RESOLUTION 2019-118  
PASSED: JULY 22, 2019

APPROVING A BAR LIQUOR LICENSE WITH SUPPLEMENTAL LICENSURE FOR FIVE VIDEO GAMING TERMINALS FOR SPAHIU GAMING LLC, D/B/A CHIP’S, 122 E. HILLCREST DRIVE, 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 Bar Liquor License with supplemental licensure for video gaming, for the establishment known as Chip’s, located at 122 E. Hillcrest Drive, DeKalb, Illinois, to be operated by Spahiu Gaming LLC, and the City Council has determined that it is appropriate to issue said licenses to the establishment;

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

SECTION 1: A liquor license, Bar, with supplemental license for up to five (5) video gaming terminals, shall be issued to Spahiu Gaming, LLC, d/b/a Chip’s, located at 122 E. Hillcrest Drive, 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. This Licensee shall be required to obtain the Liquor Commissioner’s approval of a Business Plan and Premises Plan, which provide for the orderly conduct of the Licensee. Said Plans shall be subject to approval by the Liquor Commissioner with the advice and recommendation of the Chief of Police and must be approved prior to commencement of operations of the Premises. The City Council expressly authorizes the Liquor Commissioner to approve of further and specific regulations of the uses of the Premises within the Business Plan and Premises Plan, either as initially approved or as later amended by the Liquor Commissioner.

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

   a. The applicant shall be required to obtain all required zoning approvals and special use permits;

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

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

d. The applicant shall obtain a state liquor license prior to commencing liquor operations;

e. The applicant shall obtain a state video gaming license prior to commencing video gaming operations;

f. The applicant shall be required to obtain the Liquor Commissioner’s approval of its business plan, premises plan and security plan with the recommendation of the Chief of Police;

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

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

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

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

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

c. The License shall not authorize the installation or maintenance of more than five (5) Video Gaming Terminals.

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

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

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois, at a Regular meeting thereof held on the 22nd day of July 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: SPAHANU GAMING LLC (db/a Chips)
Business Address: 122 E MILLCREST DR, DEKALB IL 60115

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

1. 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 5th day of July, 2019.

Applicant Signature: [Signature]
Print Name: [Print Name]
Title: [Owner] Date: 7/5/19

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<td>Fire Life Safety Fee: $610.00</td>
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Send applicant Susan's contact information for Restaurant, Bar and Package Liquor Tax.
Based on the Illinois Liquor Control Commission, Illinois Gaming Board, and City of Dekalb Municipal Code our establishment will be following all rules and regulations of the mentioned governing bodies.

At 122 E. Hillcrest Dr will always have a minimum 1-2 staff members on site. Staff members will check IDs, assist patrons, carryout necessary duties, always provide hospitality to clients and most importantly monitor the premise. Staff Members will have to be the age of 21 and over to work at the site. Staff members must be Basset certified prior to start. All staff member will undergo proper training.

In addition to monitoring the premise, location will be under surveillance 24hrs 7days a week by the security division of J & J Ventures Gaming LLC. 6-8 Cameras will be installed inside the location and 2-3 cameras will be installed outside the location to monitor all patron/staff activity. J & J Ventures will also install a burglary/emergency alarm system. Staff and patron safety will be our number one priority.

All patrons of the age 21 and older can enter. All patrons must show a valid state or government issued ID when entering the premise. If patrons cannot provide ID, they will not be allowed to enter. If a patron seems to be intoxicated, distraught, dazed or not in the right state of mind, he or she will not be allowed to enter. If necessary depending on severe the situation law enforcement will be called.

All alcohol will be behind the bar area. Only staff is allowed behind the bar area. Alcohol that is stocked away will be in storage under lock & Key. Areas of Storage will only be accessed by staff and management. All areas of storage will under surveillance.

In terms of signage, main front door will have a sign “MUST BE 21 AND OVER TO ENTER.” I will also have another sign “Please have ID ready, wait to be Seated.”
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/03/2019

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

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

PRODUCER
Resource Insurance
555 Bethany Rd
DeKalb
IL 60115-1746

INSURED
Sphiu Gaming LLC
122 E Hillcrest Dr.
DeKalb
IL 60115

INSURER(S) AFFORDING COVERAGE
NAME: Spriaka
INSURER A: Spriaka
INSURER B: 
INSURER C: 
INSURER D: 
INSURER E: 
INSURER F: 
NAIC #

COVERAGES
CERTIFICATE NUMBER: CL197303560
REVISION NUMBER:

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

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CITY OF DEKALB IS ADDITIONAL INSURED FOR GENERAL LIABILITY AND LIQUOR LIABILITY. 30 DAY CANCEL NOTICE APPLIES.

CERTIFICATE HOLDER
City of DeKalb
DeKalb
IL 60115

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
Resource Insurance
555 Bethany Rd
DeKalb
IL 60115-1746

INSURED
Spahiu Gaming LLC
122 E Hillcrest Dr.
DeKalb
IL 60115

CONTACT NAME
Nihen, Charles
PHONE (815) 748-1480
FAX (815) 748-1480
EMAIL Address:

INSURER(S) AFFORDING COVERAGE
INSURER A: Sprisko
INSURER B: 
INSURER C: 
INSURER D: 
INSURER E: 
INSURER F: 

COVERAGE
CERTIFICATE NUMBER: CL197303569
REVISION NUMBER:

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

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured

CERTIFICATE HOLDER
Illinois Liquor Control Commission
100 W Randolph St Ste 7-801
Chicago
IL 60601

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

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**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

### BUSINESS INFORMATION

<table>
<thead>
<tr>
<th>Company or Corporation Name:</th>
<th>SPAHNIU GAMING LLC</th>
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</thead>
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<tr>
<td>Business Name (DBA):</td>
<td>CHIPS</td>
</tr>
<tr>
<td>Building Address:</td>
<td>122 E MILLCREST DR, DEKALB, IL 60115</td>
</tr>
<tr>
<td>License Issued to:</td>
<td>SPAHNIU GAMING LLC</td>
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</tbody>
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**License Fee:**
- Under 35,000 sq. ft.: $100.00
- Over 35,000 sq. ft.: $200.00
- Fee after January 31: DOUBLED

**NEW / RENEWAL**

**LICENSE #:**

### 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**
- If your business is covered by a Fire Alarm, has it had an annual inspection? **Yes**
- If your business is covered by a Sprinkler System, has it had an annual inspection? **Yes**

### IDENTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>RABIM SPAHNJRA</th>
</tr>
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<tbody>
<tr>
<td>Business Owner</td>
<td>RABIM SPAHNJRA</td>
</tr>
<tr>
<td>Phone #</td>
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</tr>
<tr>
<td>Mailing Address (Please include City/State/Zip in Address)</td>
<td>1482 FARMSTEAD LN</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>DEKALB, IL 60115</td>
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<tr>
<td>Address</td>
<td>1482 FARMSTEAD LN</td>
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<tr>
<td>City, State, Zip Code</td>
<td>DEKALB, IL 60115</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 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 indicates 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: **RABIM SPAHNJRA**    **Owner**
Date: **7/5/19**

---

**FOR CITY USE ONLY**

Date Payment Received: **7-5-19**

Fee Paid: **$100.00**  Check #: **1231**  Cash: **☐**

Questions about this form? Call (815) 748-2099

---

**to FPO 7-9-19**
# Emergency Contact Information - Business

**Business Information**

- **Business Name:** Sam Galian LLC
- **Building Address:** 122 E Milwaukee Dr, Dekalb, IL 60115
- **Phone:** (516) 582-1973
- **Date of Update:** 7-5-19

**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**
  - **Name:** Rabin S. Galian
  - **Home Phone:** (516) 582-1973
  - **Cell Phone/Pager:**

- **Contact #2**
  - **Name:** Melita S. Galian
  - **Home Phone:** (516) 724-3128
  - **Cell Phone/Pager:**

**Additional Information**

- **Alarm Company Name:**
  - [Alarm Company Name]
  - **Alarm Company 24 Hour Phone Number:**
    - (516) 582-8364

**Business Hours**

- **Monday:** Open: 8 AM Close: 1 AM
- **Tuesday:** Open: 8 AM Close: 1 AM
- **Wednesday:** Open: 8 AM Close: 1 AM
- **Thursday:** Open: 8 AM Close: 2 AM
- **Friday:** Open: 8 AM Close: 2 AM
- **Saturday:** Open: 8 AM Close: 2 AM
- **Sunday:** Open: 8 AM Close: 1 AM

---

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.
APPLICATION FOR STATE OF ILLINOIS RETAILER’S LIQUOR LICENSE

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

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

RETAILER’S LIQUOR LICENSE

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

1) Photocopy of Certificate of Insurance (not the Policy Declaration) if alcohol will be consumed on the premise;
2) Photocopy of current local liquor license (contact your local liquor commission);
3) Prior Illinois state liquor license (if applicable);
4) Bulk Sales Release Order—Address Release. For assistance, call the Illinois Department of Revenue at 312 814-3083, if applicable;
5) Proof of Purchase (e.g., bill of sale, closing statement) Note: The closing on the purchase of the business must occur prior to applying for your state license;
   IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietor) has the right to possession of the property (e.g., recorded deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered, if available.
6) Federal Employer Identification Number (FEIN). Call the IRS at 1 800 829-3676 for information on how to apply for a number;
7) Illinois Sales Tax Account ID, if applicable. Visit tax.illinois.gov, click on “Businesses” and then “How do I register?” under the Business Registration section, for information on how to obtain this number. If you have any questions, call the Illinois Department of Revenue at 217 785-3707;
8) Your check or money order payable to: ILLINOIS LIQUOR CONTROL COMMISSION; and
   (Note: The Commission does not accept U.S. currency/cash as payment)
9) This application with the information requested printed or typed in the spaces provided. This form must bear an original signature.

Processing time for a Retailer Liquor License is approximately one to ten business days.

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

1. APPLICANT - CORPORATE INFORMATION

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

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

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

D. MAILING ADDRESS/PHONE (if different than physical location address/phone)
Enter the mailing address if different than physical location address. Include: street address, county, city, state, ZIP code, telephone number (with area code and extension, if applicable) of the sole proprietorship, corporation, etc.

E. CURRENT RETAIL LIQUOR LICENSES IN OTHER STATES
Do you currently hold five or less retail liquor licenses in another state(s)? If yes, please provide the following information for each out-of-state retail liquor license.

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE

BUSINESS NAME

CITY

STATE
2. **STATUS OF BUSINESS**

   Check the applicable box (sole proprietorship, partnership, Illinois corporation, foreign corporation, or limited liability company) which corresponds to your business’ official papers with the Office of the Illinois Secretary of State.

   Based on the box that you check, provide: the date of the filing of the sole proprietorship with the county clerk; in the case of a partnership, the date of formation of the partnership; in the case of an Illinois corporation, the date of its incorporation; in the case of a foreign corporation, the foreign state where it was incorporated and the date, as well as the date of its becoming qualified under the “Business Corporation Act of 1983” to transact business in the State of Illinois; or in the case of a limited liability company, the date of formation of such entity.

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

   | A. ☐ Sole Proprietorship | F. ☐ Not-For-Profit | Date filed with County Clerk: 5/1/2014 |
   | B. ☐ Partnership         | G. ☐ Government    | Date of Formation: 5/1/2014    |
   | C. ☐ Illinois Corporation| H. ☐ Receivership  | Date of Incorporation: IL       |
   | D. ☐ Foreign Corporation | I. ☐ Trust/Estate  | State of Incorporation:         |
   | E. ☐ Limited Liability Company | | IL Secretary of State File #: 07 87 47 12 |
   | Date Qualified to do Business In IL: 5/1/2014 |

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 five percent.

   The following information must be provided for each individual applicant, sole proprietor, partner, corporate officer or director (whether or not they own any stock), shareholder owning in the aggregate stock equal to or more than five percent (including officers, directors and shareholders with stock equal to or more than five percent for all corporate shareholders), and/or manager or agent conducting the business. Indicate the total percentage of stock of the corporation, if any, which is held by persons who hold less than a five percent 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. BEFORE COMPLETING THIS SECTION, CHECK QUESTION NO. 7 - ELIGIBILITY.

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

<table>
<thead>
<tr>
<th>A. NAME {LAST, FIRST, MIDDLE INITIAL.}</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPAITUKI, KASIM</td>
<td>1482 FARMSTEAD LN</td>
<td>DEBARY</td>
<td>FL</td>
<td>60115</td>
</tr>
<tr>
<td>SOCIAL SECURITY NO.</td>
<td>DATE OF BIRTH</td>
<td>SEX</td>
<td>TITLE/POSITION</td>
<td>AREA CODE/HOME TELEPHONE NO.</td>
</tr>
<tr>
<td>025-70-0687</td>
<td>3/1/1989</td>
<td>M</td>
<td>OWNER/MANAGER</td>
<td>(516) 582-1973</td>
</tr>
</tbody>
</table>

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<tr>
<th>B. NAME {LAST, FIRST, MIDDLE INITIAL.}</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<td>AREA CODE/HOME TELEPHONE NO.</td>
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<th>C. NAME {LAST, FIRST, MIDDLE INITIAL.}</th>
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<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<td>TITLE/POSITION</td>
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<th>D. NAME {LAST, FIRST, MIDDLE INITIAL.}</th>
<th>HOME ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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<tr>
<td>SOCIAL SECURITY NO.</td>
<td>DATE OF BIRTH</td>
<td>SEX</td>
<td>TITLE/POSITION</td>
<td>AREA CODE/HOME TELEPHONE NO.</td>
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<tr>
<th>E. TOTAL PERCENTAGE OF ALL STOCK HELD BY ALL PERSONS WITH LESS THAN FIVE PERCENT INTEREST.</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
</tr>
</tbody>
</table>
4. BUSINESS LOCATION INFORMATION

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

A. NAME/DOING BUSINESS AS (DBA)

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

NAME/DOING BUSINESS AS (DBA):

SPAHU GAMING LLC DBA CHIPS

B. TELEPHONE

Enter the area code, telephone number and extension at the business location.

AREA CODE/TELEPHONE NO.:

(96) 582-1973 EXT.

C. ADDRESS

Enter the address, city, state, ZIP Code and county of the business location. This address must be consistent with information on your local liquor license and on your Illinois Department of Revenue Sales Tax Registration Certificate.

Remember, you MUST close on the business purchase prior to applying for your state license. Proof of business purchase is required (e.g., bill of sale, closing statement). IMPORTANT: You must present proof that the applicant (e.g., corporation, LLC, partnership, or sole proprietorship) has the right to possession of the property (e.g., deed or lease). If there is an existing state liquor license on the premises, this license should be surrendered (if available). The applicant also needs to provide the State of Illinois Liquor Commission with a Bulk Sales Release Order (Address Release) if applicable. For more information, contact the Illinois Department of Revenue at 312 814-3083.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>122 E. WELLCREST DR</td>
<td>DE HALLB</td>
<td>IL</td>
<td>60115</td>
<td>COUNTY</td>
</tr>
</tbody>
</table>

D. BUSINESS TYPE

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

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

E. WAREHOUSING

If any of your inventory is warehoused, provide the street address, city, state, ZIP code and county of the warehouse.

ADDRESS

\[ / / \]

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

F. RIGHTS TO THE PROPERTY

☐ I hereby certify that the property is owned by the applicant
☐ I hereby certify that the property is leased from the landlord
☐ I hereby certify that the property is managed via an operating or management agreement

<table>
<thead>
<tr>
<th>LANDLORD NAME</th>
<th>AREA CODE/PHONE NUMBER (Home, cell, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RLDR LLC</td>
<td>(815) 815-995-2976</td>
</tr>
</tbody>
</table>

EMAIL ADDRESS

<table>
<thead>
<tr>
<th>FAX NUMBER</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1482 FARMSTEAD LN</td>
<td>DE HALLB</td>
<td>IL</td>
<td>60115</td>
<td>DE HALLB</td>
</tr>
</tbody>
</table>
5. LOCAL LICENSE INFORMATION/ LIQUOR LICENSE HISTORY

A. LOCAL LIQUOR LICENSE INFORMATION
YOU MUST PROVIDE A PHOTOCOPY OF YOUR LOCAL LIQUOR LICENSE
Your local license must contain the expiration date, issue date, and license number.
Please enter the local liquor license number, the date it was issued, the date it expires, the municipality or county that issued the license and the date you intend to begin selling alcoholic beverages at this business location. Alcoholic beverages may not be sold or offered for sale prior to the date that the state liquor license is issued. If you began selling alcoholic beverage products before obtaining this license, you are required to fill out a delinquency affidavit to explain the circumstances. Note: In unincorporated areas, the county acts as the local liquor licensing authority.

