFFORDING COVERAGE**  
INSURER A: SCOTTSDALE INSURANCE CO  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
NAIC #  

**COVERAGES**

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. Aggregate limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>INSURER</th>
<th>POLICY NUMBER</th>
<th>POLICY DATE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>APP244373218</td>
<td>11/21/2018</td>
<td>$1,000,000.00</td>
</tr>
</tbody>
</table>

- **GENERAL LIABILITY**  
  - Commercial General Liability  
    - Claims Made: $1,000,000.00  
    - Occur: $1,000,000.00  
  - General Aggregate Limit Applies Per Policy: $2,000,000.00

- **AUTOMOBILE LIABILITY**
  - Any Auto  
  - All Owned Autos  
  - Scheduled Autos  
  - HIRED Autos  
  - NON-Owned Autos

- **GARAGE LIABILITY**
  - Any Auto

- **EXCESS LIABILITY**
  - Occur: $1,000,000.00  
  - Claims Made: $1,000,000.00  
  - Deductible: $1,000,000.00  
  - Retention: $1,000,000.00

- **WORKERS COMPENSATION AND EMPLOYERS’ LIABILITY**
  - Any Proprietor/Partner/Executive Officer/Member Excluded?

- **DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

**CERTIFICATE HOLDER LISTED AS ADDITIONAL INSURED**

**CERTIFICATE HOLDER**  
CITY OF DEKALB  
200 SOUTH FOURTH ST  
DEKALB IL 60115

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

© ACORD CORPORATION 1998
All applicants are required to submit a criminal background check as well as agree to a drug test. As well as a training video and quiz required by all employees that goes over proper ID procedure, Identifying fake ID cards and more.

13. Having been in this business for over 12 years, it has become my lifelong career. Providing a quality and truly unique shop experience are my personal goals.
Fire-Life Safety License Application
Municipal Code, Chapter 16

Incomplete applications will be returned to applicant
THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 31 TO AVOID THE LATE FEE.

Fire Prevention Officers will be conducting inspections starting in February; no appointment will be necessary unless otherwise notified by the Fire Prevention Officer. All inspections will be conducted during your normal business hours. If it is more convenient for you to have an appointment, please call (815) 748-8457 to schedule your appointment.

Return ORIGINAL completed application with license fee to:
Finance Department, City of DeKalb, 200 S. 4th Street, DeKalb, IL 60115
MAKE CHECKS PAYABLE TO “CITY OF DEKALB”

Application is hereby made for a Fire-Life Safety License for the period May 1 through April 30

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

Company or Corporation Name: THE SMOKE SHOP NIU □ Sole Proprietor □ Partnership X Corporation □ LLC
Business Name (DBA): THE SMOKE SHOP
Building Address: 815 WEST LINCOLN HWY SUITE 4B
License Issued to: ALLAH ALASBD  □ Occupancy:

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT TO CITY
Are you registered with the Finance Division for Restaurant, Bar & Package Liquor Tax?  □ Yes □ No

IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

Name: ALLAH ALASBD  □ Mailing Address (Please include City/State/Zip in Address)
Business Owner & Phone #:  □ Address:
City State Zip:
Business Manager:
City State Zip:

LICENSE WILL BE MAILED TO BUSINESS ADDRESS TO BE POSTED

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

E-Mail address of contact person:  □

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: ALLAH ALASBD (OWNER)  □ Date: 11/15/18

FOR CITY USE ONLY
Date Payment Received: 11-29-18
Fee Paid:  □ Cash: □
**THIS FORM MUST ACCOMPANY APPLICATION**

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT INFORMATION – BUSINESS INFORMATION</th>
<th>DEKALB POLICE &amp; FIRE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME: <strong>THE SMOKE SHOP</strong></td>
<td>FIRE DEPARTMENT INFORMATION</td>
</tr>
<tr>
<td>BUILDING ADDRESS: <strong>818 W LINCOLN ST</strong>, SUITE #3</td>
<td>to be completed by Fire Prevention Officer</td>
</tr>
<tr>
<td>PHONE (815) 787-0205</td>
<td>STANDPIPE LOCATION:</td>
</tr>
<tr>
<td>DATE OF UPDATE:</td>
<td>Knox Box Location:</td>
</tr>
</tbody>
</table>

AFTER HOURS EMERGENCY CONTACT INFORMATION

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

<table>
<thead>
<tr>
<th>CONTACT #1</th>
<th>CONTACT #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: Ali Alased</td>
<td>Name: Sunidos Masjid</td>
</tr>
<tr>
<td>HOME PHONE: (__)</td>
<td>HOME PHONE: (__)</td>
</tr>
<tr>
<td>CELL PHONE/PAGER: [redacted]</td>
<td>CELL PHONE/PAGER: [redacted]</td>
</tr>
</tbody>
</table>

ADDITIONAL INFORMATION

ALARM COMPANY NAME: **CCA SERVICES**
ALARM COMPANY 24 HOUR PHONE NUMBER: (219) 413-2220

BUSINESS HOURS:

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>OPEN: 10 am</th>
<th>CLOSE: 10 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUESDAY</td>
<td>OPEN: 10 am</td>
<td>CLOSE: 10 pm</td>
</tr>
<tr>
<td>WEDNESDAY</td>
<td>OPEN: 10 am</td>
<td>CLOSE: 10 pm</td>
</tr>
<tr>
<td>THURSDAY</td>
<td>OPEN: 10 am</td>
<td>CLOSE: 10 pm</td>
</tr>
<tr>
<td>FRIDAY</td>
<td>OPEN: 10 am</td>
<td>CLOSE: 10 pm</td>
</tr>
<tr>
<td>SATURDAY</td>
<td>OPEN: 10 am</td>
<td>CLOSE: 10 pm</td>
</tr>
<tr>
<td>SUNDAY</td>
<td>OPEN: 10 am</td>
<td>CLOSE: 10 pm</td>
</tr>
</tbody>
</table>

FOR POLICE DEPARTMENT USE ONLY

- NEW STREET
- NEW CONSTRUCTION
- ESTABLISHED BUSINESS/NEW ADDRESS
- NEW BUSINESS/EXISTING 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 FINANCE DEPARTMENT (Rachel.pacey@cityofdekalb.com) FAX: 815-748-2304
IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM AND THE INFORMATION ON IT, PLEASE CONTACT THE DEKALB POLICE DEPARTMENT AT (815) 748-8400 OR THE FINANCE DEPARTMENT AT (815) 748-2387.
APPLICATION FOR RETAIL TOBACCO STORE LICENSE

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

1. APPLICANT - CORPORATE INFORMATION

A. FEIN
Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service. This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply and to obtain the forms you will need.

<table>
<thead>
<tr>
<th>FEIN #</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>ILLINOIS BUSINESS TAX #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>AREA CODE/TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1815 - 787 - 0205</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEKALB COUNTY</td>
</tr>
</tbody>
</table>
E. NAME
Enter the name of the sole proprietorship (assumed name), partnership, corporation (Illinois, national, or foreign), or limited liability company in this box. Note! This name must be consistent with the name printed on your state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

<table>
<thead>
<tr>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE SMOKE SHOP N1U</td>
</tr>
</tbody>
</table>

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>818 WEST LINCOLN HWY SUITE #3</td>
<td>DeKalb</td>
<td>IL</td>
<td></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 papers filed with the Office of the Secretary of State. Based on the box that you check, provide the date of the filing of the sole proprietorship/assumed name with the county clerk; in the case of a co-partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the “Business Corporation Act of 1983” to transact business in the State of Illinois; in the case of a limited partnership, the date of formation of such partnership; or in the case of a limited liability company, the date of formation of such entity.

A. ☒ SOLE PROPRIETORSHIP
   DATE FILED WITH COUNTY CLERK: ______________

B. ☐ PARTNERSHIP
   DATE OF FORMATION: ______________

C. ☐ ILLINOIS CORPORATION
   DATE OF INCORPORATION: ______________

D. ☐ FOREIGN CORPORATION
   STATE OF INCORPORATION: ILLINOIS

E. ☐ LIMITED LIABILITY COMPANY
   DATE QUALIFIED TO DO BUSINESS IN IL: ______________
   DATE FORMED: ______________

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

3. OWNERSHIP INFORMATION
Provide the owner/officer/partner information in accordance with the business status described under Question 2. This information must be submitted for all owners/officers/partners. The same information must be submitted for shareholders with interests equal to or exceeding 5%. The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than 5%, (including officers, directors and shareholders with stock
equal to or more than 5% for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a 5% interest. All Not-for-profit organizations and associations must provide the requested information for all corporate officers, directors and managers. If additional space is needed, provide information on a separate sheet(s) in the same format as this application requires. BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 5 - ELIGIBILITY.

For each owner/officer/partner/5% shareholder, provide full name, home address, city, state, Zip Code, social security number, date of birth, sex, title/position, home telephone number, and percentage ownership. Percentage ownership should equal 100%. If there are a number of shareholders owning less than 5%, indicate the aggregate total of ownership under E.

### A.

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<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE INITIAL)</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>% OWNED</th>
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<th>SOCIAL SECURITY NUMBER</th>
<th>DATE OF BIRTH</th>
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### E.

**TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN 5% INTEREST** __________ %
4. BUSINESS PREMISE INFORMATION

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

A. NAME/DOING BUSINESS AS (D/B/A)
Enter the name of the business which will be selling or serving tobacco at the licensed premises. Note! This name must be consistent with the name printed on your state tobacco license and on your Illinois Dept. of Revenue Sales Tax Registration Certificate.

NAME (DOING BUSINESS AS D/B/A)

THE SMOKE SHOP

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

AREA CODE/TELEPHONE NO.

1815-787-0205

C. ADDRESS
In the next five boxes enter the address, city, state, Zip Code and county of the business premises. This address information must be consistent with information on your state tobacco license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>815 W LINCOLN AV</td>
<td>DEKALB</td>
<td>IL</td>
<td>60115</td>
<td>DEKALB</td>
</tr>
</tbody>
</table>

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

A. ☑ RETAIL TOBACCO STORE    B. ☐ OTHER: _______________________

E. LEASED PREMISES
If you lease your premises, the lease must cover the full term of the license. If you lease, provide the landlord’s name, telephone number, street address, city, state, zip Code and county.

<table>
<thead>
<tr>
<th>LANDLORD NAME</th>
<th>AREA CODE/TELEPHONE NO.</th>
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<tr>
<td>RICHARD FINN</td>
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<th>ADDRESS</th>
<th>CITY</th>
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5. **ELIGIBILITY QUESTIONS**

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

5A ☐ YES ☒ NO If retailer, are you delinquent under the “30-day credit” law?
5B ☐ YES ☒ NO Have you ever made application for a tobacco license which has been denied?
5C ☐ YES ☒ NO Have you ever had any previous tobacco license suspended or revoked?
5D ☐ YES ☒ NO Have you ever been convicted of a felony?
5E ☐ YES ☒ NO Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority?
5F ☐ YES ☒ NO Have you received or borrowed money or anything of value directly or indirectly from any other licensees, representatives of a licensee, or suppliers of tobacco products?
5G ☐ 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?
5H ☐ YES ☒ NO If a Corporate Licensee, is your corporation ineligible to be issued this license?

8. **HOURS OF OPERATION**

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

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
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<tr>
<td>10am - 10pm</td>
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9. **SIGNATURE/TITLE/DATE**

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

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

[Signature]

OWNER

[Signature]

TITLE/POSITION/DATE

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

[Signature]

SIGNATURE OF AUTHORIZED PERSONNEL
We have enclosed your Illinois Business Authorization.

Welcome!

We have enclosed your Illinois Business Authorization. Verify that all of the information is correct. If any corrections are needed you must contact us immediately at the telephone number listed below.

If all of the information is correct, your authorization must be visibly displayed at the address listed.

Do not discard. Your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at tax.illinois.gov or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030

217 785-3707

Enclosure(s)
Verify that all of your Illinois Business Authorization information is correct.

✓ If not, contact us immediately.
✓ If yes, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. Do not discard- your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

---

Illinois Business Authorization

THE SMOKE SHOP NIU INC
818 W LINCOLN HWY STE 4
DEKALB IL 60115-3057

Certificate of Registration

Expiration Date:
10/31/2019
Cigarette and Tobacco Products Retailer (CT-15476)

This person or business is authorized under the Cigarette Tax Act and the Tobacco Products Tax Act of 1995 as a retailer of cigarettes and tobacco products in Illinois.

Issued Date: 10/15/2018

OFFICIAL DOCUMENT - DO NOT DESTROY