



**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

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Jeff Magnussen, Village President



PAID

NOV - 3 2019

VILLAGE OF HAMPSHIRE

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

\$1,500  
1036

234 S. State Street  
Hampshire, IL 60140

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/18/19

NAME OF BUSINESS: TMM - Minnihan's Inc SALES TAX ID: 82-3108221

NAME OF APPLICANT: Mike Gallo and Jeff Nawrak

ADDRESS OF BUSINESS: 1000 S state st. Ste A

BUSINESS PHONE NO.: \_\_\_\_\_

MAILING ADDRESS: 1000 S State st. Ste A

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):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Class A-1 - \$1,500.00 | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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: Michael Joseph GARD  
BIRTHDAY: 1-12-67  
HOME ADDRESS: 632 Browns View Algonquin IL 60102  
DRIVERS LICENSE# G-400-5506-7012 HOME PHONE# 847-208-9314  
BUSINESS STATUS: \_\_\_\_\_  
PERCENTAGE OF STOCK HELD: 67%

Name: Jeffrey Paul Nawrocki  
BIRTHDAY: 12-22-1971  
HOME ADDRESS: 614 DA VINCI DR. Hampshire IL 60140  
DRIVERS LICENSE# N620-4357-1363 HOME PHONE# 847-346-9218  
BUSINESS STATUS: \_\_\_\_\_  
PERCENTAGE OF STOCK HELD: 33%  
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? Yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_  
If an Illinois corporation, state date of corporation: 10/16/17  
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. Bar and conducting of lawful business in state of Illinois

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 Marathon Gas station

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. 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? No  
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. Yes

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. Jeff Pawlak  
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? Yes  
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? 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? 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

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 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? 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.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. [Signature]

Sec. [Signature]

INDIVIDUAL OR PARTNERSHIP SIGNATURES

\_\_\_\_\_

\_\_\_\_\_

STATE OF IL )  
County of KANE ) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 20 day of DEC, 2019.



[Signature]

Notary Public



Effective Date: December 3rd, 2019

# Western Surety Company

## LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 64888403

That we, Tmm Minnihan's Inc. dba Minnihan's Sports Bar

of Hampshire, State of Illinois, as Principal,  
and WESTERN SURETY COMPANY, a corporation 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 Illinois, as Obligee, in the penal

sum of One Thousand Five Hundred and 00/100 DOLLARS (\$1,500.00),  
lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made,  
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been  
licensed Sports Bar Village of Hampshire

\_\_\_\_\_ by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply  
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit  
applied for, then this obligation to be void, otherwise to remain in full force and effect until  
December 3rd, 2020, 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 shall not be cumulative from year to year or period to period, and in no event shall the Surety's total  
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be  
cumulative.

Dated this 3rd day of December, 2019.

Tmm Minnihan's Inc. dba Minnihan's Sports Bar  
Principal

Principal  
WESTERN SURETY COMPANY

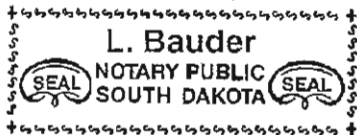
By Paul T. Bruffat  
Paul T. Bruffat, Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY  
(Corporate Officer)

On this 3rd day of December, 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 that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



L. Bauder  
Notary Public — South Dakota

My Commission Expires January 29, 2022

ACKNOWLEDGMENT OF PRINCIPAL  
(Individual or Partners)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, known to me to be the individual \_\_\_\_\_ described in and who executed the foregoing instrument and acknowledged to me that \_\_\_\_\_ he \_\_\_\_\_ executed the same.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

ACKNOWLEDGMENT OF PRINCIPAL  
(Corporate Officer)

STATE OF \_\_\_\_\_ }  
COUNTY 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 instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public



License or Permit No. \_\_\_\_\_  
LICENSE AND PERMIT  
BOND  
As  
of \_\_\_\_\_  
State of \_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Filed \_\_\_\_\_,  
Approved this \_\_\_\_\_  
day of \_\_\_\_\_



# 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 Sioux Falls,  
State of South Dakota, its regularly elected Vice President,  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Sports Bar Village of Hampshire

bond with bond number 64888403

for Tru Minnihan's Inc. dba Minnihan's Sports Bar  
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 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 said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 3rd day of December, 2019.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By Paul T. Bruflat

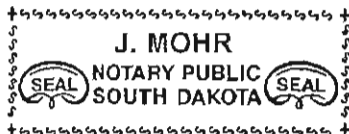
Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

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

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.



J. Mohr  
My Commission Expires June 23, 2021 Notary Public

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.





MINSPOR-01

ABURBACH

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/3/2019

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).

<b>PRODUCER</b> Broadmoor Agency PO Box 17069 Rockford, IL 61110	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (815) 965-6700 FAX (A/C, No): (815) 965-6703 E-MAIL ADDRESS: CL@broadmooragency.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A :</b> Badger Mutual Insurance	<b>NAIC #</b> 13420
<b>INSURER B :</b>	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						DESCRIPTION	AMOUNT
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		0072156871	12/1/2019	12/1/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
		MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
	<input type="checkbox"/> AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				E L EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE	\$
						E L 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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Alicia Burbach</i>
---	--



Ps.  
12-3-19  
\$1,500

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/25/2019

NAME OF BUSINESS: Block's Fresh Market SALES TAX ID: \_\_\_\_\_

NAME OF APPLICANT: Natal R. Patel

ADDRESS OF BUSINESS: 199 Maple Place, Hampshire IL 60140

BUSINESS PHONE NO.: 847-683-2531

MAILING ADDRESS: Same

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   |
| <input checked="" type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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  
BIRTHDAY: 10-3-1975  
HOME ADDRESS: 211 Burnside Circle Bartlett IL 60103  
DRIVERS LICENSE# P 340-5567-5882 HOME PHONE# 630-770-0454  
BUSINESS STATUS: grocery store + liquor (Block's Fresh market)  
PERCENTAGE OF STOCK HELD: 95%

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? yes  
If naturalized, state date and place of naturalization: South Dakota, Sioux Falls, Aug 2, 1996  
If an Illinois corporation, state date of corporation: Paramguru 9 LLC 9/24/2018  
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. for operations of Block's food and liquor
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. location 199 maple Place Hampshire IL 60140 grocery + liquor.
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. N/A  
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? NO  
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. YES 9/20/2018 Village of 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. Sandip V. Patel  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES 9/20/2018 Village of Hampshire

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? Owned  
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? 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? 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

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? yes
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? \_\_\_\_\_  
 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. \_\_\_\_\_

\_\_\_\_\_

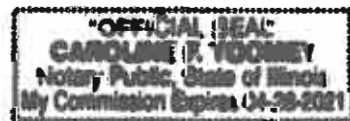
STATE OF IL )  
 ) SS  
 County of Kane )

The undersigned swears that all statements are true and correct.

[Signature] \_\_\_\_\_

CORPORATE SEAL

Subscribed and sworn to before me this  
25<sup>th</sup> day of November, 2019.



Caroline J. Toomey  
 Notary Public



# Western Surety Company



## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 64438665 briefly described as LIQUOR VILLAGE OF HAMPSHIRE,  
 \_\_\_\_\_,  
 for PARAMGURU 9, LLC DBA BLOCK'S FRESH MARKET,  
 \_\_\_\_\_, as Principal,  
 in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 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 20th day of November, 2019.



WESTERN SURETY COMPANY

By Paul T. Brunat  
 Paul T. Brunat, Vice President

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/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).**

<b>PRODUCER</b> KWIK INSUREU INC. 2815 FORBS AVE. SUITE 107 HOFFMAN ESTATES, ILLINOIS 60192	<b>CONTACT NAME:</b> DIVYESH PATEL <b>PHONE (A/C No, Ext):</b> 630-605-8695 <b>FAX (A/C, No):</b> 866-869-2596 <b>E-MAIL ADDRESS:</b> DAVE@KWIKINSUREU.COM <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A : GUARD INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
--	--

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PABP064557	11/29/2019	11/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>LIQUOR LIABILITY</b>			PABP064557	11/29/2019	11/29/2020	AGGERGATE 1,000,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  DIVYESH PATEL
---------------------------	---





1362  
\$1500

PAID  
DEC - 3 2019  
VILLAGE OF HAMPSHIRE

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. SALES TAX ID: 3433-5218

NAME OF APPLICANT: Jeton Azizi

ADDRESS OF BUSINESS: 199. S. State St.

BUSINESS PHONE NO.: 847 683-7336

MAILING ADDRESS: P.O. Box 906

TO: Local Liquor Control Commission  
Village of Hampshire, Illinois

Pursuant to the provisions of Chapter IIIIV, 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input checked="" type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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 Azizi  
BIRTHDAY: 08-31-77  
HOME ADDRESS: 716 Vine St  
DRIVERS LICENSE# A 220 41397 7248 HOME PHONE# 847 683-7336  
BUSINESS STATUS: Open  
PERCENTAGE OF STOCK HELD: 50%

Name: Sam Azizi  
BIRTHDAY: 05-14-54  
HOME ADDRESS: 752 Vine St  
DRIVERS LICENSE# A 220-7805-4138 HOME PHONE# 847 951-7788  
BUSINESS STATUS: Open  
PERCENTAGE OF STOCK HELD: 50%  
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? 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 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. Sit down Restaurant
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. Sit down Restaurant located at State and Jefferson
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. N/A  
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? NO  
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. Yes 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. Jeton Tony Azizi  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes August 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? 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? Yes  
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? 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? 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

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 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? 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.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. JA  
 Sec. SAM AZIZI

\_\_\_\_\_  
 \_\_\_\_\_

STATE OF IL )  
 County of KANE ) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this 3RD day of DEC, 2019.



M Brandes  
 Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/05/2019

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).


<b>PRODUCER</b> L & W Insurance Agency P.O. Box 918 Dover, DE 19903 David Sciortino	302-674-3500	<b>CONTACT NAME:</b> David Sciortino <b>PHONE (A/C, No, Ext):</b> 302-674-3500 <b>FAX (A/C, No):</b> 302-674-2909 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Cincinnati Insurance Companies</td> <td>10677</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Companies	10677	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> SA-TA Inc DBA Rose Garden 199 S State St Hampshire, IL 60140															

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BKS60000107	07/25/2019	07/25/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	XWO60000107	07/25/2019	07/25/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  CITYHAM  City of Hampshire 234 S State Street Hampshire, IL 60140-0457	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	--

# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61892709 briefly described as LIQUOR VILLAGE OF HAMPSHIRE  
SA-TA INCORPORATED DBA: THE ROSE GARDEN FAMILY RESTAURANT, as Principal, in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning December 19, 2018, and ending December 19, 2019, 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.



WESTERN SURETY COMPANY

By Paul T. Brunat  
Paul T. Brunat, