

# AGENDA HAMPSHIRE LIQUOR COMMISSION MEETING December 5, 2019 6:30 P.M.

- 1. Call to Order.
- 2. Establish Quorum.
- 3. Approve Meeting Minutes of June 20, 2019.
- 4. Review and Approve Renewal of Liquor Licenses for 2020.
- 5. Other Business
- 6. Adjournment.

## HAMPSHIRE LIQUOR COMMISSION

June 20, 2019

Jeff Magnussen, Chairman, called the meeting to order at 6:30 p.m. Present: Trustee Klein, Kelly Absent: None Also present: Ted Tegtman- Early times street rods

Trustee Kelly moved, to approve the minutes for June 6, 2019.

Seconded by Klein Motion carried by voice vote Ayes: Klein, Kelly, Magnussen Nays: None Absent: None

Trustee Kelly moved, to approve Class- G Special Event to Early Times Street Rods, contingent upon Certificate of liability and surety bond to be delivered to the clerk.

Seconded by Klein Motion carried by roll call vote Ayes: Klein, Kelly, Magnussen Nays: None Absent: None

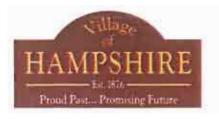
Trustee Klein moved to approve changing Casey's General Store from B-2 to B-1 liquor license.

Seconded by Kelly Motion carried by roll call vote Ayes: Klein, Kelly, Magnussen Nays: None Absent: None

Adjournment

Trustee Kelly moved, to adjourn the Liquor Commission meeting at 6:39 p.m.

Seconded by Klein Motion carried by voice vote Ayes: Klein, Kelly, Magnussen Nays: None Absent: None





234 S. State Street Hampshire, IL 60140 VILLAGE OF HAMPSHIRE

Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11819
NAME OF BUSINESS: TMM - Minnihan's Inc SALES TAX 10: 82-310 822
NAME OF APPLICANT: Mike Gallo and Jeff Nawrak:
ADDRESS OF BUSINESS: 1000 5 state St. Ste A
BUSINESS PHONE NO.:
MAILING ADDRESS: 1000 S State st. SteA
TO: Local Liquer Control Commission

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

Class A-1 - \$1,500.00	Class C-4 - \$1,500.00
Class A-2 - \$1,250.00	Class D - \$1,750.00
Class B-1 - \$1,500.00	Class E - \$1,750.00
Class B-2 - \$1,500.00	Class F - \$1,500.00
Class C-1 - \$1,500.00	Class G - \$ 75.00
Class C-2 - \$1,500.00	Class H- \$ 500.00
Class C-3 - \$1,750.00	Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020	and ending December 31,	or
Commencing on	_ and ending December 31,	_

3. Type of Business Entity (check one):

 Individual
 Corporation

 Partnership
 Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: MICHOTEL JOSUPH GAND
BIRTHDAY: 1-12-67
HOME ADDRESS: 632 Grows View Algarguin IL 60/02
DRIVERS LICENSE# 6-400 - 5506 - 7012 HOME PHONE # 847-208-9314
BUSINESS STATUS:
PERCENTAGE OF STOCK HELD: 67 %
Name: Jeffrey Paul Nawradai
Name: Jeffrey Paul Nawsada: BIRTHDAY: 12-22-1971 HOME ADDRESS: 614 DA VINCI DC. Hampshire 16 60140 DRIVERS LICENSE# N620-4357-1363 HOME PHONE# 847-346-8218
HOME ADDRESS: 614 DA VINCI DC. Hampshire IL 60140
DRIVERS LICENSE# N620-4357-1363 HOME PHONE# 847-346-9218
BUSINESS STATUS
PERCENTAGE OF STOCK HELD: 33%/o (If additional space is required, please attach a separate sheet of paper)
5. Is the applicant a citizen of the United States? $\sqrt{eS}$
5. Is the applicant a citizen of the United States? $\underline{\sqrt{eS}}$ If naturalized, state date and place of naturalization: $$
If an Illinois corporation, state date of corporation: $\frac{10/16/17}{16}$
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act.
6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Bas and conducting of lawful business in State
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. Southwest Corner attached to Machine 645 station
8. State whether the applicant has ever had a liquor license issued by the Federal government, any

State government or any municipality.  $\mathcal{NO}$ If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued.

- 9. Has the applicant ever had any previous liquor license revoked?  $N_{0}$ If answer is in the affirmative, state the date and reason for such revocation.
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. <u>Seff Pawtek</u>:

at these premises. <u>Set A</u> <u>Matrice</u>. State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. <u>Ves</u> Note: This application will remain incomplete and will not be

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law?
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? \_\_\_\_\_\_

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?  $\underbrace{\sqrt{eS}}$
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? <u>U-e S</u>

On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICAN	NT (S)
CORPORATION-SIGNATU	RES )
Pres.	b
Sec. Jeff Amor	
011'	
STATE OF <u>JL</u>	)
County of KANE	
	/

INDIVIDUAL OR PARTNERSHIP SIGNATURES

The undersigned swears that all statements are true and correct.

CORPORATE SEAL	OFFICIAL SEAL M BRANDES
Subscribed and sworn to before me this $2019$ . $0.019$	NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES: 10/18/23
	Unilo

**Notary Public** 

	Effective Date: December 3rd, 2019			
Mortorn Sur	Effective Date: December 3rd, 2019			
Western Surety Company				
LICENSE ANI	D PERMIT BOND			
KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. <u>64888403</u>			
That we, Imm Minnihan's Inc. dba Minnihan'	s Sports Bar			
	_, State of Illinois, as Principal, n duly licensed to do surety business in the State of			
Illinois	, as Surety, are held and firmly bound unto the			
Village of Hampshire	, State of <u>Illinois</u> , as Obligee, in the penal			
	00 DOLLARS (\$1,500.00 ), e Obligee, for which payment well and truly to be made, mly by these presents.			
THE CONDITION OF THE ABOVE OBLIGA	TION IS SUCH, That whereas, the Principal has been			
licensed Sports Bar Village of Hampshire				
	by the Obligee.			
with the laws and ordinances, including all ame applied for, then this obligation to be void, <u>December 3rd</u> , <u>2020</u> , unles. This bond may be terminated at any time by th U.S. Mail, to the Obligee and to the Principal at the of thirty-five (33), days from the mailing of said not shall thereupon have believed from any liability for an	withfully perform the duties and in all things comply endments thereto, pertaining to the license or permit otherwise to remain in full force and effect until as renewed by Continuation Certificate. The Surety upon sending notice in writing, by First Class e address last known to the Surety, and at the expiration tice, this bond shall ipso facto terminate and the Surety ny acts or omissions of the Principal subsequent to said and shall continue in force, the number of claims made			
against this bond, and the number of premiums wh liability shall not be sumulative from year to year or liability for all claims exceed the amount set forth cumulative	hich shall be payable or paid, the Surety's total limit of c period to period, and in no event shall the Surety's total 1 above. Any revision of the bond amount shall not be			
against this bond, and the number of premiums wh linking shall not be comulative from year to year or linking by all claims exceed the amount set forth	r period to period, and in no event shall the Surety's total			
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)	ACKNOWLEDGMENT OF SURETY
STATE OF SOUTH DAKOTA COUNTY OF MINNEHAHA	(Corporate Officer)
COUNTY OF MINNEHAHA	
On this <u>3rd</u> day of <u>December</u> personally appeared <u>Paul T. Bruflat</u>	,2019 , before me, the undersigned officer,
personally appeared Paul T. Bruflat	, who acknowledged himself to be the aforesaid
officer of WESTERN SURETY COMPANY, a corporation, and	
the foregoing instrument for the purposes therein contained, officer.	by signing the name of the corporation by himself as such
IN WITNESS WHEREOF, I have bereunto set my hand a	and official seal.
ال د د د د د د د د د د د د د د د د د د د	$\mathbf{h}$
L. Bauder	& Landin ,
SEAL SOUTH DAKOTA	Notary Public — South Dakota
*******	
My Commission Expires January 29, 2022	ACKNOWLEDGMENT OF PRINCIPAL
	(Individual or Partners)
STATE OF Ss	
COUNTY OF)	
On this day of	,, before me personally appeared
known to me to be the individual described in and who ex	control the foregoing instrument and estimated and to me
that he executed the same.	ection the foregoing institution and acknowledged to me
My commission expires	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Notary Public
	ACKNOWLEDGMENT OF PRINCIPAL
STATE OF	(Corporate Officer)
STATE OF SS	
On this day of	, before me personally appeared
who acknowledged himself/herself to be the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
of	, a corporation, and that he/she as
such officer being authorized so to do, executed the foregoing	g instrument for the purposes therein contained by signing
the name of the corporation by himself/herself as such officer.	
My commission expires	
	Notes Della
	Notary Public
<u>ğ</u>	
ENSE AND PERM BOND As As Name of Applicant	Address
Stern Surety Comp cense or Permit No LICENSE AND PERMIT BOND As of of Name of Applicant	
Cestern Surety C License or Permit No. LICENSE AND PH BOND As As Name of Applic	
Western Surety Company License or Permit No. LicENSE AND PERMIT BOND of lof State of Name of Applicant	Filed
	Filed Appro

# Western Surety Company

### POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

	Paul T. Bruflat	of	<u>Sioux Falls</u>	
State of	South Dakota	, its regularly elected	Vice President	_,
as Attorney	-in-Fact, with full power and authority I	hereby conferred upon him	to sign, execute, acknowledge and deliver for and o	on
its behalf as	s Surety and as its act and deed, the fo	lowing bond:		

One Sports Bar Village of Hampshire

bond with bond number <u>64888403</u>

for <u>Tmm Minnihan's Inc. dba Minnihan's Sports Bar</u> as Principal in the penalty amount not to exceed: \$<u>1,500.00</u>.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, any Assistant Secretary, any Assistant Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

2019

ATTEST . Nelson L. Nelson, Assistant Secretary

Wohr

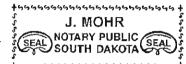
Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA SS

On this <u>3rd</u> day of <u>December</u>, <u>2019</u>, before me, a Notary Public, personally appeared <u>Paul T, Bruflat</u> and <u>L. Nelson</u>

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as <u>Vice President</u> and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

Notary Public

 $To \ validate \ bond \ authenticity, go \ to \ \underline{www.cnasurety.com} > Owner/Obligee \ Services > Validate \ Bond \ Coverage.$ 

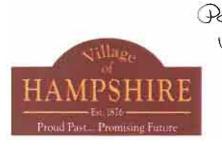


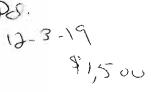
ABURBACH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

						12	2/3/2019
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY O	R NEGATIVELY AMEND	, EXTEND OR ALT	TER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	ct to the	terms and conditions of	the policy, certain	policies may			
PRODUCER			CONTACT NAME:				
Broadmoor Agency			PHONE (A/C, No, Ext): (815) \$	965-6700	FAX (A/C No):	815)	965-6703
PO Box 17069 Rockford, IL 61110			E-MAIL ADDRESS: CL@bro	admoorage	ency.com		
					RDING COVERAGE	-	NAIC #
			INSURER A : Badger			-	13420
INSURED			INSURER 8 :			15.16	
TMM/ MINNIHAN'S INC DBA	MINNIHA	N'S SPORTS PUB	INSURER C :				
1000 S STATE STREET			INSURER D :				5-1-2-1
Hampshire, IL 60140			INSURER E :				
			INSURER F :			-	
COVERAGES CER	TIFICAT	ENUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN POLICIES	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	5	
A X COMMERCIAL GENERAL LIABILITY		0072156871	12/1/2019	12/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea counterce)	5	1,000,000
					MED EXP (Any one person)	\$	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:				·		\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	s	
AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E L. EACH ACCIDENT	\$	
(Mandatory in NH)					F1 DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LIMIT	\$	
A LIquor Liability		0072156871	12/1/2019	12/1/2020	Liquor		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
CERTIFICATE HOLDER			CANCELLATION				
Village of Hampshire 234 S State St Hampshire, IL 60140			THE EXPIRATION ACCORDANCE WI	N DATE TH TH THE POLIC	ESCRIBED POLICIES BE CA IEREOF, NOTICE WILL E CY PROVISIONS.		
			AUTHORIZED REPRESE				
			Alicia Berla	seh			
ACORD 25 (2016/03)			@ 19	88-2015 AC	ORD CORPORATION. A	Il riot	its reserved





234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

### APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11 125120:9
NAME OF BUSINESS: <u>Block's Fresh Martet</u> sales Tax ID:
NAME OF APPLICANT: 19, tal P. Patel
ADDRESS OF BUSINESS: 199 Maple Place, Hampshire IL 60140
BUSINESS PHONE NO .: 847- 683- 2531
MAILING ADDRESS: <u>Same</u>

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

	Class A-1 - \$1,500.00	 Class C-4 - \$1,500.00
(	Class A-2 - \$1,250.00	Class D - \$1,750.00
$\checkmark$	Class B-1 - \$1,500.00	 Class E - \$1,750.00
	Class B-2 - \$1,500.00	Class F - \$1,500.00
	Class C-1 - \$1,500.00	 Class G - \$ 75.00
	Class C-2 - \$1,500.00	Class H- \$ 500.00
	Class C-3 - \$1,750.00	 Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020	and ending December 31, _	2020	or
Commencing on	_ and ending December 31, _		_

~

3. Type of Business Entity (check one):

Individual	К	Corporation
Partnership		Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name:	Mital R. Patel
BIRTHE	AY: 10-3-1975
HOME /	ADDRESS: 211 Burnside Circle Bartlett IL Leolo3
DRIVEF	ICENSE 10 340 - 5567-5882 HOME PHONE 4630-770-0454
BUSINE	ss status: grocery store + Liquor (Block's Fresh Market)
PERCE	NTAGE OF STOCK HELD:
Name:	
BIRTHE	AY:
HOME /	ADDRESS:
DRIVE	S LICENSE# HOME PHONE#
BUSINE	SS STATUS:
PERCE	NTAGE OF STOCK HELD:
5. lst Ifr	he applicant a citizen of the United States? <u>YPS</u> aturalized, state date and place of naturalization: <u>SGYTH Dahota, Sicur Farks, Aug. 3</u> , 1994
lf a	n Illinois corporation, state date of corporation: <u>Param guru</u> <u>9</u> LUC <u>9</u> 24/2013 foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois siness Corporation Act
	te the character of the applicant's business, and in case of a corporation, the objects for ich it was formed. <u>For operations of Blocks Food and Liguer</u>
lice	te the location and physical description of the premises which is to be operated under such inse and the nature of the business at such location. <u>Loca herry 199 Maple Place</u> Ampshire II lealys gracery + ligeur
	e whether the applicant has ever had a liquor license issued by the Federal government, any e government or any municipality. $\_N^{l}A$

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued.\_\_\_\_\_

- Has the applicant ever had any previous liquor license revoked? \_\_\_\_\_\_
   If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_\_
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. <u>465</u> 9 Jaco 3018 Willage Co. Hampshire

9 Jaco Jacis Willinge do Hampshire Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. <u>Scandap</u> U. Palel State whether said manager has been fingerprinted by the Illinois State Police and, if so the date

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. <u>Yos 912012018 Unlage of Hampshire</u> Note: This application will remain incomplete and will not be

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- •13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? <u>Ouned</u>. If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law?  $\mathcal{N}$
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  $\mathcal{NO}$
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? <u>NO</u>

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  $\mathcal{NO}$
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission?

On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Mital Patel.

Sec. \_\_\_\_\_

STATE OF	TL	)
	N. 4	) SS
County of	KANE	)

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and	sworn to before	me this
_ <u>2.5<sup>141</sup></u> day of	sworn to before	2019

CARDUANE IX. TOOMEY Notary Public, Bate of Illinois My Commission Expires 04-98-8081

Notary Public



THE OF A BICA S OLDEST BONDING

# Western Surety Company

# CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No	64438665	briefly
described as <u>LIQUOR VILLAGE OF HAMPSHIRE</u>		

for PARAMGURU 9. LLC DBA BLOCK'S FRESH MARKET

VISALS NA

	, as Principal,
in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/10	00 Dollars, for the term beginning
December 03 , 2019 , and ending	December 03 , 2020 , subject to all
the covenants and conditions of the original bond referred to	above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this <u>20th</u> day of <u>November</u>, <u>2019</u>.



WESTERN SURETY COMPANY

 $\mathcal{L}$ By

Paul T. Brunat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

Form 90-A-8-2012



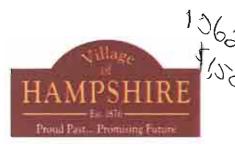
# CERTIFICATE OF LIABILITY INSURANCE

DATE (MINUDD/YYYY)

				ICATE OF LIA	DIL	11 11431	UNANC	L	11	/19/2019
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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				IES						
	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
141	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject t is certificate does not confer rights to	o the	tern	is and conditions of the	policy,	certain polic	ies may requ	-		
	UCER	5 1110	GULU	incate norder in neu or su	TCONTAG	IT ( ) (	H PATEL			
					NAME: PHONE			FAX	0// 0	60 2506
	1K INSUREU INC.				E-MAIL	, Ext]: 630-60		(Á/C, No):	800-8	69-2596
	5 FORBS AVE. SUITE 107				ADDRES	0	KWIKINSUR			
но	FFMAN ESTATES, ILLINOIS 60192							IDING COVERAGE		NAIC #
INSU	250				-		) INSURANCI	E COMPANY		
					INSURE					
	PARAMGURU 9 LLC				INSURE					
	DBA BLOCK'S FOOD AND L	IQUC	DR		INSURE	R D :			_	
	199 SOUTH MAPLE PLACE				INSURE	R E :				
	HAMPSHIRE, IL 60140		•		INSURE	<b>ξ</b> Γ:				
				NUMBER:				REVISION NUMBER:	0000	
IN[ CE	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQL RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH P	JIREN TAIN,	IENT, THE I	TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CON THE PO	TRACT OR OT LICIES DESCF DUCED BY PAI	HER DOCUMI RIBED HEREIN D CLAIMS.	ENT WITH RESPECT TO WH	ІСН ТН	
INSR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6	
	COMMERCIAL GENERAL LIABILITY								s 1,00	0.000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	000
			1					MED EXP (Any one person)	s 5,00	00
A				PABP064557		11/29/2019	11/29/2020	PERSONAL & ADV INJURY	\$ 1,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	00,000
	POLICY PRO-	ļ	ļ					PRODUCTS - COMPYOP AGG	\$ 2,00	x0,000 (
								:	\$	
					- 1			COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO							• • • •	\$	
	OWNED SCHEDULED							80DILY INJURY (Per accident)	S	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
								1	5	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	5	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								s	
								STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	R/A	1					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
							-	AGGERGATE	1,00	0,000
A	LIQUOR LIABILITY		ĺ	PABP064557	1	11/29/2019	11/29/2020			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	101, Additional Remarks Sched	lule, mav <sup>1</sup>	be attached if me	ore space is rem	ired)		
		,			,			·····,		
CER	TIFICATE HOLDER				CANC					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
					AUTHOR	ZED REPRESE	TATIVE			
					DIVY	ESH PATEL				

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234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 12-3-19	
NAME OF BUSINESS: Rose Garden Rest.	
NAME OF APPLICANT: Jeton Azizi	
ADDRESS OF BUSINESS: 199. 5. State St.	
BUSINESS PHONE NO.: 847 683 - 7336	
MAILING ADDRESS: P. D. BOL 906	

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

Class A-1 - \$1,500.00	Class C-4 - \$1,500.00
Class A-2 - \$1,250.00	Class D - \$1,750.00
Class B-1 - \$1,500.00	Class E - \$1,750.00
Class B-2 - \$1,500.00	Class F - \$1,500.00
Class C-1 - \$1,500.00	Class G - \$ 75.00
У∽ Class C-2 - \$1,500.00	Class H- \$ 500.00
Class C-3 - \$1,750.00	Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020	_and ending December 31, _	2020	_ or
Commencing on	_ and ending December 31, _		_

3. Type of Business Entity (check one):

Individual	X	Corporation
Partnership		Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Jeton AZILI BIRTHDAY: 08-31-77	
BIRTHDAY: 08-31-77	
HOME ADDRESS: 716 Vine St	
DRIVERS LICENSE A 220 1387 7248	HOME PHONE # 847 683 - 7336
BUSINESS STATUS:	
Name: Sam Azizi	
BIRTHDAY: 05 - 14 - 54	
HOME ADDRESS: 752 Vine St	_
DRIVERS LICENSE# A 220 - 7805 - 4138	HOME PHONE & 47 951-1788
BUSINESS STATUS: OPen	
PERCENTAGE OF STOCK HELD: 50%	
(If additional space is required, please attach	n a separate sheet of paper)
<ol> <li>Is the applicant a citizen of the United States?</li> <li>If naturalized, state date and place of naturalization:</li> </ol>	Yes
If naturalized, state date and place of naturalization:	
If an Illinois corporation, state date of corporation:	06 - 2003
If a foreign corporation, state date qualified to transation Business Corporation Act.	ct business in Illinois pursuant to the Illinois
6. State the character of the applicant's business, and in which it was formed. $5it$	case of a corporation, the objects for $\mathcal{D}_{coff}$
<ol> <li>State the location and physical description of the pre- license and the nature of the business at such location located and</li> </ol>	mises which is to be operated under such n. <u>sit down Restaurant</u> <u>jefferson</u>
<ol> <li>State whether the applicant has ever had a liquor licer</li> <li>State government or any municipality</li></ol>	<u>م</u>
where said of license was issued.	

- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.  $\sqrt{25}$  August 2015

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises.  $\underline{Jc+on} \underline{Toay} \underline{I+2i2}_{\underline{l}}$ State whether said manager has been fingerprinted by the Illipois State Police and, if so the date thereof.  $\underline{Ye5} \underline{Hugurf 2015}$ 

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? Ve5
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?  $\frac{\sqrt{25}}{1}$  If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? \_\_\_\_\_\_ A\_C\_\_\_\_\_
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?
- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  $\Lambda/\dot{U}$
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?  $\mathcal{NO}$

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? \_\_\_\_\_\_\_\_\_
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? <u>Ves</u>
  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)
CORPORATION SIGNATURES
Pres
Sec. <u>SAM</u> AZIZI

STATE OF 12 ) County of KANE ) SS INDIVIDUAL OR PARTNERSHIP SIGNATURES

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 2019 .	NOTARY I MY CON

OFFICIAL SEAL **J BRANDES** UBLIC - STATE OF ILLINOIS ON EXPIRES:10/18/23

**Notary Public** 

ACO		ERTI		ABIL	ITY INS	-	CE		OP ID: EV (MM/DD/YYYY) 3/05/2019
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If SUBRC	ANT: If the certificate holder DGATION IS WAIVED, subject licate does not confer rights t	to the te	erms and conditions of t	he polic	cy, certain p	olicies may	•		
PRODUCER			2-674-3500	CONTA	CT David So	ciortino			
P.O. Box 91				PHONE (A/C, No	o, Ext): 302-67	74-3500	FAX (A/C, No)	302-6	74-2909
Dover, DE 1 David Scior				E-MAIL ADDRE	SS:			_	
							DING COVERAGE		NAIC #
				INSURE	RA: Cincinr	nati Insurar	ice Companies		10677
INSURED SA	A-TA Inc BA Rose Garden			INSURE					
	9 S State St mpshire, IL 60140			INSURE	100				
				INSURE					
				INSURE					
COVERAG	ES CEF	TIFICAT	E NUMBER:	- indefine			REVISION NUMBER:		
INDICATE: CERTIFIC/	O CERTIFY THAT THE POLICIES D. NOTWITHSTANDING ANY RI ATE MAY BE ISSUED OR MAY INS AND CONDITIONS OF SUCH	OF INSU EQUIREME PERTAIN.	RANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSA	TYPE OF INSURANCE	ADDL SUB		- Realisty r	POLICY EFF (MM/DD/YYYY)		LIMIT	rs	
	CLAIMS-MADE X OCCUR		BKS60000107			07/25/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
			1		CACT I	1000000000	MED EXP (Any one person)	s	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L A	GOREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	5	2,000,000
PO	LICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
OT	HER:						Emp Ben.	\$	1,000,000
AUTOMO	BILE LIABILITY						COMBINED SINGLE LIMIT	\$	
	AUTO						BODILY INJURY (Per person)	\$	
	NED SCHEDULED AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	s	
AU	OS ONLY AUTOS ONLY	0.11					(Per acodem)	\$	
	BRELLA LIAB OCCUR	$\left[ - \right]$		-				\$	
	CLAIMS-MADE						EACH OCCURRENCE	\$	
DEL							AGGREGATE	s	
	S COMPENSATION LOYERS' LIABILITY			1			X PER OTH-		
			XWO60000107		07/25/2019	07/25/2020	E.L. EACH ACCIDENT	15	500,000
(Mandato	PRIETOR/PARTNER/EXECUTIVE	N/A					E.L. DISEASE - EA EMPLOYEE	s	500,000
If yes, des DESCRIP	cribe under TION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	500,000
								1	
		ļ	]					]	
DESCRIPTION	OF OPERATIONS / LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	ule, may b	e attached if mor	e space is requir	ed)		
CERTIFICA	TE HOLDER			CANC	ELLATION				
			CITYHAM						
	City of Hampshire 234 S State Street			THE ACC	EXPIRATION ORDANCE WI	I DATE THE TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.		
	Hampshire, IL 60140-045	7		1		Stu 1	1		
ACORD 25	(2016/03)	-			© 19	88-2015 AC	ORD CORPORATION.	All rig	hts reserved.

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\$#1X#\$

# Western Surety Company

### CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. <u>61892709</u> briefly described as <u>LIOUOR VILLAGE OF HAMPSHIRE</u> for <u>SA-TA INCORPORATED DBA: THE ROSE GARDEN FAMILY RESTAURANT</u>, as Principal, in the sum of <u>\$ ONE THOUSAND FIVE RUNDRED AND NO/100</u> Dollars, for the term beginning <u>December 19</u>, <u>2018</u>, and ending <u>December 19</u>, <u>2019</u>, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 06 day of December , 2018 .



SURETY COMPANY WESTERN LT.

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

Form 90-A-8-2012

\$#1X#\$

# Western Surety Company

#### POWER OF ATTORNEY

#### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Aiabama, Alaska, Arizona, Arkansas, California, Colorado, Conneoticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

	Paul T. Bruflat	of	Sioux Falls	,
State of	South Dakota	, its regularly elected	Vice President	
as Attorney-in-F	act, with full power and a	uthority hereby conferred upon his	m to sign, execute, ackn	owledge and deliver for

One LIQUOR VILLAGE OF HAMPSHIRE

and on its behalf as Surety and as its act and deed, the following bond:

bond with bond number \_\_\_\_\_61892709

for SA-TA INCORPORATED DEA: THE ROSE GARDEN FAMILY RESTAURANT as Principal in the penalty amount not to exceed: \$1,500.00

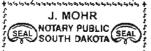
Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety

Company duly adopted and now in force, to wit: Section 7. All bonds, policies, undertakings, Powers of Altorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Socretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, or Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its \_ with the corporate seal affixed this <u>06</u> day of <u>December</u> Vice President 

ATTEST J. Nelson L. Nelson, Assistant Secretary	WESTERN SURETS COMPANY By Talt. Bufft Pault. Brufft, Vice President
- L Meson, Assistan Geoletary	
STATE OF SOUTH DAKOTA COUNTY OF MINNEHAHA	SEN A
7 On this <u>06</u> day of <u>December</u> Paul T. Bruflat	_, 2018, before me, a Notary Public, personally appeared

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as \_\_\_\_\_ Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



Mohr

Notary Public

tonuonuonononononononononono i My Commission Expires June 23, 2021

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage. Form F1975-1-2016 0

CNA "UPET"

POBox 5077 Sioux Falls SD 57117-5077 December 06, 2018 1-800-331-6053 Fax 1-605-335-0357 www.cnasurely.com

SF MW

SA-TA INCORPORATED DBA: THE ROSE GARDEN FAMILY RESTAURANT 199 S State Street Hampshire, IL 60140

File # 61892709 SA-TA INCORPORATED DBA: THE ROSE GARDEN FAMILY RESTAURANT

\$1,500.00 Company Code: 0601 Written By: WESTERN SURETY COMPANY LIQUOR VILLAGE OF HAMPSHIRE

Enclosed is your renewal certificate. To continue your bond coverage and keep it in force, you must file this renewal document with the village of Hampshire.

If you are no longer required to post this bond, please write the word "Cancel" directly on the document, and return it to CNA Surety.

If you have any questions, please contact your local agent.

Enclosure



234 S. State Street Hampshire, IL 60140

APPLICATION FOR ALCOHOLIC LIQUOR
DATE: NOU/29/2019
NAME OF BUSINESS: T-RICKS LTD the Rosans of HADRELSALES TAX ID: 3220-5279
NAME OF APPLICANT:
ADDRESS OF BUSINESS : 326 CENTENNIAL DALVE, HAMPSAM, 1660140
BUSINESS PHONE NO.: 847 683 1111
MAILING ADDRESS: 826 CENTENDIAL DRUG, HAMPSHING, 1260140
TO: Local Liquor Control Commission

Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

	Class A-1 - \$1,500.00	 Class C-4 - \$1,500.00
	Class A-2 - \$1,250.00	 Class D - \$1,750.00
	Class B-1 - \$1,500.00	 Class E - \$1,750.00
	Class B-2 - \$1,500.00	 Class F - \$1,500.00
	Class C-1 - \$1,500.00	 Class G - \$ 75.00
$\underline{\mathcal{X}}$	Class C-2 - \$1,500.00	 Class H- \$ 500.00
	Class C-3 - \$1,750.00	 Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020_	and ending December 31, <u>A020</u>	or
Commencing on	and ending December 31,	

3. Type of Business Entity (check one):

Individual	$\mathbf{X}$	Corporation
Partnership		Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: ANTHONY MPATTI
BIRTHDAY: 8/10/1949
HOME ADDRESS: 28052 W NIAGARA STREET, LAKEMOR 6005
DRIVERS LICENSE# P300 0134 9227 HOME PHONE # 630 6589150
BUSINESS STATUS: VICE PRESIDENT
PERCENTAGE OF STOCK HELD: 50%
Name: RICHARD GIGGLE & Marianna Gigele
BIRTHDAY: 4-11-59 7-22-59
HOME ADDRESS: 1411 Wedbearde Pking ALGONQUIN IL (20102
DRIVERS LICENSE# 6240-7425-9104 & 640-5525-3494580446
BUSINESS STATUS: PRESIDENT + Secretary
PERCENTAGE OF STOCK HELD:
5. Is the applicant a citizen of the United States?
If naturalized, state date and place of naturalization:

If an Illinois corporation, state date of corporation:  $\frac{6}{2000}$ If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act.

- 6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed.
- 7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. <u>326 Centenwich <u>gRive</u></u>
- 8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. <u>Yes</u> If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. <u>Crewse</u> IN <u>LARMOOR</u>, <u>IL</u>

- 9. Has the applicant ever had any previous liquor license revoked?  $\underline{\mathcal{MO}}$ If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. \_\_\_\_\_\_

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. <u>Authow</u> <u>Matter</u> State whether said manager has been fingerprinted by the Illinois State Police and, if so the date

thereof. YES Note: This application will remain incomplete and will not be

considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? <u>V</u>CS If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? ND
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? \_\_\_\_\_O\_\_\_\_\_
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? \_\_\_\_\_

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? <u>ND</u>

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission?

On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES

√ Pres		
		·

20. \_\_\_\_\_

STATE OF SS **County of** 

INDIVIDUAL OR PARTNERSHIP SIGNATURES

The undersigned swears that all statements are true and correct.

CORPORATE SEAL	OFFICIAL SEAL
Subscribed and sworn to before me this <u>2</u> day of <u>December</u> , <u>2019</u> . <u>UM</u>	ANGELA S YOUNG NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:10/05/22
/ Notary Pi	ublic

### CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company, S.I. if selection box is not checked 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address T-Ricks Ltd. 826 Centennial Dr Hampshire, IL 60140

Agent's Name, Address and Phone Number (Agt./Dist.)

Martin W Walsh 790 W BARTLETT RD BARTLETT, IL 60103 (630) 893-1461 (076/809)

This certificate is issued as a matter of Information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policies listed below. **COVERAGES** 

This is to certify that policies of intuiting isled to low have been islued 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 insured afforded by the policies of indicated and is subject to all the terms, exclusions, and conditions of such policies POLICY DATE TYPE OF INSURANCE POLICY NUMBER LIMITS OF LIABILITY EFFECTIVE Mo. Dity. Yr) Mo. Day 11 Homeowners/ Bodhy Intury and Property Ournage Mobilehomeowners Liability 000 Each Occurrence \$ Bodily Intury and Property Demage **Boatowners Liability** 000 Each Occurrence \$ Bodily Injury and Property Damage Personal Umbrella Liability Each Occurrence \$ 000 Farm Lizbility & Personal Liability s 000 Each Occurrence Farm/Ranch Liability Earm Employer's Liability \$ 000 Escil Documenté Statutory \*\*\*\*\*\*\* .000 Workers Compensation and Each Accident S. Employers Liabllity † 000 Disease - Each Employee \$ Disease - Policy Limit. \$ ,000 000 General Appregate S General Liability 000 Products - Completed Operations Aggregate \$ Commercial General 000 Personal and Advertising Injury \$ Liability (occurrence) 000 Each Occurrence S E  $\square$ Damage to Premises Rented to You 5 000 Medical Expense (Any One Person) 000 Ş \$ .000 Each Occurrence<sup>††</sup> **Businessowners** Liability 000 Aggregalin tt s Common Cause Limit 1,000,000 \$ 08/02/2020 Liquor Liability 12-XH6108-05 08/02/2019 2,000,000 Appreciate Limit Ş Automobile Llability Bodily Injury - Each Person \$ ,000 Any Auto **Bodity Injury - Each Accident** 000 \$ All Owned Autos Scheduled Autos S 000 Property Damage Hired Auto Nonowned Autos ,000 Bodily Injury and Property Damage Combined \$ E **Excess Liability** 000 Commercial Blanket Excess S Each Occutrence/Aggregate Other (Miscellaneous Coverages) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS The individual or partners Have shown as insured elected to be covered; under this policy. ++Products Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate. CERTIFICATE HOLDER'S NAME AND ADDRESS CANCELLATION x Should any of the above described policies be cancelled before the expiration date Attention: Linda Vasquez thereof, the company will endeavor to mail \*( 30 days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind Village of Hampshire upon the company, its agents or representatives. "10 days unless different number of days 234 S. State St shown This certifies coverage on the date of issue only. The above described policies are Hampshire, IL 60140 subject to cancellation in conformity with their terms and by the laws of the state of issue. DATE SSUED

08/07/2019

AUTHORIZED REPRESENTATIVE

MARTIN WALSH



# Western Surety Company

# CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No6	2893474 briefly
described as LIQUOR LICENSE VILLAGE OF HAMPSHIRE	
	,
	, as Principal,
in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100	Dollars, for the term beginning
August 26 , 2019 , and ending August 2	5, <u>2020</u> , subject to all
the covenants and conditions of the original bond referred to above.	

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this \_\_\_\_\_ day of \_\_July \_\_\_\_, 2019



WESTERN SURETY COMPANY

Fait By

Paul T. Brunat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

TARS AN ADDRESS A DREAM A LEAK OF PARAMETERS ADDRESS ADDRESS

Form 90-A-8-2012

11-22-14 44631

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

### APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/15/19	
NAME OF BUSINESS: <u>Speedway</u> 5036	SALES TAX ID: 2873-4785
NAME OF APPLICANT: Speedway LLC	
ADDRESS OF BUSINESS: 110 Arrowhead Drive, H	ampshire, 11_
BUSINESS PHONE NO .: (847) 683-9372	
MAILING ADDRESS Specaway LLC, Licensing Dept., PO	Bux 1580, Springfield, OH
TO: Local Liquor Control Commission Village of Hampshire, Illinois	45501

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

	Class A-1 - \$1,500.00	 Class C-4 - \$1,500.00
	Class A-2 - \$1,250.00	Class D - \$1,750.00
	Class B-1 - \$1,500.00	 Class E - \$1,750.00
V	Class B-2 - \$1,500.00	Class F - \$1,500.00
	Class C-1 - \$1,500.00	Class G - \$ 75.00
	Class C-2 - \$1,500.00	 Class H- \$ 500.00
	Class C-3 - \$1,750.00	 Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020	_ and ending December 31,	_ or
Commencing on	_ and ending December 31,	_

3. Type of Business Entity (check one):

Individual	Corporation
Partnership	Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

> NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liguor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Na	me: Corporate Officer List Attached.
	ТНDАҮ:
но	ME ADDRESS:
DR	IVERS LICENSE# HOME PHONE#
BU	SINESS STATUS:
PE	
Na	me: General Manager: Jacques LaFond THDAY: 10/18/1973
но	ME ADDRESS: 1240 Umbdenstock Rd., Elgin, IL
DR	IVERS LICENSE# L 15343873297 HOME PHONE#
	SINESS STATUS:
PEI	RCENTAGE OF STOCK HELD: $02$ . (If additional space is required, please attach a separate sheet of paper)
5.	Is the applicant a citizen of the United States? <u>N/A</u> . If naturalized, state date and place of naturalization:
	If an Illinois corporation, state date of corporation: If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act <i>10/29/1997</i>
6.	State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. To own/operate chain of convenience stores with gase Statio
7.	State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location.

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality <u>Speedway LLC holds in excess of 1000 alcoholpermits</u> If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued Speedway LLC operates in 30 states.

inc

- 9. Has the applicant ever had any previous liquor license revoked?  $\underline{\sqrt{es}}$ . If answer is in the affirmative, state the date and reason for such revocation. Attachment +2
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? <u>Ves.</u> \_\_\_\_\_
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Corp. officers reside/employ out of State with 0% Interest. Note: This application will remain incomplete and will not be

considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Jacques LaFond

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof.  $\underline{Ves.}$ Note: This application will remain incomplete and will not be

considered until question #12 can be answered in the affirmative.

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? Ves - Attached.

- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? N/A. If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? N/A, No
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? N/A, NO Stock? N/A, No If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be

covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station? N/A, No\_\_\_\_\_
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? NO.

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? <u>Ves</u>.
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?  $\underline{\sqrt{eS}}$ .
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? NA.
  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

## SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. President for Speedway LLC Sec. David E. Ball, Secretary for Speedway ILC STATE OF County of Clark SS The undersigned are that all statements are true and correct. JILL M SHAW NOTARY PUBLIC - OHIO David E. Ball, Secretary for Speedway LLC CLARK COUNTY MY COMMISSION EXPIRES CORPORAT 07/08/2023 Subscribed and sworn to before me this 15th day of Movember

Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION OF CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER	D, EXTEND OR	ALTER THE CO	VERAGE AFFORDED B	Y THE	E POLICIES
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions o					
this certificate does not confer rights to the certificate holder in lieu o		ent(s).	-		
PRODUCER Marsh USA, Inc.	CONTACT NAME:	.orene Kutzner		-2	
Six PPG Place, Suite 400	PHONE (A/C, No, Ext):	412-552-5163	FAX (A/C, No):	412-552	2-5999
Pittsburgh, PA 15222-5406		orene.j.kutzner@mars			
	-	INSURER(S) AFFO	RDING COVERAGE		NAIC #
CN108262920-MPC-GL/AL-19-20 SWTO R014	INSURER A : N/A				N/A
Speedway LLC		nal Union Fire Ins Co	Pittsburgh PA	-	19445
500 Speedway Drive Enon, OH 45323	INSURER C :			-	
	INSURER D :			-	
	INSURER E .			-	-
COVERAGES CERTIFICATE NUMBER:	CLE-00641486	5-01	REVISION NUMBER: 2		1
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAR	ON OF ANY CONTR RDED BY THE POI	RACT OR OTHER LICIES DESCRIBE D BY PAID CLAIMS	DOCUMENT WITH RESPECT	CT TO	WHICH THIS
INSR TYPE OF INSURANCE ADDL SUBR	POLICY (MM/DD/Y	EFF POLICY EXP YYY) (MM/DD/YYYY)	LIMIT	s	
B X COMMERCIAL GENERAL LIABILITY GL5442484	04/01/201		EACH OCCURRENCE	s	1,000,000
X CLAIMS-MADE OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
			MED EXP (Any one perion)	\$	5,000
			PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER			GENERAL AGGREGATE	\$	1,000,000
X POLICY PRO- JECT LOC			PRODUCTS - COMP/OP AGG	\$	1,000,000
OTHER:				\$	
AUTOMOBILE LIABILITY	. 6		COMBINED SINGLE LIMIT (Ea accident)	\$	
		1	BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED			BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY			(Per accident)	S	
				\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAINS MADE			EACH OCCURRENCE	\$	
CLAIMS-MADE			AGGREGATE	\$	
DED RETENTION \$			PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE				e	
OFFICERMEMBEREXCLUDED?			E.L. EACH ACCIDENT	\$	
If yes, describe under			E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below	1		E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sch Re: Speedway LLC dba Speedway #5036, located at 110 Arrowhead Drive, Hampshire, IL 60140. Liquor Liability is included under General Liability policy.	edule, may be attached	lf more space is requi	red)		
CERTIFICATE HOLDER	CANCELLAT	ION			·J
Village of Hampshire 234 S. State Street Hampshire, IL 60140	THE EXPIRA		DESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.		
	AUTHORIZED REP of Marsh USA Inc				
	Manashi Mukhe	rjee -	Manaohi Mule	nenz	ce
		© 1988-2016 AC	ORD CORPORATION.	All righ	nts reserved.

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Travelers Casualty and Surety Company of America

## CONTINUATION CERTIFICATE FIDELITY OR SURETY BONDS/POLICIES

License No.

In consideration of \$75.00	dollars renewal premium, the term	of Bond/Policy No. 1040	87486-291 in the
amount of <u>\$1,500</u>	issued on behalf of Speedway LLC (U	nit #5036)	
whose address is 500 Speedwa	ay Drive. Enon, OH 45323		
in favor of Village of Hampsh	ire, IL		
whose address is 243 S. State	Street, Hampshire, IL 60140		
in connection with Travelers (	Casualty and Surety Company of America	is hereby extended to	December 31, 2020
subject to all covenants and co	onditions of said bond/policy.		

This certificate is designed to extend only the term of the bond/policy. It does not increase the amount which may be payable thereunder. The aggregate liability of the Company under the said bond/policy together with this certificate shall be exactly the same as, and no greater than it would have been, if the said bond/policy had originally been written to expire on the date to which it is now being extended.

Signed, sealed and dated \_\_\_\_ November 14, 2019

	Travelers Casualty and Surety (	Company of America	
By:	2000	-17	
	Michael D. Ray, JR	Attorney-in-Fact	

# TRAVELERS

Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

#### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS. That Travelers Casuality and Surety Company of America, Travelers Casuality and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Michael D. Ray of Findlay

Ohio their true and tawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bunds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February 2017.



State of Connecticut.

City of Hartford ss

Robert L Raney, Senior Vice President

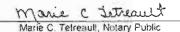
On this the 3rd day of February, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Pire and Marine insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal,

My Commission expires the 30th day of June, 2021



By:



This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attomeys-in-Fact and Agents to act for and on behall of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, ar conditional undertaking, and any of serie officers or the Board of Directors at any time may remove any such appointee and revoke the power given him of her, and it is

FURTHER RESOLVED that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary, and it is

FURTHER RESOLVED, that any bend, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chailman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary, or (b) duly executed (under seal if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority, and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Assistant Secretary, and the seal of the Company may be affixed by facilitie to any Power of Altorney or to any certificate relating thereto appointing Resident Vice Presidents. Resident Assistant Secretaries or Altorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Altorney or certificate bearing such facsimile signature or face/mile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached

I, Kevin E. Hughes the undersigned. Assistant Secretary of Travelers Casually and Surety Company of America, Travelers Casually and Surety Company, and St Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a frue and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this



Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880. Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

		СK	
	Sillage	10696	1. an
182019	HAMPSHIRE	1,750 VIL	LAGE OF
WILLAGE 234 S. State Street Hampshire, IL 60140	L'ADRIE S ABBINO S'ADDRENTS, A MULTE,	Phone: (847)683 Fax: (847) 683-4 www.hampshire	915
	APPLICATION FOR ALCOHOLIC LIQU	JOR	-
DATE:	11 18 2019.		
NAME OF BUSINESS: Red	Ox Restaurant & Ba	SALES TAX ID:	6413-0667
NAME OF APPLICANT: MARI	A ZVIKKI INC. d/bla R	ed Ox Restaurant.	f Bar
ADDRESS OF BUSINESS : $12^{\circ}$	2 E OAK KNOL, HAMRS	HIRE TI 601	40.
BUSINESS PHONE NO.:	47- 683-2300		
MAILING ADDRESS: 129	E. DAK KNOLL, HAMI	SHIRE, TL 601	40
TO: Local Liquor Control Comr	nission		

Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

Class A-1 - \$1,500.00	 Class C-4 - \$1,500.00
Class A-2 - \$1,250.00	Class D - \$1,750.00
Class B-1 - \$1,500.00	Class E - \$1,750.00
Class B-2 - \$1,500.00	 Class F - \$1,500.00
Class C-1 - \$1,500.00	 Class G - \$ 75.00
Class C-2 - \$1,500.00	Class H- \$ 500.00
Class C-3 - \$1,750.00	Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020	and ending December 31,	2020.	_ or
Commencing on	_and ending December 31,		_

3. Type of Business Entity (check one):

Individual	Corporation
 Partnership	Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. <u>VILLAGE OF HAMPSHIRE STATE OF TUINOIS AT</u> F.

- 9. Has the applicant ever had any previous liquor license revoked? \_\_\_\_\_  $\Lambda O$ If answer is in the affirmative, state the date and reason for such revocation.
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?\_\_\_\_\_\_YEら
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. \_\_\_\_\_YES, NUVEMBER 2003,

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. \_\_\_\_/MITRA PANTELIS State whether said manager has been fingerprinted by the Illinois State Police and, if so the date

thereof. <u>765</u> NOVEMBER 2003

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? 165
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? YES OWN IT. If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? \_\_\_\_\_ AO \_\_\_\_\_
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  $\bigtriangleup$
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? NO \_\_\_\_

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be 

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station? ND
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? <u>ソモラ</u>
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?

SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES Pres

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF <u>I/linois</u>) SS County of <u>Kane</u>)

The undersigned swears that all statements are true and correct.

witter tantedis

**CORPORATE SEAL** 

Sec.

Subscribed and sworn to before me this \_\_\_\_\_\_ day of November \_\_\_\_\_, 2019

OFFICIAL SEAL JOSEPH S CAMPUS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 01/18/21

Notary Public



AMERICA'S DUDEST BONDING

# Western Surety Company

OF

SURETY COMPANY . ONE

## **CONTINUATION CERTIFICATE**

Western Surety Company hereby continues in force Bond No	<u>14540751</u> briefly
described as <u>RESTAURANT/LIQUOR VILLAGE OF HAMPSHIRE</u>	
	,
for MARIA & VIKKI, INC. DBA RED OX RESTAURANT & BAR	
	, as Principal,
in the sum of \$ FIVE THOUSAND AND NO/100	Dollars, for the term beginning
November 26, 2019, and ending Nov	ember 26 , 2020 , subject to all

the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 10th day of October , 2019 .



SURETY COMPANY WESTERN

Βv

Paul T. Brunat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

DECEMPERATE WESTERN SUBETY COMPANY - ONE OF ANERICA'S DICEST BORDING

Form 90-A-8-2012

From: Linda Stueck

Fax: 18474403514

To:

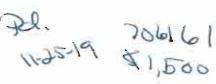
Fax: (847) 683-2388

Page: 2 of 2 10/10/2019 3:52 PM

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE						(MM/DD/YYYY) 0/10/2019			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 holde If SUBROGATION IS WAIVED, subje this certificate does not confer right	ct to the	term	s and conditions of the po	olicy, ce	rtain policies				
PRODUCER	510118	Centil		CONTA NAME:					
Linda Lee Enterprises Inc						93-0775		(947)	793-0776
DBA: FTS Insurance				PHONE (AJC, N E-MAIL		vinsurance.co	(AJC, No)	: (0-77)	/31-0//0
14045 W.Petronella Dr., Ste. 2				ADDRE	SS: Percent				
Libertyville			IL 60048		Padaar				NAIC #
INSURED			10 00048	INSURERA: Badger Mutual Insurance Co					42376
			at 2 Day	INSURE		igy insurance	company		42370
Maria & Vikki Inc., DBA: Re 129 E. Oak Knoll Drive	o Ox Res	taurar	II & Dar	INSURE					
123 E. Oak Kildi Dilve				INSURE					
Hampshire			IL 60140	INSURE					
					RF:				
COVERAGES ( THIS IS TO CERTIFY THAT THE POLICIES							REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCI	QUIREMI ERTAIN, T	ENT, T HE IN	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH	CONTR/	ACT OR OTHER	DOCUMENT	WITH RESPECT TO WHICH "	THIS	
INSR   LTR   TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LiMi	TS	
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CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (E8 occurrence)	3 50,0	00
							MED EXP (Any one person)	<u></u> \$ 5,00	0
A	_		0070373965		12/01/2018	12/01/2019	PERSONAL & ADVINJURY		0,000
GENLAGGREGATE LIMIT APPLIES PER	_						GENERAL AGGREGATE	\$ 2,00	0,000
POLICY PRO-							PRODUCTS - COMPIOP AGG	s 1,00	0,000
OTHER:								\$	
AUTOMOB LE LIASILITY							COMBINED SINGLE LIMIT (Ea accident)	S	
ANY AUTO							BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS							800ILY INJURY (Per accident)	\$	
HIRED AUTOSONLY AUTOSONLY							PROPERTY DAMAGE (Per accident)	\$	
		1						\$	
UMBRELLA LIAB OCCUR						-	EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-M.	DE						AGGREGATE	\$	
DED RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							FER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	/N Y N/A	i i	TWC3711202		05/10/2019	05/10/2020	E.L. EACH ACCIDENT	<sub>\$</sub> 500,	000
(Mandatory in NH)	<u> </u>		14403/11202		03/10/2015	03/10/2020	E.L. DISEASE - EAEMPLOYEE	<u></u> ₅ 500,	000
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC-ICY LIMIT	s 500,1	000
A Liquor Liability			0070373965		12/01/2018	12/01/2019	Combined Single Limits	\$1,0	00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHCLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location: 129 E. Oak Knoll Drive, Hampshire, IL 60140									
CERTIFICATE HOLDER CANCELLATION									
Village of Hampshire				SHO THE	ULD ANY OF T	ATE THEREOF	SCRIBED POLICIES BE CAN NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
243 S State Street									
PO Box 457			AUTHORIZED REPRESENTATIVE						
Hampshire			IL 60140-0457	(	Ola	Ź fta	and		

The ACORD name and logo are registered marks of ACORD





234 S. State Street Hampshire, IL 60140

Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

#### APPLICATION FOR ALCOHOLIC LIQUOR

DATE:
TA Operating LLC d/b/a TravelCenters of America NAME OF BUSINESS:SALES TAX ID: 2494-0712
NAME OF APPLICANT: Supreme Robinson
ADDRESS OF BUSINESS: 19 N 430 US Highway 20, Hampshire, IL 60140
BUSINESS PHONE NO.: 847-683-4558
MAILING ADDRESS: Two Newton Place, 255 Washington St., Suite 100, Newton, MA 02458
TO: Local Liquor Control Commission

Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinols, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

Class A-1 - \$1,500.00	Class C-4 - \$1,500.00
Class A-2 - \$1,250.00	Class D - \$1,750.00
Class B-1 - \$1,500.00	Class E - \$1,750.00
Class B-2 - \$1,500.00	Class F - \$1,500.00
Class C-1 - \$1,500.00	Class G - \$ 75.00
Class C-2 - \$1,500.00	Class H- \$ 500.00
Class C-3 - \$1,750.00	Class I- \$ 500.00
Class B-1 - \$1,500.00 X Class B-2 - \$1,500.00 Class C-1 - \$1,500.00 Class C-2 - \$1,500.00	Class E - \$1,750. Class F - \$1,500. Class G - \$ 75.0 Class G - \$ 75.0 Class H- \$ 500.0

2. License Period:

Commencing on January 1, 2020	and ending December 31, 2020	or
Commencing on	and ending December 31,	-

3. Type of Business Entity (check one):

Individual		Corporation	
Partnership	x	Other (specify)	Limited Liability Company

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name:Please see attached rider.	nage 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE#	HOME PHONE#
BUSINESS STATUS:	<u>.</u>
PERCENTAGE OF STOCK HELD:	· · · · · · · · · · · · · · · · · · ·
Name:	
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE#	
BUSINESS STATUS:	
PERCENTAGE OF STOCK HELD:	attach a separate sheet of paper)
<ol> <li>Is the applicant a citizen of the United States?</li></ol>	N/A
If an Illinois corporation, state date of corporation If a foreign corporation, state date qualified to tr Business Corporation Act. <u>October 30, 2007</u>	
	<u>ulti-state retail licensee engaged in travel ho</u> spitality,
food and beverage, sund 7. State the location and physical description of the license and the nature of the business at such lo <u>19 N 430 LIS Highway 20, Hampshire, IL 60</u>	cation.
<ol> <li>State whether the applicant has ever had a liquor State government or any municipality. <u>Yes</u></li> </ol>	· · · · ·

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. <u>Please see attached rider</u>.

- Has the applicant ever had any previous liquor license revoked? <u>No</u>
   If answer is in the affirmative, state the date and reason for such revocation.
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?\_\_Yes\_\_\_\_
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Local applicant was fingerprinted

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Supreme Robinson

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes - 11/25/19

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond\*and Certificate of Liability Insurance to this application or already furnished it to the Village? Yes
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? <u>Yes</u> If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? <u>No</u>
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? Yes please see attached rider.
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? <u>No</u>

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
  No
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? <u>No</u>

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? <u>Yes</u>
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? Yes
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? Yes
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? <u>N/A</u>

On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)	
CORPORATION SIGNATURES	INDIVIDUAL OR PARTNERSHIP SIGNATURES
Pres. 10 av 10	
Barry A. Richards, President	
William Barnest Myers, II, Assistant	Secretary
STATE OF Dhio	
County of Cuifahoga) SS	
The undersigned swears that all statements are tr	ue and correct.
CORPORATE SEAL	
Subscribed and sworn to before me this	
day of November , 2019	-
Cau	M. Toth
CARY M. 7	TOTH Notary Public

CARY M. TOTH Notary Pub NOTARY PUBLIC • STATE OF OHIO Recorded in Cuyahoga County My commission expires Nov. 13, 2021

### CONTINUATION CERTIFICATE

The <u>RLI Insurance Company</u> (hereinafter called the Surety) hereby continues in force its Bond No. <u>CMS0277196</u> in the sum of <u>One Thousand Five Hundred Dollars and 00/100</u> (\$1,500.00) Dollars, on behalf of <u>TA Operating LLC dba TravelCenters of America</u> in favor of <u>Village of Hampshire</u>, <u>Illinois</u> subject to all the conditions and terms thereof through <u>December 31, 2020</u> at location of risk.

This Continuation is executed upon the express condition that the Surety's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

IN WITNESS WHEREOF, the Surety has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its corporate seal to be hereto affixed this <u>14<sup>th</sup></u> day of <u>November</u>, <u>2019</u>.

RLI Insurance Company Surety

By: Mank Kinnett

Frank Kinnett, Attorney-in-Fact (IL License #1727357)

# **POWER OF ATTORNEY**

#### RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615 Phone: 800-645-2402

#### Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That RLI Insurance Company and/or Contractors Bonding and Insurance Company, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

John E. Genet, Jarrod Hitt, Frank Kinnett, jointly or severally

in the City of \_\_\_\_\_\_\_Atlanta \_\_\_\_\_\_, State of \_\_\_\_\_\_\_Georgia \_\_\_\_\_\_\_its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed \_\_\_\_\_\_\_\_\_Twenty Five Million \_\_\_\_\_\_\_Dollars (\$25,000,000.00 \_\_\_\_\_\_) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

**RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective <u>Vice President</u> with its corporate seal affixed this <u>6th</u> day of





County of Peoria

On this <u>6th</u> day of <u>August</u>, <u>2019</u>, before me, a Notary Public, personally appeared <u>Barton W. Davis</u>, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

itchen By: Gretchen L. Johnigk Notary Public



RLI Insurance Company Contractors Bonding and Insurance Company

Barton W. Davis

Vice President

#### CERTIFICATE

I, the undersigned officer of RLI Insurance Company and/or Contractors Bonding and Insurance Company, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the RLI Insurance Company and/or Contractors Bonding and Insurance Company this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_.

RLI Insurance Company Contractors Bonding and Insurance Company

M. Stephenion Jean M/Stephenson Corporate Secretary

	2
ACORD	~

### CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)

	- • •						-	11	/30/2018
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS DEFINESENTATIVE OF DODUCED AN	URA	YOR ∤ NCE D	NEGATIVELY AMEND, DES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	ву тн	E POLICIES
REPRESENTATIVE OR PRODUCER, AI IMPORTANT: If the certificate holder		-		alieu/l	ion) must ha				a ondersed
If SUBROGATION IS WAIVED, subject							•		
this certificate does not confer rights t	o the	certifi	cate holder in lieu of si						
PRODUCER Willis of New York, Inc.				NAME	CI Willis T	owers Watso	on Certificate Cest	er	10.000
c/o 26 Century Blvd					b, Ext): 1-arr		FAX (AJC, No	1-88	3-467-2378
P.O. Box 305191				ADDRE	SS: certifi	cates@willi	S.COM	_	
Nashville, TN 372305191 USA							DING COVERAGE		NAIC #
		_		INSURF	RA Arch S	pecialty In	surance Company		21199
INSURED TA Operating LLC				INSURE					
24601 Center Ridge Road Suite 300				INSURE					
Westlake, OH 441455634				INSURE				_	
				INSURE					
COVERAGES CER	TIFI		UMBER: 9001779	INSURE	KF:		REVISION NUMBER:	-	1
THIS IS TO CERTIFY THAT THE POLICIES	_	_	and the second s	VE BEE	N ISSUED TO			THE PO	LICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REMENT AIN, TH	, TERM OR CONDITION	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	1175	
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A X SIR: \$500,000					· · ·		MED EXP (Any one person)	6	
			DPC1008715-02		12/01/2018	12/01/2019	FERSONAL & ADV INJURY	5	2,000,000
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AUTOS ONLY AUTOS ONLY							(Pet accident)	\$	
UMBRELLA LIAB OCCUR	1.7		-				EACH OCCURRENCE	s	
EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	
DED RETENTION S	1						The second s	s	
WORKERS COMPENSATION							PER OTH- STATUTE ER	The second	
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE							E L. EACH ACCIDENT	\$	
OFFICER/MEMBEREXCLUDED?	N/A						EL. DISEASE - EA EMPLOY	\$	
If yes, bescribe under DESCRIPTION OF OPERATIONS be uw							EL_ DISEASE - POLICY LIM	ris	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC									
Re: 19 N 430 US Highway 20, Hamp									
Limit Village of Eampshire is he	reoy	aque	u as an additional	Tuen.	teu as teg	nited by w	ritten contract a	iu/or a	greenent.
CERTIFICATE HOLDER				CAN	CELLATION				
				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS.		
Illinois Liquor Control Commission	1			AUTHO	RIZED REPRESE				
101 W. Jefferson Street				AUINU	<b>A</b> .	0			
Suite 3-525					flo	Luy			
Springfield, IL 62702	_					<i>'</i>	ORD CORPORATION	Allein	hts reserved
ACORD 25 (2016/03)	ΤI	he ACC	RD המדום and logo ar א גם: 17110869	e regis		s of ACORD		an nà	



11-26-19 Pd. 500 30491

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: NOV. 6, 2019
NAME OF BUSINESS: Hampshire Township Park District
NAME OF APPLICANT: Stephanic Barone
ADDRESS OF BUSINESS: 390 South Ave. Hampshire, IL 60140
BUSINESS PHONE NO .: 847-683-2690
MAILING ADDRESS: P.O. Box 953, Hampshire, IL 60140

**TO: Local Liquor Control Commission** Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

Class A-1 - \$1,500.00 Class A-2 - \$1,250.00	Class C-4 - \$1,500.00 Class D - \$1,750.00
Class B-1 - \$1,500.00	Class E - \$1,750.00
Class B-2 - \$1,500.00	Class F - \$1,500.00
Class C-1 - \$1,500.00	Class G - \$ 75.00
Class C-2 - \$1,500.00	Class H- \$ 500.00
Class C-3 - \$1,750.00	X Class I- \$ 500.00
License Period:	

2.

Commencing on January 1, 2020	and ending December 31, 2020	or
Commencing on	and ending December 31,	

3. Type of Business Entity (check one):

Individual		Corporation
Partnership	X	Other (specify) government

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

> NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liguor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Stephanic An Barone
BIRTHDAY: 4/1/1984
HOME ADDRESS: 2140 Orchard Ln. Carpentersville, IL 60110
DRIVERS LICENSE# 8650-7818-4694 HOME PHONE \$615-762-1670
BUSINESS STATUS:
Name:
BIRTHDAY:
HOME ADDRESS:
DRIVERS LICENSE# HOME PHONE#
BUSINESS STATUS:
PERCENTAGE OF STOCK HELD: (If additional space is required, please attach a separate sheet of paper)
5. Is the applicant a citizen of the United States?
If naturalized, state date and place of naturalization:
If an Illinois corporation, state date of corporation:NA If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act
<ol> <li>State the character of the applicant's business, and in case of a corporation, the objects for which it was formed</li></ol>
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. Please include both addresses to License include in the premises at such location. Ave. AND 333 W. Jefferson Ave.
8. State whether the applicant has ever had a liquor license issued by the Federal government, any
State government or any municipality. Yes
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Thinks Liquor Control Commission

- Has the applicant ever had any previous liquor license revoked? \_\_\_\_\_\_\_\_\_
   If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?

ote: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? \_\_\_\_\_\_

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? \_\_\_\_\_\_
  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES

Pres.\_\_\_\_\_

Sec. \_\_\_\_\_

STATE OF <u><i>Illinois</i></u>	)
L.	) SS
County of Kane	)

The undersigned swears that all statements are true and correct.

	Starore
CORPORATE SEAL	
Subscribed and sworn to before me this 	PATRICIA L PRILL MOTARY "OFFICIAL SEAL" PUBLIC STATE OF SLIPON SL
	Datien & and
	Notary Public

INDIVIDUAL OR PARTNERSHIP SIGNATURES

aux

00



### LICENSE AND PERMIT BOND

## Know All Men By These Presents:

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has been licensed \_\_\_\_\_\_ for Liquor License \_\_\_\_\_ by the said Obligee.

**NOW THEREFORE**, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, appertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until <u>January 30, 2021</u> unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing; by certified mail, to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at the Political Subdivision named herein, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this 6th day of November, 2019.