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

B. FIRST LICENSE APPLICATION - LICENSE HISTORY
Indicate by checking the correct box whether or not this is the applicant’s first application for a state liquor license at any location. If you check “no”, indicate the date of your first state liquor license application; whether the license was granted, denied or withdrawn; and the address of your first state liquor license application. If you have ever had a license application denied, or if you ever withdrew an application, please provide a written statement describing the reason and circumstances.

IS THIS YOUR FIRST STATE LICENSE APPLICATION? YES □ NO ☑
IF NO, PROVIDE DATE FIRST APPLIED: 10/01/12
DISPOSITION: GRANTED ☑ DENIED □ WITHDRAWN □
ADDRESS OF FIRST STATE APPLICATION: 1215 BLACKHAWK RD, DEMALB, IL 60015

C. TYPE OF LIQUOR LICENSE
Check the box which describes the manner in which you sell alcoholic beverages to consumers. This information must be consistent with your approval granted by the local liquor licensing authority.
☑ ON-PREMISES CONSUMPTION (patrons consume alcoholic beverages on the premises only)
☐ OFF-PREMISES CONSUMPTION (carry-out purchases only)
☐ ON/OFF-PREMISES CONSUMPTION COMBINATION (both on the premises consumption and carry-outs)

D. AUTHORIZED HOURS
These hours must be the hours authorized by the local municipality (or county if in an unincorporated area):

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
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<tbody>
<tr>
<td>8AM-1AM</td>
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<td>8AM-1AM</td>
<td>8AM-2AM</td>
<td>8AM-2AM</td>
<td>8AM-2AM</td>
<td>8AM-1AM</td>
</tr>
</tbody>
</table>

E. AVAILABLE HOURS
These hours indicate when a representative is available for an inspection of the premises:

<table>
<thead>
<tr>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
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<td>8AM-1AM</td>
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<td>8AM-2AM</td>
<td>8AM-2AM</td>
<td>8AM-1AM</td>
</tr>
</tbody>
</table>

F. EXPECTED OPENING DATE
WHAT IS THE FIRST DAY YOU EXPECT TO BE OPEN AND SELLING ALCOHOL?
6. **CERTIFICATE OF INSURANCE**

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF INSURANCE (not the Policy Declaration)

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

7. **ELIGIBILITY QUESTIONS**

The questions below pertain to the applicant and any other person listed under "Corporate Officer/Ownership Information" listed on page 3 of this form. IF ANY QUESTIONS ARE ANSWERED WITH A "YES" ATTACH A FULL WRITTEN EXPLANATION TO THIS DOCUMENT.

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

7C □ YES □ NO If a retailer, are you delinquent under the 30-day credit law?

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

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

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

7G □ YES □ NO Have you ever been convicted of a gambling offense as defined under Section 6-2 of the Illinois Liquor Control Act which, includes offenses enumerated in 720 ILCS 5/26-1(a)(11), gambling; 720 ILCS 5/26-1.1(a)-(d) syndicated gambling; and 720 ILCS 6/28-3 keeping a gambling place?

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

7I □ YES □ NO Are you, or is any other person having a direct interest in your place of business, a public or law enforcing official with jurisdictional authority? [235 ILCS 5/6-2(14)]

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

7K □ YES □ NO Are you or any other person having a direct interest in your place of business more than 30 days delinquent complying with a child support payment order? [5 ILCS 104/10-65(c)]

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

7M □ YES □ NO If a corporate licensee, is your corporation ineligible to be issued this license? [235 ILCS 5/6-2(a)(10) and 5/6-2(a)(10a)]

8. **VIDEO GAMING**

□ YES □ NO Do you possess a current Illinois Video Gaming License? If YES, please provide the information below:

VIDEO GAMING LICENSE NUMBER: __________________________

□ YES □ NO Have you made an application for an Illinois Video Gaming License that is currently pending? If YES, please provide information below:

VIDEO GAMING NUMBER APPLICATION NUMBER: ____________ DATE APPLIED: ____________
9. APPLICANT CONTACT INFORMATION

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

<table>
<thead>
<tr>
<th>CONTACT PERSON'S NAME (First, Last)</th>
<th>BUSINESS PHONE NUMBER</th>
<th>ALTERNATE PHONE NUMBER (Home, Cell, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rasim Spaisoski</td>
<td>(916) 592-1973</td>
<td>(916) -592-1973</td>
</tr>
</tbody>
</table>

10. 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 original. Rubber stamps, photocopies, or faxed copies are not accepted.


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

[Signature]

[Title/Position]

[Date]
Verify that all of your Illinois Business Authorization information is correct.

Verify that the information below correctly represents your business location. In particular, be sure to verify that the information correctly represents whether you are within or outside of a municipality. If you have registered for Sales and Use Tax and the retail sales location listed is incorrect, contact our Local Tax Allocation Division at 217 785-6518.

DeKalb
DeKalb County

For all other corrections, contact our Central Registration Division at 217 785-3707.

If all of the information is correct, 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 the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.
Illinois
Limited Liability Company Act
Articles of Organization

FILE #07814712

Filing Fee: $150
Approved By: KAH

FILED
MAY 16 2019
Jesse White
Secretary of State

1. Limited Liability Company Name: SPAHIU GAMING, LLC

2. Address of Principal Place of Business where records of the company will be kept:
   122 E HILLCREST DR
   DEKALB, IL 60115

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:
   RASIM SPAJOSKI
   1482 FARMSTEAD LN
   DEKALB, IL 60115-8522

5. Purpose for which the Limited Liability Company is organized:
   "The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:
   SPAJOSKI, RASIM
   1482 FARMSTEAD LN
   DEKALB, IL 60115

8. Name and Address of Organizer
   I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: MAY 16, 2019
   RASIM SPAJOSKI
   1482 FARMSTEAD LN
   DEKALB, IL 60115

This document was generated electronically at www.cyberdriveillinois.com
Date of this notice: 05-14-2019
Employer Identification Number:
84-1755730
Form: SS-4
Number of this notice: CP 575 A
For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-1755730. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940 01/31/2020
Form 944 01/31/2020

Your Form 11C and/or 730 becomes due the month after your wagering starts.

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.
The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SPAH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number: [ ] Best Time to Call: 

DATE OF THIS NOTICE: 05-14-2019
EMPLOYER IDENTIFICATION NUMBER: 84-1755730
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

SPAHIU GAMING LLC
RASIM SPAIJOISKI SOLE MBR
1492 FARMSTEAD LN
DEKALB, IL 60115
The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

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Keep this part for your records. CP 575 A (Rev. 7-2007)

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CP 575 A
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Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 05-14-2019
EMPLOYER IDENTIFICATION NUMBER: 84-1755730
FORM: SS-4
NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

SPAHIU GAMING LLC
RASIM SPAHIU SKOLI MBR
1482 FARMLAND LN
DEKALB, IL 60115
I am looking forward to opening a Video Gaming Establishment Café at 122 E. Hillcrest Drive. Prior to our establishment this unit has been vacant for a long time. Therefore, a video gaming café will create a warm fun environment that will allow this street to flourish with people once again.

Our store will attract all types of clientele since video gaming has become very popular today. Although gaming customers will be our primary audience, others can also enjoy the snacks, coffees, pastries and wine/beer that we have to offer. Video gaming being an industry that is constantly growing, we will be able to offer customers with the most updated gaming platforms and video games that will take their gaming experience to the next level. Our customers can also spend quality time with their friends by meeting up in our cafe. While playing video gaming a lot of people talk to each other, socialize drink, eat and enjoy the atmosphere.

Currently I own and operate a successful restaurant called FANATICO. I’ve been in business for almost 7 years. I took an empty building rundown and turned into a gem. Our business has attracted a lot of nice clientele over the years. Serving delicious meals, providing great customer service and a warm ambiance has made us a reputable business in Dekalb County.

I first started out in the restaurant/bar industry 15 years ago. I worked as a waiter, bartender, assistant manager, manager and then finally owned my restaurant on Long Island, New York. After years of success, I sold my business and moved to the Midwest to be closer to my family. With my experience in hospitality, customer service, food & beverage I am thrilled with my next challenge the video gaming café on 122 E Hillcrest Dr

-Rasim “Simo” Spajoski
Gambling Device License Application

Municipal Code Chapter 38 "Intoxicating Liquors", Section 38.27 "Gambling Devices"

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

Return the ORIGINAL completed application with required documents and fees to:
City of DeKalb
City Manager’s Office
200 S. 4th Street
DeKalb, Illinois 60115

Application is hereby made for a Gambling Device License

Note: A valid City of DeKalb Liquor License (Class A, C, or J) is required in order to apply for the Gambling Device License.

<table>
<thead>
<tr>
<th>BUSINESS INFORMATION (Type or Print clearly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
</tr>
<tr>
<td>Corporation Name: SPAHIIU GAMING LLC</td>
</tr>
<tr>
<td>Building Address: 122 E. MILLCREST DR, DEKALB, IL 60115</td>
</tr>
<tr>
<td>License to be Issued to: SPAHIIU GAMING LLC OBA</td>
</tr>
<tr>
<td>Principal Business conducted at this location: VIBE GAMING CAFE</td>
</tr>
</tbody>
</table>

NO LICENSE WILL BE ISSUED TO ANY BUSINESS WITH AN OUTSTANDING DEBT OWED TO THE CITY OF DEKALB

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

IDENTIFICATION (To be completed by all applicants)

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Owner</td>
<td>Address: 1482 FARMSTEAD LN</td>
</tr>
<tr>
<td>Business Manager</td>
<td>Address: 1482 FARMSTEAD LN</td>
</tr>
<tr>
<td>Vending Machine Company</td>
<td>Address: 1400 S. RANEY</td>
</tr>
</tbody>
</table>

Mail Correspondence to: [this includes renewal applications]
Mail copy of license to a different address? □ Yes □ No If yes, please provide address to send copy to:
Address:
City, State, Zip Code:

Fees
- Initial application Fee: $500.00 per proposed Video Gaming Terminal (maximum 5)
- Annual Renewal Fee: $250.00 per Video Gaming Terminal.
- Annual Renewal Fees for: a) tax exempt as recognized by the Internal Revenue Service; b) organized as not-for-profit entities; and c) registered with the State of Illinois as charitable organizations: $25 per machine.

Number of Video Gaming Terminals Sought: 5 (maximum 5)
Total Amount Due: $2,500.00

DESCRIPTION OF DEVICE(S) & PLAN FOR LOCATION
- Description, mechanical features and name of manufacturer of device(s) on hand at time of application.
- Attach a layout detailing the plan of the location (including security measures) showing the separation from the area that minors are located, location of adults supervising measures, and layout of video terminals and cash terminals: (if necessary, please attach a separate sheet of paper)

REQUIRED DOCUMENTS
Confirm that all of the following documents are included with this application:
- A copy of the license from State of Illinois Gaming Board.
- A drawing of the location within the licensed premises where the Video Gaming Terminals are proposed to be installed as detailed in previous section.
- Applicable fees as outlined in this application.
- Any other such information as the Liquor Commissioner shall require.

I HEREBY AGREE TO THE FOLLOWING:
The undersigned hereby states that information contained in this application is true to the best of his/her knowledge and that all statements set forth are of his/her own free will. The undersigned applicant agrees to pay any and all expenses, including compensation for damages and the undersigned will indemnify and hold harmless the City, its officers, boards, commissions, agents and employees from and against any action, proceeding, claim of liability, or other relief, asserted against the City resulting from the issuance of this license. The Video Gaming License is issued as a supplemental license to the licensed premises' liquor license. Any violation of the Video Gaming Act or any violation of any provision of this Chapter 36 shall constitute a violation of the terms and conditions of both the Video Gaming License and the establishment's liquor license. Any suspension, revocation, termination or other disciplinary proceeding applicable to a licensed premises liquor license shall be applicable to its Video Gaming License, and any proceeding applicable to the Video Gaming License shall be applicable to the liquor license. A suspension, revocation or termination of either license shall automatically result in the suspension, revocation or termination of the other license.

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

Signature: 
Date: 7/5/19

Print Name & Title: RASIM SPAJOŠKI (OWNER/MALE)
Games

J&J Ventures will supply the newest game and equipment titles to provide the ultimate experience for your video gamers.

J&J uses a strategic mix of leading gaming and technology manufacturers to optimize player enjoyment and maximize revenue. The close partnerships between J&J Ventures and our gaming and entertainment manufacturers help you secure the right video gaming equipment for your specific location.

See jjventures.com for our complete list of games.