Hampshire Park District
 Principal

PARK DISTRICT RISK MANAGEMENT

Brett Davis, Chief Executive Officer

AGENCY



Pd \$ 1500 645502075

Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11 20 10	
NAME OF BUSINESS: C3	S, INC. DIBLA Tus can Sum Wine & spirits SALES TAX ID: 3939-8439
NAME OF APPLICANT:	Mukesh C PATEL
ADDRESS OF BUSINESS :_	107 W. OAK KNOLL Dr. HAMPSHIRE, IL. 6014
BUSINESS PHONE NO .:	847 - 683 - 7691
MAILING ADDRESS:	SAME AS ABOVE

TO: Local Liquor Control Commission Village of Hampshire, Illinois

234 S. State Street

Hampshire, IL 60140

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

#### 1. License Class and Annual Fee (check one):

~ ~ /			
$\sim$	Class A-1 - \$1,500.00		Class C-4 - \$1,500.00
	Class A-2 - \$1,250.00	*****	Class D - \$1,750.00
	Class B-1 - \$1,500.00		Class E - \$1,750.00
	Class B-2 - \$1,500.00		Class F - \$1,500.00
	Class C-1 - \$1,500.00		Class G - \$ 75.00
	Class C-2 - \$1,500.00		Class H- \$ 500.00
	Class C-3 - \$1,750.00		Class I- \$ 500.00

2. License Period:

Commencing on January 1, 🖻	1020	and ending	December	31,	2030	or
Commencing on		and ending	December	31, =		

3. Type of Business Entity (check one):

Individual	Χ	Corporation
Partnership		Other (specify)

- Has the applicant ever had any previous liquor license revoked? <u>NO</u>
   If answer is in the affirmative, state the date and reason for such revocation.
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof, DEC 2008, Nov 2009, Seeb 2011

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. <u>Mukesh Rabel</u>

> Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already turnished it to the Village?
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? <u>Yes-(Same Copy on file</u>) If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? NO
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? \_\_\_\_\_
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? NO

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?\_\_\_\_\_\_

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
  No

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? \_\_\_\_\_\_
  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S) INDIVIDUAL OR PARTNERSHIP SIGNATURES CORPORATION SIGNATURES pres. Mukesh C Patel sec. Mukesh C Patel STATE OF <u>IL</u>. County of <u>KAnce</u> ) SS

The undersigned swears that all statements are true and correct.

Mykesh C. PATEL

CORPORATE SEAL ROOAIL D JACOB Official Seal Subscribed and sworn to before me this Notary Public - State of Illinois 20th day of NOVENBER, 2019 My Commission Expires Jun 14, 2021 **Notary Public** 



**JCASAREZ** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2019

							1.	1/20/2019
C B	HIS CERTIFICATE IS ISSUED AS ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	TIVELY OF	R NEGATIVELY AMENE DOES NOT CONSTIT	, EXTEND OR ALT	ER THE CO	OVERAGE AFFORDED	BY T	HE POLICIES
lf	MPORTANT: If the certificate hold SUBROGATION IS WAIVED, subj	ect to the	terms and conditions o	f the policy, certain	policies may			
	his certificate does not confer rights	to the cert	incate noider in neu or s		•			
	DUCER latz & Associates, Inc			CONTACT NAME: PHONE (0.47)		L FAY		
500	Park Ave, Unit 201			(A/C, No, Ext): (84/)	856-1520		(847)	356-5055
	e Villa, IL 60046			E-MAIL ADDRESS: Custome	erservice@	schatzins.com		
				INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
				INSURER A : Liberty				
INSI	JRED			INSURER B :	indian or		_	
				Compare -				
	CJMS Inc., DBA: Tuscan S 107 W Oak Knoll Dr	un wine &	spirits	INSURER C :				
	Hampshire, IL 60140			INSURER D :				
				INSURER E :				· · · · · · · · · · · · · · · · · · ·
				INSURER F :				
CO	VERAGES CE	RTIFICATE	NUMBER:			REVISION NUMBER:		
C IV	HIS IS TO CERTIFY THAT THE POLIC IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MAY	REQUIREMI 7 PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF ANY CONTRA	ES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	O WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH							
		ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	
	CLAIMS-MADE X OCCUR		BZS57452300	11/17/2019	11/17/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000
						MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC					PRODUCTS - COMPIOP AGG	5	2,000,000
	OTHER:					COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY					(Ea accident)	5	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS			(		BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MAD	e for t	-	(		44	5	
				(		AGGREGATE		
			1			PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					STATUTE OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT	\$	
		<i>L</i>				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	LIQUOR LIABILITY		BZS57452300	11/17/2019	11/17/2020	LIQUOR LIMIT		1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (ACORD	101, Additional Remarks Sched	ule, may be attached if mor	e space is requir	ed}	<u> </u>	
CE	RTIFICATE HOLDER			CANCELLATION				
								]
	Village of Hampshire 234 S State Street PO Box 457 Hampshire, IL 60140-0457				I DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.		
	nampsine, ie 00140-0437			0 0				
				dissina (asar	5			

© 1988-2015 ACORD CORPORATION. All rights reserved.



National Bond Center 350 E. 96th Street Indianapolis, Indiana 46240 +1 (888) 8442663 Fax: +1 (866) 5474883

#### CONTINUATION CERTIFICATE

To be attache	ed to and form a part of	of surety bond number	32\$187320 (the "E	lond"), cross referenc	e bond number
6644760000	00, for LIQUOR	STORE			
lated the1	1thday of	May, 2009	in the penal sum of	\$ 1,500.00	issued by
	American States	Insurance Company	as surety	(the "Surety"), on be	half of
	DRATED DBA TUSCA s obligee (the "Obligee		as principal (the "Principal"),	in favor of VILLAGE	OF
The Surety be	ereby certifies that this	s Bond is continued in full	force and effect until the	31st	day of
,	ember, 2020		ts and conditions of said Bon	d.	00,0
Said Bond ha	is been continued in fo	arce upon the express cor	ndition that the full extent of th	ae Surety's liability un	der said
ond, and this a	nd all continuations th	ereor, for any loss or serie	es of losses occurring during	the entire time the Su	rety
emains on said	Bond, shall in no ever	nt, either individually or in	the aggregate, exceed the pe	enal sum of the Bond.	
		ty has set its hand and se	al this 2nd	day of Oct	ober, 2019
IN WITNESS	WHEREOF, the Sule	ty has set its hand and se	a uns	_ 0ay 0i	
			American States Insurance	e Company	_
			(Surety)		- INSURA
		By:			2 1929
		_,	I mothy A. Mi	hologenahi	- CHUMANN N
			Timothy A. Mikolaj		AND A PLAN
			Assistant Secretary - Liberty	Mutual Surety	
			DASCO INSURANCE	AGENCY INC	
				ic 60062 2421	
			NORTHBROOK, Illino	15 00002-2421	

6	X 7523
HAMPSHIRE Proud Pasto, Promising Future	1.500 d There b. 0000 1
234 S. State Street Hampshire, IL 60140	Phone: (847)683-2181 Fax: (847) 683-4915
APPLICATION FOR ALCOHOLIC LIQU	JOR www.hampshireif.org
DATE: Member 10,2019	1119
NAME OF BUSINESS: ROad Ranger #325	
NAME OF APPLICANT: ROOG ROOCHLUC	•
ADDRESS OF BUSINESS : MOUSIUS HUUS	20, Hampshire IL
BUSINESS PHONE NO .: (86) 209-9013	
MAILING ADDRESS: 4030 E. State St. Rich	Kford, TIL COLLOS

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

Class A-1 - \$1,500.00	Class C-4 - \$1,500.00
Class A-2 - \$1,250.00	Class D - \$1,750.00
Class B-1 - \$1,500.00	Class E - \$1,750.00
Class B-2 - \$1,500.00	Class F - \$1,500.00
Class C-1 - \$1,500.00	Class G - \$ 75.00
Class C-2 - \$1,500.00	Class H- \$ 500.00
Class C-3 - \$1,750.00	Class I- \$ 500.00
License Period:	

Commencing on January 1,	and ending Decembe	r 31, <u>2020</u>	or
Commencing on	and ending Decembe	er 31,	_

3. Type of Business Entity (check one):

2.



4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: PURDE DEL Attached	
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE# HOME PHONE#	
BUSINESS STATUS:	
PERCENTAGE OF STOCK HELD:	
Name:	
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE# HOME PHONE#	
BUSINESS STATUS:	
PERCENTAGE OF STOCK HELD:	
5. Is the applicant a citizen of the United States? <u>NA-UC</u> If naturalized, state date and place of naturalization: <u>NA</u>	
If an Illinois corporation, state date of corporation: <u>Compared Company</u> ALQ If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act.	A5
6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed.	l
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location.	k
8. State whether the applicant has ever had a liquor license issued by the Federal government, any	0
State government or any municipality	
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued.	

- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?

- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?
  If the answer is in the affirmative, attach a copy of said lease to the application.
  - memorandon of Leose attached.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law?
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? \_\_\_\_\_\_
  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)	
CORPORATION SIGNATURES	INDIVIDUAL OR PARTNERSHIP SIGNATURES
Marager (CSO) Pres.	-Marco Zaro Moraga
Sec. AA	- Jake DEFTMI
STATE OF Illindis	
County of wimnebugo	) SS )

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and s	sworn to bef	-
<u>26+4</u> day of	Nov	

M BOURGAULT Official Seal Notary Public - State of Illinois My Commission Expires Jan 13, 2020

**Notary Public** 



ABTRICA DOLLARDS - BUNSIN

# Western Surety Company

0.5

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 69614427	briefly
described as LIQUOR VILLAGE OF HAMPSHIRE	
	,
for ROAD RANGER, L.L.C.	
	, as Principal,
in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars	s, for the term beginning
December 31 , 2019 , and ending December 31 ,	, subject to all
the covenants and conditions of the original bond referred to above.	

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_2019 \_.

STERN SURETY COMPANY + ONE



WESTERN SURETY COMPANY

alT By

aul T. Brunat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

NON WESTERN SURETY COMPANY - ONE OF ANERICA'S OLDEST BONDINE COMPANIES (

Form 90-A-8-2012

ACORD	CERTIF	ICATE OF LIA	BILITY INS	URANO	E	10/26/2010
THIS CERTIFICATE IS ISSUED A CERTIFICATE DOES NOT AFFIR BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCE	MATIVELY OR INSURANCE R, AND THE CI	DGES NOT CONSTITUT ERTIFICATE HOLDER	EXTEND OR ALI TE A CONTRACT	BETWEEN	VERAGE AFFORDED THE ISSUING INSURE	BY THE POLICIES R(S) AUTHORIZED
MPORTANT If the certificate ho if SUBROGATION IS WAIVED, sui this certificate does not confer rig	bject to the ter	ms and conditions of th	e policy, certain p	olicies may	NAL INSURED provisio require an endorseme	ns or be endorsed nt. A statement on
PRODUCER			NAME Angle Pe		and the second s	
Commercial Lines - (314) 678-6400			PHONE LAU 217-21		FAX AND NO	610-537-2014
USI Insurance Services LLC				permy@us c		
308 North 21st Street			and the second se	and and the first statements	ROWS COVERAGE	NAIC 8
St. Louis: MC 83103				and the second s	Underwriters Ins. Co.	13037
INSURED			INDUSER 6 . ORUN	THE TISURANC	# Company	10677
Road Ranger, LLC, Ranger Holdings,I	LC and their su	dhi dianes	INSURER E.	C12-011-0010-00-00		
4930 East State Street			INSURER 11	_		
and the second second			INSURER E			
Rockford, (L.61108			INSURFICE			
		NUMBER: 14639107			REVISION NUMBER:	
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and the manual manual the		LOCI/049(99)	10/20/2019	10:28/2020	91,000,000	
DESCRIPTION OF OPERATIONS - LOCATIONS - V	640CLES (4000)	161. Applilipper Remarks Schedule		e Agoon in teacing		
Location: Store 235, 19 N 681 US Hwy Certificate Holder is included as Addition	20. Hampstire	1.65140				
CERTIFICATE HOLDER			CANCELLATION			
Village of Hampshire 234 St State Street Hampshire IL 60140			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS			
		-	AUTHOR 210 REPRESE	NTATINE		
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						and the second se

# **Liquor License**

ROAD RANGER LLC ROAD RANGER L.L.C.

4930 EAST STATE ST

ROCKFORD IL 61108-2289



July 15,	2019

Letter ID: L1533733584

LicenseNo.:5A-Expiration Date:07/LicenseType:BAAccount ID:263

5A-0105946 07/31/20 BASSET 26380730

The State of Illinois Liquor License must be FRAMED and displayed on the licensed premises in plain view of the general public.

Letter ID: L1533733584

CALCULATION IN CONTRACT OF CONTRACT.			
STATE OF ILLINOI LIQUOR CONTROL COMMISSION Governor JB Pritzker		5/	A-0105946
IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:	HAS PAID AL	DA	BASSET
ROAD RANGER LLC ROAD RANGER L.L.C. 1930 EAST STATE ST DOCKEDR H. 01120 2020	LICENSE IN T FOLLOWING	CLASS:	15/19 Effective: 08/01/19
ROCKFORD IL 61108-2289 Winnebago	THIS LICENS EXPIRES ON:	E 07/3	1/20
IS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW A CONSPICUOUS PLACE ON THE LICENSED PREMISES.	26380730	THISL	CENSE NOT TRANSFERABLE AS TO PRINCIPAL



234 S. State Street Hampshire, IL 60140

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

	Class A-1 - \$1,500.00	 Class C-4 - \$1,500.00
	Class A-2 - \$1,250.00	Class D - \$1,750.00
	Class B-1 - \$1,500.00	Class E - \$1,750.00
-+-	Class B-2 - \$1,500.00	 Class F - \$1,500.00
•	Class C-1 - \$1,500.00	Class G - \$ 75.00
	Class C-2 - \$1,500.00	Class H- \$ 500.00
	Class C-3 - \$1,750.00	Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020	and ending December 31, _	2020	or
Commencing on	_ and ending December 31, _		

3. Type of Business Entity (check one):

Individual	$\boxtimes$	Corporation
Partnership		Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Hitesh Patel
BIRTHDAY: <u>5 29 1965</u> HOME ADDRESS: <u>1545 Rutland CI., Schaumburg</u> 1L 60173 DRIVERS LICENSE# <u>P340-3376-5153</u> HOME PHONE# <u>847-845-7102</u> BUSINESS STATUS: <u>CUrrent</u>
HOME ADDRESS: 1545 Rutland CT. Schaumburg 12 60173
DRIVERS LICENSE# P340-3376-5153 HOME PHONE# 847-845-7102
BUSINESS STATUS: CUTTENT
Name:
BIRTHDAY:
HOME ADDRESS:
DRIVERS LICENSE# HOME PHONE#
BUSINESS STATUS:
PERCENTAGE OF STOCK HELD:
5. Is the applicant a citizen of the United States? $\underline{\checkmark} \underline{\checkmark} \underline{\checkmark} \underline{\checkmark} \underline{\checkmark} \underline{\checkmark} \underline{\checkmark} \underline{} \phantom{$
If an Illinois corporation, state date of corporation: $Jan os_{, 2011}$ If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act
6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. <u>Retail Gas Station with Convenience Stov</u>
<ol> <li>State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location.</li> </ol>
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. VINGE OF HAMPSHIVE If answer is in the affirmative, state the name of the licensing unit of government, when and

where said of license was issued. <u>Hampshive</u>

- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business?
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. <u>Naviney</u> Chikaya State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof.

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law?
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?
  If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?
- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?

SIGNATURE OF APPLICANT (S)
CORPORATION SIGNATURES
Pres. Halal
Sec

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF <u>IL</u>) ) SS County of <u>COOK</u>)

The undersigned swears that all statements are true and correct.

Hitesh Patel

CORPORATE SEAL "OFFICIAL SEAL" LOURDES COELLO Subscribed and sworn to before me this Natary Public - State of Illinois 18 day of November, 2019 Commission Expires April 05, 2023

**Notary Public** 

RLI Insurance Company P.O. Box 3967 Peoria, IL 61612-3967 Phone: (309) 692-1000 Fax: (309) 683-1610	CONTINUATION CERTIFICATE
	hereby continues in force Bond No. <u>LSM1131456</u> Liability For Retail Sales
bound unto theVi	llage Of Hampshire
on behalf of Ham	pshire Gasoline Inc
Location Name & Address:	Bill To Name & Address: (If different)
ending <u>June 19, 2020</u> subject to all the covena	press condition that the Undersigned company's liability under assued in connection therewith shall not be cumulative and
Dated this <u>10th</u> day of <u>April</u> , <u>2019</u> .	
CORPORATE SEAL	RLI Insurance Company By Briton W. Davis Vice President
THIS "Continuation Certificate" MUST BI	E FILED WITH THE ABOVE OBLIGEE.



HAMPGAS-01

TIFFANY1CKC

# DATE (MM/DD/YYYY)

A	cord c	ERTIFICATE OF L		SURAN	CE	DATE (MM/	and a set of the local
1	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY OR NEGATIVELY AMEN SURANCE DOES NOT CONSTI	D, EXTEND OR AL	TER THE C	OVERAGE AFFORDED	BY THE PO	DLICIES
ĮĮ	IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	t to the terms and conditions	of the policy, certain such endorsement(s	policies may	-		
PR	ODUCER		CONTACT Tiffany I	_eal .		0	
Co 100	oper & Allison Insurance Agency, LLC D Tower Dr. Ste 129		PHONE (A/C, No, Ext): (630)	908-4200	(A/C, No):		
БU	гт Ridge, IL 60527						
			INSURER A : ACUIT	SURER(S) AFFO	RDING COVERAGE	144	NAIC #
INS	URED		INSURER B : Employ	ore incura	nco Co	141	04
			INSURER C :	(cis insula			
	Hampshire Gasoline, Inc. 1000 S State Street		INSURER D :				_
	Hampshire, IL 60140		INSURER E			-	
			INSURER F	_			
CC	OVERAGES CER	TIFICATE NUMBER:			<b>REVISION NUMBER:</b>		
C	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	EQUIREMENT, TERM OR CONDITI PERTAIN, THE INSURANCE AFFO	ON OF ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1	ECT TO WHI	CH THIS
INSF	TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	UMU	rs.	
A					EACH OCCURRENCE		2,000,000
	CLAIMS-MADE X OCCUR	Z63529	2/1/2019	2/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000
					MED EXP (Any one person)	5	10,000
					PERSONAL & ADV INJURY		2,000,000
l.	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	5	4,000,000
	X POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$	4,000,000
_	X OTHER: Liquor Liability				Aggregate	\$	1,000,000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	ANY AUTO	Z63529	2/1/2019	2/1/2020	BODILY INJURY (Par person)	\$	
	OWNED AUTOS ONLY         SCHEDULED AUTOS           X         HEED AUTOS ONLY         X           X         HON-OWNED AUTOS ONLY         AUTOS ONLY				BODLY PUURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
						\$	
	UMBRELLA LIAB ÓCCUR				EACH OCCURRENCE	\$	_
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
~	DED RETENTION \$					\$	
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	EIG2638482-00	7/1/2018	7/4/2010	X PER OTH-		1 000 000
	ANY PROPRIETOS/PARTNER/EXECUTIVE	N/A	//1/2016	7/1/2019	E.L. EACH ACCIDENT	2	1,000,000
					E.L. DISEASE - EA EMPLOYEE	5	1,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below Building	Z63529	2/1/2018	2/1/2019	EL. DISEASE - POLICY LIMIT	0	1,000,000
A		263529	2/1/2019	2/1/2020	RC \$1,000 DED		150,000
Loc Buil Bld	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI : 1000 S State St, Hampshire, IL 60140 ding Limit Breakdown: 1: C-Store- \$842,700 2: Canopy, Tanks, Pumps- \$366,967	ES (ACORD 101, Additional Remarks Schee	dule, may be attached if mor	e space is requir	ed)		
CE	RTIFICATE HOLDER		CANCELLATION				
	ILLINOIS LIQUOR CONTROL 101 W JEFFERSON STREET	COMMISSION	SHOULD ANY OF T	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
	SUITE 3-525 SPRINGFILED, IL 62756-7000		AUTHORIZED REPRESEN	ITATIVE			

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NOV 0 5 2019

Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: \_\_\_\_\_

NAME OF BUSINESS: Love's Travel Stops & Country Stores, Inc. SALES TAX ID: 3383-8836

NAME OF APPLICANT: Love's Travel Stop #763

ADDRESS OF BUSINESS : 201A Love's Crossing, Hampshire, IL 60140

BUSINESS PHONE NO .: 847-683-7433

11211

MAILING ADDRESS: Attn: Licensing, PO Box 26210, Oklahoma City, OK 73126

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

	Class A-1 - \$1,500.00	Class C-4 - \$1,500.00
	Class A-2 - \$1,250.00	Class D - \$1,750.00
	Class B-1 - \$1,500.00	Class E - \$1,750.00
х	Class B-2 - \$1,500.00	Class F - \$1,500.00
	Class C-1 - \$1,500.00	 Class G - \$ 75.00
	Class C-2 - \$1,500.00	Class H- \$ 500.00
	Class C-3 - \$1,750.00	Class I- \$ 500.00

2. License Period:

Commencing on January 1, <u>2020</u> and ending December 31, <u>2020</u> or Commencing on <u>\_\_\_\_\_</u> and ending December 31, <u>\_\_\_\_</u>

3. Type of Business Entity (check one):

	Individual	آل	Corporation
- i	Partnership		Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Na	me: Please See Attached List
BIF	RTHDAY:
нс	ME ADDRESS:
DF	IVERS LICENSE# HOME PHONE#
BU	SINESS STATUS:
PE	RCENTAGE OF STOCK HELD:
Na	me:
	RTHDAY:
	ME ADDRESS:
DF	IVERS LICENSE# HOME PHONE#
ΒL	SINESS STATUS:
PE	RCENTAGE OF STOCK HELD:
5.	Is the applicant a citizen of the United States? <u>Yes</u> If naturalized, state date and place of naturalization:
	If an Illinois corporation, state date of corporation: <u>N/A</u> If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. <u>04/16/2002</u>
6.	State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. <u>Convenience store with gasoline, fast food, tire sales/repair, garage repair and roadside assistance</u>
7.	State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. <u>I-90, Exit 42 Towards Route 20</u>
	State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. <u>Yes</u> If answer is in the affirmative, state the name of the licensing unit of government, when and

where said of license was issued. Please See Attached List

- Has the applicant ever had any previous liquor license revoked? <u>No</u> If answer is in the affirmative, state the date and reason for such revocation. <u>N/A</u>
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? Yes
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. <u>No</u>

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. <u>Thomas A. Walalce</u>

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. <u>02/18/2019</u>

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? Yes
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? <u>N/A</u> If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? <u>No</u>
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? <u>No</u>
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? <u>No</u>

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? <u>N/A</u>

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?
  No
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? <u>No</u>

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? <u>Yes</u>
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? Yes
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? Yes
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? N/A

On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)	
CORPORATION SIGNATURES	INDIVIDUAL OR PARTNERSHIP SIGNATURES
Pres.	
Shane Wharton	
Sec.	
Assistant Secretary: Timothy Doty, II	
STATE OF <u>OKLAHOMA</u> )	
) SS	
County of OKLAHOMA )	
The wild weigned swears that all statements are t	true and correct.
# 14004645 CORP.OBLATESEAL	-50
NAT DOTARL WILL	T
# 14004845	(
CORPOBATESEAL	
Subscribed and sworn to before me this	
ma OF grander all and all and all a	
	·
X	Jong Selencan
	Notary Public

# Fidelity and Deposit Company of Maryland



Bond No. LPM9259649

### License and/or Permit Bond

#### KNOW ALL MEN BY THESE PRESENTS:

That we,	Love's Travel Stops & Country Stores, Inc.	, as Principal,
and FIDELITY	AND DEPOSIT COMPANY OF MARYLAND, incorporated under the	laws of the State of Maryland,
with principal	office 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196-1056, as Surety,	are held and firmly bound
unto Villa	age of Hampshire, IL	as Obligee,
in the penal	sum of One Thousand, Five Hundred and No/100	DOLLARS
(\$1,500.00	), lawful money of the United States, for which payment, well	and truly to be made, we bind
ourselves, our h	eirs, executors, administrators, successors and assigns, jointly and severally	, finaly, by these presents.
	above bounden Principal has obtained or is about to obtain from the said C mpshire Liquor License	
		, and the term of said license of
permit is as indi	cated opposite the block checked below:	

Beginning the 1st day of March , 20 19 , and

ending the <u>1st</u> day of <u>March</u>, 20 <u>20</u>.

Continuous, beginning the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WHEREAS, the Principal is required by law to file with <u>Village of Hampshire, IL</u> a bond for the above indicated term and conditioned as hereinafter set forth.

NOW. THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal as such licensee or permittee shall indemnify said Obligee against all loss, costs, expenses or damage to it caused by said Principal's noncompliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit issued to the Principal, which said breach or noncompliance shall occur during the term of this bond, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that if this bond is for a fixed term, it may be continued by Certificate executed by the Surety hereon; and

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued in force and of the number of premiums that shall be payable or paid the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the amount of this bond and

PROVIDED FURTHER, that if this is a continuous boud and the Surety shall so elect, this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated the <u>14th</u> day of <u>February</u>, 20 <u>19</u>.

0.00000000000000000000000000000000000	Love's Travel Stops & Country Stores, Inc.
UNIT OPS & COUNTING	PRINCIPAL
S ORPORAN NI	By
	Shane Lohoston, Executive VP-CFO
SEAL TO	
S.S.	FIDELITY AND DEPOSIT COMPANY OF MARYLAND
ET QUE AND SE	
SAHOM ON IN	By Kour morginal
ALON CAHOM ON THE	Robbi Morales , Altorney-In-Fact

corb <sup>e</sup> CEI	RTIF	IC	ATE OF LIAB	ILITY IN	SURA	NCE	DATE(MM/DD/YYYY) 02/14/2019
HIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRI BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCER	ATIVEL INSURA 8, AND T	Y OF NCE HE C	R NEGATIVELY AMEND, E) DOES NOT CONSTITUTE ERTIFICATE HOLDER.	A CONTRACT I	ER THE CO	VERAGE AFFORDED B HE ISSUING INSURER	Y THE POLICIES (S), AUTHORIZED
MPORTANT: If the certificate hold SUBROGATION IS WAIVED, subjection certificate does not confer rights t	tto thi	e tern	ns and conditions of the pol	licy certain pollo			
DUCER			Ni	ONTACT			
1 Risk Services Southwest, In Jston TX Office	с.		PI (A	WC No. Ext); (866)	283-7122	FAX (AJC, No.); (800)	363-0105
55 San Felipe ite 1500			EA	DOALSS:			
JSton TX 77056 USA						RDING COVERAGE	NAIC #
JRED							22667
ve's Travel Stops & Country S	tores T	nc		and the second se		isurance Company	Character
01 N Pennsylvania Ave		,ic	and a second sec			ance Co of North Ame	The second se
ahoma City OK 73120 USA						e Insurance Company	10030
						alty Insurance Compa	
						Elite Insurance Comp	and a second sec
VERAGES C	ERTIFI	CATE	NUMBER: 570075074341		and the second second	EVISION NUMBER:	
HIS IS TO CERTIFY THAT THE POLIC IDICATED NOTWITH STANDING ANY ERTIFICATE MAY BE ISSUED OR M XCLUSIONS AND CONDITIONS OF S	REQUINAY PERT	IEMER AIN, JCIES	NT, TERM OR CONDITION OF THE INSURANCE AFFORDED 5. LIMITS SHOWN MAY HAVE I	ANY CONTRACT BY THE POLICIE IEEN REDUCED 8	OR OTHER I S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T MS. Limits sh	OT TO WHICH THIS
TYPE OF INSURANCE	ADD		POLICY NUMELR	(MM/DDYYYY)	(MMOD/YYYY)	LINIT	\$
X CONMERCIAL DENERAL LIABILITY	Y		XSLG7121123A	12/01/2018	12/01/2014	EACH DOOURRENCE	\$1,000,000
CLAIMS-MADE X OCCUR			SIR applies per policy	terms & condi	tions	PREMIZER (Ea nocurrence)	\$100,000
						MED EXP (Any one person)	
	_					PERSONAL & ADV INJURY	\$1,000,000
GEN'LAGGREGATE LIMITAPP SPER:				- DD - P		GENERAL AGGREGATE	\$8,000,000
X POLICY JECT LOC				1		PRODUCTS - COMP/OP AGG	\$8,000,000
OTHER		-	-C+ U25226210	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT	\$1,000,000
AUTOMOSEE LIABILITY	Y		TSA H25276310	12/01/2018	12/01/201	(Exappided) Single Limit	\$5,000,000
X ANYALITO		1				BOOILY INJURY ( Per person)	
AUTOS ONLY AUTOS		1				BOOILY INJURY (Per actident)	
NREED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per architect)	
5746							
X UMBRELLALIAN X DOCUR			W3200033104	12/01/2018	12/01/2019	EACH OCCURRENCE	\$10,000,000
EXCESS LIAB CLAMS-14	0E			- 1 - 0		AGGREGATE	\$10,000,000
ED X HETENTION \$25,005							
WORKERS COMPENSATION AND EMPLOYERS' LIABLITY		Y	WLRC65432286		12/01/2019	X PER OTH-	
ANY PROPRETOR / PARTNER / EXECUTIVE OPPICER WE WIELE EXCLUDEU?	N NIA	Y	WLRC65432328 SCFC65432365	and any strength	/2018 12/01/2019 /2018 12/01/2019	E1. EACH ACCIDENT	\$1,000,900
(Mandalory in NH) If yes, describe under	-					ELL CISEASE-EA EMPLOYEE	\$1,000,000
DESCRIPTION OF OPERATIONS below	_		000550501	12 (05 (2010	10 (01 (001)	ELL DISEASE-POLICY LIMIT	\$1,000,000
Env Site Liab			002568601	12/01/2018	12/01/2021	Aggregate	\$10,000,000
a de la contra							3. Certificate Automobile solicy provisions eD BEFORE 1146 DANKE WITH THE JAC

ACORD 25 (2016/03)

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# CERTIFICATE OF LIABILITY INSURANCE

DATEMM/DD/YYYY) 11/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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	CONTACT NAME:	
Aon Risk Services Southwest, Inc. Houston TX Office	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
SSSS San Felipe Suite 1500	E-MAIL ADDRESS:	
Houston TX 77056 USA	INSURER(S) AFFORDING COVERAGE NA	AIC #
INSURED	INSURERA: Ironshore Specialty Insurance Company 25445	;
Loves Travel Stops & Country Stores, Inc	INSURER B: ACE American Insurance Company 22667	7
PO Box 26210 Oklahoma City OK 73126 USA	INSURER C: ACE Fire Underwriters Insurance Co. 20702	2
	INSURER D: Indemnity Insurance Co of North America 43575	; –
	INSURER E: National Fire & Marine Ins Co 20079	)
	INSURER F: Westchester Fire Insurance Company 10030	)
COVERAGES CERTIFICATE NUMBE	B: 570079278871 BEVISION 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. Limits shown are as requested

NSR LTR	TYPE OF INSURANCE	ADDU	SUBF	POLICY NUM	IBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	;
5	X COMMERCIAL GENERAL LIABILITY	Y		XSLG71233509		12/01/2019	12/01/2020	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR			SIR applies per	policy term	ns & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
J.								MED EXP (Any one person)	Excluded
							1	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$8,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$8,000,000
	OTHER							Liquor Lubidy	\$1,000,000
Ì	AUTOMOBILE LIABILITY	Y	Y	ISA H25287083		12/01/2019	12/01/2020	COMBINED SINGLE LIMIT	\$5,000,000
	X ANY AUTO							BOOILY INJURY ( Per person)	
	OWNED							BODILY INJURY (Per accident)	
Ĵ	ALITOS ONLY HRED ALITOS ONLY ALITOS ONLY							PROPERTY DAMAGE (Per accident)	
-	X UMBRELLA LIAB X OCCUR			42UM030948001		12/01/2019	12/01/2020	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$10,000,000
	DED X RETENTION \$25,000								
	WORKERS COMPENSATION AND		Y	WLRC66037538		12/01/2019	12/01/2020	X PER STATUTE OTH-	
	EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR / PARTNER / EXECUTIVE		Y	WLRC66037575			12/01/2020	EL ELOULADOIDEUT	\$1,000,000
	(Mandatory In NH)	N/A	Y	SCFC66037617		12/01/2019	12/01/2020	E L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESORIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT	\$1,000,000
1	Env Site Liab			002568601		12/01/2018	12/01/2021		\$10,000,000
s9 1d	RIPTION OF OPERATIONS / LOCATIONS / VEHICL 0 and CA9948 are included on th er is included as Additional In ility policies. A Waiver of Su he General Liability, Automobil	le ab Isure	ove d in atio	referenced Autom accordance with n is granted in	obile Liabi the policy favor of Ce	lity polic provision rtificate	y. RE: Lo s of the G Holder in	ove's Travel Shop #76	Automobile
ER	TIFICATE HOLDER				CANCELLA	TION			
						OATE THERE		BED POLICIÉS BE CANCELLE ILL BE DELIVERED IN ACCORE	ED BEFORE THE DANCE WITH THE
	Village of Hampshire 234 S. State Street				AUTHORIZED RE	PRESENTATIVE	5		
	Hamoshing IL 60140 USA					-	_		

Village of Hampshire 234 S. State Street Hampshire IL 60140 USA

Aon Risk Services Southwest Inc

Holder Identifier : 763

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2.2.19

234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR
DATE: 12219
NAME OF BUSINESS: Corner Spot Inc. The Kave SALES TAX ID: 3907-6105
NAME OF APPLICANT: David Ruth
ADDRESS OF BUSINESS: 123 Washington
BUSINESS PHONE NO .: 847-287. 5651
MAILING ADDRESS: 123 Washington Box 484
TO: Local Liquor Control Commission

Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

<u>    X    </u>	Class A-1 - \$1,500.00	 Class C-4 - \$1,500.00
	Class A-2 - \$1,250.00	Class D - \$1,750.00
	Class B-1 - \$1,500.00	 Class E - \$1,750.00
	Class B-2 - \$1,500.00	Class F - \$1,500.00
	Class C-1 - \$1,500.00	 Class G - \$ 75.00
	Class C-2 - \$1,500.00	 Class H- \$ 500.00
	Class C-3 - \$1,750.00	 Class I- \$ 500.00

2. License Period:

Commencing on January 1,  $\frac{2020}{300}$  and ending December 31,  $\frac{2020}{300}$  or Commencing on \_\_\_\_\_\_ and ending December 31, \_\_\_\_\_

3. Type of Business Entity (check one):

_	Individual	Corporation
	Partnership	Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

	0.00.02
Name: David Ruth	
BIRTHDAY: 330/1982	
HOME ADDRESS: 115 Jacks	
DRIVERS LICENSE#	номе phone#_847-287-5651
BUSINESS STATUS: Presider	номе рноле# <u>847-287-56</u> 51
PERCENTAGE OF STOCK HELD: 10	ð /o
Name:	
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE#	HOME PHONE#
BUSINESS STATUS:	
PERCENTAGE OF STOCK HELD:(If additional space	e is required, please attach a separate sheet of paper)
<ol> <li>Is the applicant a citizen of the If naturalized, state date and pl</li> </ol>	United States?
If a foreign corporation, state da	late of corporation: $2008$ , March ate qualified to transact business in Illinois pursuant to the Illinois
6. State the character of the appli- which it was formed. <u> </u>	cant's business, and in case of a corporation, the objects for $f \in \Lambda$
<ol> <li>State the location and physical license and the nature of the bit in the state of the bit is a stateof the bit is a state of the bit is a state of the bit is a sta</li></ol>	description of the premises which is to be operated under such usiness at such location. <u>123 Washington</u>
State government or any munici	ate the name of the licensing unit of government, when and

- 9. Has the applicant ever had any previous liquor license revoked? If answer is in the affirmative, state the date and reason for such revocation.
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? 129
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. 125 Note: This application will remain incomplete and will not be

considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises.  $D \sim N d$  Ruth State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 4cS

25 Note: This application will remain incomplete and will not be considered until guestion #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? ed it to the Village?
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?  $\underline{\gamma \tau 5}$ If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? \_\_\_\_ NE)
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor?  $\_$  ND
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?  $\underline{\sqrt{25}}$ If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?  $\frac{15}{15}$
- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station? Ð
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? - N  $\odot$

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?  $\underline{\gamma \ell S}$
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? \_\_\_\_\_\_
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? <u>15</u>
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? <u>115</u> On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES

Pres. David Ruth

INDIVIDUAL OR PAARTNERSHIP SIGNATURES
A A
12mil Mh

STATE OF <u>Illinois</u>) County of <u>Kave</u>)

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_,

	LICENSE AND PERMIT BOND
KNOW	ALL PERSONS BY THESE PRESENTS: Bond No. 64732586
That w	70, Corner Spot
	ESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State
<u> 1111</u>	nois, as Surety, are held and firmly bound unto t
Villag	e of Hampshire, State of Illinois, as Obligee, in the pen
lawful	One Thousand Five Hundred and 09/100 DOLLARS (\$1,500.00 money of the United States, to be paid to the Obligee, for which payment well and truly to be mad d ourselves and our legal representatives, firmly by these presents.
	HE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
	d LIQUOR LICENSE Village of Hampshire
ncense	a sigour inclusion virtage of transmitte
	by the Obligee.
with t	W THEREFORE, if the Principal shall faithfully perform the duties and in all things complete laws and ordinances, including all amendments thereto, pertaining to the license or permit for, then this obligation to be void otherwise to remain in full force and effect unt $July 24\pi h$ , $2020$ , unless renewed by Continuation Certificate.
	is bond may be terminated at any time by the Surety upon sending notice in writing, by First Clas ail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiratio
of thir shay ti date ağırmş liabilit	(135) days from the mailing of said notice, this bond shall ipso facto terminate and the Suret hereupon burcheved from any liability for any acts or omissions of the Principal subsequent to sai Recardless of the number of years this bond shall continue in force, the number of claims mad of the number of premiums which shall be payable or paid, the Surety's total limit of shall not be a nulative from year to year or period to period, and in no event shall the Surety's total y for all claims exceed the amount set forth above. Any revision of the bond amount shall not b tive.
of thir shall to date agama habilit habilit cumul	Recordless of the number of years this bond shall continue in force, the number of claims mad this bond, and the number of premiums which shall be payable or paid, the Surety's total limit y shall not be a mulative from year to year or period to period, and in no event shall the Surety's tota y for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
of thir shall to date agama habilit habilit cumul	the reupon by relieved from any liability for any acts or omissions of the Principal subsequent to sai Recardless of the number of years this bond shall continue in force, the number of claims mad of this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of y shall not be a mulative from year to year or period to period, and in no event shall the Surety's total y for all claims exceed the amount set forth above. Any revision of the bond amount shall not be tive. ted this 24th day of $July$ 2019.
of thir) shalf ti date agama liabilit habilit cumul	the reupon by relieved from any liability for any acts or omissions of the Principal subsequent to sai Regardless of the number of years this bond shall continue in force, the number of claims mad of this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of y shall not be a mulative from year to year or period to period, and in no event shall the Surety's total y for all claims exceed the amount set forth above. Any revision of the bond amount shall not be tive.
of thir) shalf ti date agama liabilit habilit cumul	the reupon by relieved from any liability for any acts or omissions of the Principal subsequent to sai Recardless of the number of years this bond shall continue in force, the number of claims mad Cthis bond, and the number of premiums which shall be payable or paid, the Surety's total limit of y shall not be amulative from year to year or period to period, and in no event shall the Surety's total y for all claims exceed the amount set forth above. Any revision of the bond amount shall not be tive. ted this <u>24th</u> day of <u>July</u> , <u>2019</u> .

· · · · · · · · · · · · · · · · · · ·	ACKNOWLEDGMENT OF SURETY
STATE OF SOUTH DAKOTA COUNTY OF MINNEHAHA	(Corporate Officer)
On this 24th day of July personally appeared Faul T. Bruflat officer of WESTERN SURETY COMPANY, a corporation, and the foregoing instrument for the purposes therein contained.	
officer. IN WITNESS WHEREOF. I have hereunto set my hand a M. BENT	and official seal. M. Bent
My Commission Expires March 2, 2020	Notary Public — Seuth Dakota ACKNOWLEDGMENT OF PRINCIPAL (Individual or Partners)
STATE OF SS	
On this day of	, before mc personally appeared
	ecuted the foregoing instrument and acknowledged to me
thathe executed the same.	
My commission expires	
	Notary Public
STATE OF ss	ACKNOWLEDGMENT OF PRINCIPAL (Corporate Officer)
STATE OF }ss COUNTY OF day of	(Corporate Officer)
COUNTY OF	(Corporate Officer)
COUNTY OF	(Corporate Officer) ,, before me personally appeared , a corporation, and that he/she as ; instrument for the purposes therein contained by signing
COUNTY OF \$ ss On this day of who acknowledged himself/herself to be the	(Corporate Officer) ,, before me personally appeared , a corporation, and that he/she as ; instrument for the purposes therein contained by signing
COUNTY OF	(Corporate Officer) 
COUNTY OF	(Corporate Officer) ,, before me personally appeared , a corporation, and that he/she a ; instrument for the purposes therein contained by signin

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To: Page 2 of 2

Page 2 of 2	2019-06-18 21:29:3	ю (GiVII)	۰.	1224241300	u mrorn.	
			Ç	ORNSPO-01		RACHE
CERTIFIC	ATE OF LIABI	ITY INS	SURAN	CE	- 1 - Carrison	E (MAUDDAYYYY) /18/2019
THIS CERTIFICATE IS ISSUED AS A MATTER OF CERTIFICATE DOES NOT AFFIRMATIVELY OR NE BELOW. THIS CERTIFICATE OF INSURANCE DO REPRESENTATIVE OR PRODUCER, AND THE CERTI IMPORTANT: If the certificate holder is an ADDITION	GATIVELY AMEND, EXT ES NOT CONSTITUTE A FICATE HOLDER,	ONTRACT	BETWEEN	OVERAGE AFFORD	ED BY TI RER(S), A	HE POLICIES UTHORIZED
If SUBROGATION IS WAIVED, subject to the term this certificate does not confer rights to the certificate	e holder in lieu of such en	dorsement(s)	policies may	require an endorse	nent As	statement on
RODUCER IS Cornerstone, LLC	SIND			FAX		
333 Classic Court ke Barrington, IL 60010	E-MAIL ADDRI	Ext): (224).	555-2494	i jaro,	Noj: (224)	241-3000
			URER(S) AFFO	RENNS COVERAGE		NAIC#
		RA Society	Insurance			15261
SURED Corner Spot, Inc. dba The Kave		South States and States			_	
David Ruih 320 Jake Lane	INSUR	South Commence	• 1 •		12.0	
Hampshire, IL 60140	INSUR	ERE				
	INSUR	ERF				
OVERAGES CERTIFICATE NUL THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN		SEEN ISSUED		REVISION NUMBER		LICY BERIOD
THIS IS TO CERTIFY THAT THE POLICIES OF INSURAT INDICATED. NOTWITHSTANDING ANY REQUIREMENT, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMIT	INSURANCE AFFORDED B	Y THE POLIC REDUCED BY	IES DESCRIP	IED HEREIN IS SUBJE		
SR TYPE OF INSURANCE ADDL SUBR	POLICY NUMBER	POLICY EFF (MMODAY/YY)	POLICY EXP (MM/DDMMY)		IM:TS	1 000 00
A X COMMERCIAL GENERAL LIABILITY	3043124	1/14/2019	1/14/2020	BACH-OCCORPENCE DAMAGE TO RENTED PREMISES THATCOUTTING	\$ . 1	1,000,000
				MCD EXP (My one obtain	i \$	1,000
				PERSONAL & ADV IN JUH		2,000,000
			6 - 2	BENERAL ASSREGATE PRODUCTS - COMPLOP A	06 F	2,000,00
QTHE?				LiquorLiability	.5	1,000,000
AUTOMOBILE LIABILITY				(Ea groidern)	- 16	
AUTOCOMEN AUTOC		S		BODLY NULLY I'V 4010		
CERTIFICATION OF THE STATE				PROPERTY DAWAGE	1	
UMBRELLA LIAB	A			EACH OCCUPRENCE	5	
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Dec Person S			_		1	
AND EMPLOYERS LIABILITY Y IN	an sa	122.0		STATUTE	12.0	
AM STATE FORM ACCOUNTS AND A STATE AND A S				5. DEEASE-SAEKPUS	100	<u></u>
If yes, describe under Lesschimflich of oneplith Kinis beine				E. DISEASE - ROLICY LA	10 Carlor 10	
			1,919			
	and the second second		- ÷ . >	1. j. j		
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, A SURED PREMISE: 123 WASHINGTON AVE., HAMPSHIRE PPORT.	Identional Remarks Schedule, may	BODILY INJU	e space is requir RY, PROPER	TY DAMAGE & INJUR	тү то мі	EANS OF
				H 10 10		· · · ·
				• .	•	· •
ERTIFICATE HOLDER	CAN	CELLATION			_	
VILLAGE OF MAMPSHIRE PO BOX 451	THE	EXPIRATION	DATE TH	escribed policies b Ereof, notice wil Y provisions:		
HAMPSHIRE, IL 60140			अंग्रह कर अन	· · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		rized represe hel Lizio				
		and water	· · ·			



234 S. State Street Hampshire, IL 60140

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-6-19

NAME OF BUSINESS: CASEY'S GENERAL STORE #3066

SALES TAX ID: 3519-3395

003,19

HOOK

Phone: (847)68

Fax: (847) 683-4 www.hampshire

NAME OF APPLICANT: CASEY'S RETAIL COMPANY

ADDRESS OF BUSINESS : 820 WARNER ST, PO BOX 443, HAMPSHIRE, IL 60140

BUSINESS PHONE NO .: 847-683-9110

MAILING ADDRESS: \_\_\_\_\_\_ CASEY'S RETAIL COMPANY, ONE SE CONVENIENCE BLVD, PO BOX 3001, ANKENY, IA 50021-8045

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

	Class A-1 - \$1,500.00
	Class A-2 - \$1,250.00
XXX	Class B-1 - \$1,500.00
	Class B-2 - \$1,500.00
	Class C-1 - \$1,500.00
	Class C-2 - \$1,500.00
	Class C-3 - \$1,750.00

Class C-4 - \$1,500.00
Class D - \$1,750.00
Class E - \$1,750.00
Class F - \$1,500.00-
Class G - \$ 75.00
Class H- \$ 500.00
 Class I- \$ 500.00

2. License Period: JANUARY 1, 2020-DECEMBER 31, 2020

Commencing on January 1, 2020	and ending December 31, 2020	or
Commencing on	and ending December 31,	_

3. Type of Business Entity (check one):

Individual	$\checkmark$	Corporation
Partnership		Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name:	UALLY OR AN AGGREGATE OWN 5% OF CORP STOCK.
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE#	HOME PHONE#
BUSINESS STATUS:	
PERCENTAGE OF STOCK HELD:	
Name:	
BIRTHDAY:	
HOME ADDRESS:	
DRIVERS LICENSE#	HOME PHONE#
BUSINESS STATUS:	
PERCENTAGE OF STOCK HELD: (If additional space is required, please atta	

5. Is the applicant a citizen of the United States? <u>YES, ALL OFFICERS ARE CITIZENS BORN IN THE U.S.</u> If naturalized, state date and place of naturalization: \_\_\_\_\_

- 6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. WE ARE A MORALLY SOUND CORPORATION FORMED AS A CHAIN OF CONVENIENCE STORES.
- 7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. CONVENIENCE STORE CASEY'S GENERAL STORE #3066, 820 WARNER ST, PO BOX 443, HAMPSHIRE, IL 60140
- 8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. <u>YES, WE HOLD MANY LIQUOR LICENSES IN ILLINOIS</u>. If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. <u>PLEASE SEE ATTACHED</u>

- Has the applicant ever had any previous liquor license revoked? <u>NO</u>
   If answer is in the affirmative, state the date and reason for such revocation.
- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? YES
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. NO PERSONS INDIVIDUALLY OR AN AGGREGATE OWN 5% OF CORP STOCK.

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. ELIZABETH MALCOM IS OUR LOCAL MANAGER/AGENT.

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. ELIZABETH MALCOM, MGR/AGENT HAS BEEN FINGERPRINTED 4 YEARS.

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village? THE SURETY BOND WILL COME TO THE VILLAGE FROM OUR BONDING COMPANY, CERTIFICATE OF LIABILITY INSURANCE IS ATTACHED.
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? WE OWN. If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? <u>NO</u>
- 16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? YES, WE HAVE HAD SUSPENSIONS.
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? NO, NO PERSONS INDIVIDUALLY OR AN AGGREGATE OWN 5% OF CORP STOCK.

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station? NO
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? NO

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? YES
- 21. Does the applicant understand and agree that members of the Local Liguor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? YES
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? YES
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? YES

On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

FOR CASEY'S RETAIL COMPANY

SIGNATORE OF ALL ECANT (S)	
CORPORATION SIGNATURES	
Pres.	

CICNIATURE OF ADDUCANT (C)

INDIVIDUAL OR PARTNERSHIP SIGNATURES

BY JOHN C. SOUPENE, PRESIDENT

BY JULIA L. JACKOWSKI, SECRETARY

STATE OF IOWA SS County of POLK

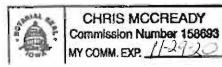
The undersigned swears that all statements are true and correct.

FOR CASEY'S RETAIL COMPANY

CORPORATE SEAL

Subscribed and sworn to before me this day of NOVEMBER 6TH

CHRIS MCCRE



2019



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

			• • •				010110		6/	7/2019	
C E	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA	Y OR	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES	
- 11	MPORTANT: If the certificate holder f SUBROGATION IS WAIVED, subjec his certificate does not confer rights	to ti	ne ter	ms and conditions of th	e polic	y, certain p	olicies may				
	<u>~</u>	to the	cent	incate noider in lieu of st	CONTA	СТ	/				
PRODUCER LMC Insurance & Risk Management, Inc. 4200 University Ave., Suite 200					NAME:	Lon Godb		FAX		30 - 20	
42						Ext): 515-23		1.1	515-244	-9535	
W	est Des Moines IA 50266-5945			2	E-MAIL ADDRE	ss: lori.godb	ey@Imcins.co	m			
			INSURER(S) AFFORDING COVERAGE NAIC #								
	INSURED CASEGEN-01					RA: Employe	ers Mutual Ca	sualty Company		21415	
	CASEGEN-01 Casey's General Stores, Inc. P O Box 3001					RB:					
			INSURE	RC:							
	ne Convenience Blvd				INSURE	RD:					
Ar	ikeny IA 50021				INSURE	<u>RE</u> :					
					INSURE	8F:					
CC	OVERAGES CEF	TIFIC	CATE	NUMBER: 756345986				<b>REVISION NUMBER:</b>			
ll C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REMEN AIN, T DIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER ( S DESCRIBED PAID CLAIMS	DOCUMENT WITH RESPE	CT TO V	VHICH THIS	
INSP	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A	CLAIMS-MADE X OCCUR			1X3036820		7/1/2019	7/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)			
								MED EXP (Any one person)	21415 E POLICY PERIOD CT TO WHICH THIS D ALL THE TERMS, s \$ 1,000,000 \$ 0 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	X Liquor Liability							PERSONAL & ADV INJURY	CT TO WHICH THIS O ALL THE TERMS, <b>5</b> <b>5</b> <b>1,000,000</b> <b>5</b> <b>1,000,000</b> <b>5</b> <b>1,000,000</b> <b>5</b> <b>1,000,000</b> <b>5</b> <b>5</b> <b>5</b> <b>5</b> <b>5</b> <b>5</b> <b>5</b> <b>5</b>		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_	or be endorsed. A statement on 5-244-9535 NAIC # 21415 21415 POLICY PERIOD TO WHICH THIS ALL THE TERMS, 1,000,000 100,000 2,000,000 2,000,000 2,000,000 1,000,000 1,000,000 1,000,000	
	POLICY PRO-						-	PRODUCTS - COMP/OP AGG			
	OTHER:							SIR			
А	AUTOMOBILE LIABILITY			1X3036820	-	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)			
	AUTOS ONLY X HIRED X NON-OWNED X NON-OWNED							PROPERTY DAMAGE	10		
	AUTOS ONLY A AUTOS ONLY							(Per accident)	100	_	
-		_			-				1.		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE			
								AGGREGATE			
۵	DED RETENTION S	-	-	1X3036820		7/1/2019	7/1/2020	X PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N			1×3030620		11112013	11112020				
	ANYPROPIEETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	ACCESSION 1		
-	DÉSCR.PTION OF OPERATIONS below	-	-					FIL DISEASE - POLICY LIMIT	\$ 1,000,	300	
		1									
Na	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC med Insured Includes: Casey's Retail Co	∟es (A Smpai	пу, Са	asey's Services Company.	e, may be Casev':	s Marketino (	e space is require Company and	Casey's Services Compa	ny		
	: #3066 liquor permit			,,	,	<b>J</b>			,		
CE	RTIFICATE HOLDER				CANC	ELLATION					
	Village of Hampshire 234 S State Street				τηε	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	PO Box 457				AUTHOR	RZED REPRESE	NTATIVE				
	Hampshire IL 60140-0457				Mar	m. Mm					
					101-1		88-2015 ΔC	ORD CORPORATION.	All right	e reserved	
							JJ-LUIJ AUL				

The ACORD name and logo are registered marks of ACORD

AG 5065



MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498. DES MOINES, IOWA 50306-3498

PHONE: (800) 678-8171 FAX: (515) 243-3854

#### CONTINUATION CERTIFICATE

(to be filed with the obligee)

IL bond	57104 NO.	1,50 AMOUNT	0	L		
OBLIGEE	VILL	AGE OF HAMPS	HIRE			
ME	RCHANTS B	ONDING COMPANY	(MUTUAL) he	rebv continues i	n force Bond for:	
PRINCIPA		EY'S RETAIL	, ,	····, ·····		
T KINGI A		CI S KEIAID	COMPANY			
DBA						
				/ /		
All lability	under this C	ontinuation Certificat	e is effective	12/01/19	and terminates midnight_	12/01/20
continuati named in	ions thereof s the Bond, the		e and shall in n ned thereto, or	o event exceed any continuation		
4/./	Attest:	7/ /	ANTS 80	HG COM RPO A 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MERCHANTS BONDING COMPAN	VY (MUTUAL)
Will	· · .	retary	T-Oby	1353	Jarry Taylo	President
			CER	TIFICATION		
Merchants Treasurer Company a other writin Company n the executi signature a I further ce Secretary. IN TESTIM	Bonding Cor or any Assist and attach the ngs obligatory may be affixe ion and delive and seal when ertify that the f	npany (Mutual) duly a ant Treasurer or any e seal of the Compar in the nature thereos d by facsimile or elec ery of any bond, unde n so used shall have following are duly ele EOF, I have hereunto	adopted and re Assistant Secre by thereto, bond f," and Section stronic transmi ertaking, recogr the same force cted officers of	corded to-wit. S etary shall have is and undertaki 1(d) The signa ssion to any Pov lizance, or other and effect as th the Company: L	nd Section 1(d) of Article VI of the ection 1(b) "The President. Secre power and authority to execute or ngs, recognizances, contracts of ture of any authorized officer and ver of Attorney or Certification the suretyship obligations of the Cor ough manually fixed." arry Taylor, President; and Willian affix the Corporate Seal of the M	atary, or in behalf of the indemnity and the seal of the reof authorizing npany, and such m Warner, Jr.,
this <u>1S</u>	Tday of	OCTOBER, 20	19	NG COM	MERCHANTS BONDING COM	IPANY (MUTUAL)

Attest: Secretary



Lava ay

President

On this <u>1ST</u> day of <u>OCTOBER</u>, <u>2019</u> before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

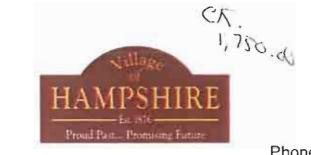
Witnessed to and subscribed by me on 10/01/19

alicia K. Gram

TARIAL SEAL	ALICIA K. GRAM Commission Number 767430 My Commission Expires
TOWA	April 1, 2020

SUP 0012 (2/17)

Notary Public





234 S. State Street Hampshire, IL 60140 Phone: (847)683-2181 Fax: (847) 683-4915 www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-26-19
NAME OF BUSINESS: Copper Barrelon State SALES TAX ID: 4284-8814
NAME OF APPLICANT: Copper Barrel Inc
ADDRESS OF BUSINESS: 172 S. State St
BUSINESS PHONE NO .: 224-218-1300
MAILING ADDRESS: P.O. Box 365 Hampshire

TO: Local Liquor Control Commission Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

1. License Class and Annual Fee (check one):

Class A-1 - \$1,500.00	Class C-4 - \$1,500.00
Class A-2 - \$1,250.00	Class D - \$1,750.00
Class B-1 - \$1,500.00	Class E - \$1,750.00
Class B-2 - \$1,500.00	Class F - \$1,500.00
Class C-1 - \$1,500.00	Class G - \$ 75.00
 Class C-2 - \$1,500.00	Class H- \$ 500.00
Class C-3 - \$1,750.00	Class I- \$ 500.00

2. License Period:

Commencing on January 1, 2020	and ending December 31, <u>2020</u>	or
Commencing on	and ending December 31,	

3. Type of Business Entity (check one):

Individual	区	Corporation
Partnership		Other (specify)

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

	(10) days of said change.
Nar	ne: Michelle Bunkouslie
BIR	THDAY: 07-27-63
HON	AE ADDRESS: SUL ELM St Hampshyre IL COILO
DRI	VERS LICENSE# 6522-5416- 3813 HOME PHONE# 847-638-7155
BUS	INESS STATUS: ACTIVE
PER	
Nar	ne: Kristie Perez
BIR	THDAY: 02/08/79
ном	AE ADDRESS: 43 W 498 IL R+72 Humpshire ILGON
DRI	VERS LICENSE# <u>P620-5127-9639</u> HOME PHONE#
BUS	SINESS STATUS: Active
PEF	CENTAGE OF STOCK HELD: $50\%$ (If additional space is required, please attach a separate sheet of paper)
	Is the applicant a citizen of the United States?
i	If an Illinois corporation, state date of corporation: $OS/17$ If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act.
6.	State the character of the applicant's business, and in case of a corporation, the objects for which it was formed.
	State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. $172S.StateSt$

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. <u>LLLLLQOOP</u> (<u>100</u>) If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued.

- 10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? \_\_\_\_\_ C\_\_\_
- 11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof.

   US
   18

   Note: This application will remain incomplete and will not be

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

State wh	ether said	manager h	has been	fingerpr	inted by	the Illinoi	s State F	Police and	, if so the	e date
thereof.		$\mathcal{O}^{\circ}$	5/18		-					

Note: This application will remain incomplete and will not be considered until question #12 can be answered in the affirmative.

- 13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
- 14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued?
  If the answer is in the affirmative, attach a copy of said lease to the application.
- 15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law?
- 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock?

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant?

- 18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  $\square$
- 19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors?

- 20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license?
- 21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith?
- 22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated?
- 23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? \_\_\_\_\_\_
  On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S) CORPORATION SIGNATURES

Bunkouslie

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Sec.

STATE OF	PL	)
_	N	) ss
County of _	pane	)

The undersigned swears that all statements are true and correct.

,\_\_\_\_

Julie Bubbe

CORPORATE SEAL

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_

Western Surety Company									
LICENSE AND PERMIT BOND									
KNOW ALL PERSONS BY THESE PRESENTS:	Bond No. <u>63703536</u>								
That we, Copper Barrel, Inc.									
of <u>Hampshire</u> , 5 and WESTERN SURETY COMPANY, a corporation d	State of <u>Illinois</u> , as Principal, uly licensed to do surety business in the State of								
Illinois	, as Surety, are held and firmly bound unto the								
Village of Hampshire, Se	tate of <u>Illinois</u> , as Obligee, in the penal								
sum of <u>One Thousand Five Hundred and 00/100</u> lawful money of the United States, to be paid to the O we bind ourselves and our legal representatives, firmly	bligee, for which payment well and truly to be made,								
NOW THEREFORE, if the Principal shall faith with the laws and ordinances, including all amend									
applied for, then this obligation to be void, otherwise to remain in full force and effect until <u>June 26th</u> , <u>2020</u> , unless renewed by Continuation Certificate. This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.									
Dated this <u>26th</u> day of <u>June</u>	2018 Copper Earrel. Inc. Principal WESTERN SURETY COMPANY By Calt. Bufft								
Form 532-12-2015	Paul T. Braflat, Vice President								



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/7/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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.

	PORTANT: If the certificate holder					ies) must be	e endorsed	IF SUBROGATION IS V		) subject to	
tŕ	e terms and conditions of the policy ertificate holder in lieu of such endor	, cert	tain p	policies may require an en	dorse	ment. A sta	tement on th	is certificate does not	confer	rights to the	
PRO	DUCER				CONTAC NAME:	ст снис	K P QUICK				
	IUCK P QUICK (04624)			-	PHONE (A/C, No, Ext): 847-683-2100 FAX (A/C, No): 847-683-3130						
	2 CENTENNIAL MPSHIRE, IL 60140-0000				E-MAIL	CUAD		COUNTRYFINANCIAL			
				-	NUDRE		SURER(S) AFEO	ING COVERAGE		NAIC #	
					INSURER A COUNTRY Mutual Insurance Company						
INSL	JRED 0004564483	_			INSURE	1000				20990	
co	COPPER BARREL INC				INSURE						
	BOX 365			F	INSURE					†	
HAI	HAMPSHIRE, IL 601400365					RE:					
					INSURE						
co	VERAGES CER	TIFIC	CATI	E NUMBER:				REVISION NUMBER:		·	
IN CI Ei	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME AIN, CIES	INT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE B	OF ANY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER	DOCUMENT WITH RESPI	ECT TO	WHICH THIS	
LTR	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIM	TS		
A	GENERAL LIABILITY		1	AM9287363	1	8/10/2019	8/10/2020	EACH OCCURRENCE	\$ 1.00	00,000	
	COMMERCIAL GENERAL LIABILITY							PRIEMISES (Ea occurrence)	\$ 50.0	000	
	CLAIMS-MADE 🖌 OCCUR	1.1	10 X					MED EXP (Any one person)	\$ 5,00		
	BUSINESSOWNERS	11.0	1					PERSONAL & ADV INJURY	\$ 1.00	00,000	
		1	1.2					GENERAL AGGREGATE	\$ 2,00	00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	11.2	1				ic 0	PRODUCTS - COMP/OP AGG	\$ 2,00	00.000	
	POLICY PRO- LOC								\$		
	AUTOMOBILE LIABILITY		1				i) i	COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO	1.1			- 1			BODILY INJURY (Per person)	5		
	ALL OWNED SCHEDULED AUTOS AUTOS						1	BODILY INJURY (Per accident	5		
	HIRED AUTOS NON-OWNED						1	PROPERTY DAMAGE (Per accident)	5		
-									\$		
1	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	5		
	EXCESS LIAB CLAIMS-MADE						2	AGGREGATE	5		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						EL EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	ATA			- I		li j	E.L. DISEASE - EA EMPLOYE	Е\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	LIQUOR LIABILITY			AM9287363		8/10/2019	8/10/2020	Each Person BI Limit AGGREGATE	\$0 \$2,00	00,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

POLICY INFORMATION:

Each Person Property Damage Limit and Loss Of Means of Support or Loss of Society Limit are included in Liquor Liability Coverage and subject to Illinois Statute

(CONTINUED)

CERTIFICATE HOLDER	CANCELLATION
VILLAGE OF HAMPSHIRE 234 S STATE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
HAMPSHIRE, IL 60140	
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AGENCY CUSTOMER ID:

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

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AGENCY			NAMED INSURED	
			COPPER BARREL INC	
POLICY NUMBER AM9287363			PO BOX 365 HAMPSHIRE, IL 601400365	
CARRIER		NAIC CODE 20990		
	COUNTRY Mutual Insurance Company . 20	. 20990	EFFECTIVE DATE: 8/7/2019	

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: <u>ACORD 25</u> FORM TITLE: <u>CERTIFICATE OF LIABILITY INSURANCE</u>

#### WAIVERS:

THE INSURING COMPANY WAIVES ITS RIGHTS OF SUBROGATION (RIGHTS TO RECOVER) AGAINST THE CERTIFICATE HOLDER NAMED BELOW WITH RESPECT TO ANY PAYMENTS MADE FOR LIABILITY COVERAGE(S) UNDER THE POLICY(IES) SHOWN IN THE GENERAL LIABILITY SECTION OF THIS CERTIFICATE. THE INSURANCE AFFORDED BY THIS POLICY FOR THE ADDITIONAL INSURED(S) IS PRIMARY INSURANCE AND ANY OTHER INSURANCE MAINTAINED BY OR AVAILABLE TO THE ADDITIONAL INSURED(S) IS NON-CONTRIBUTORY.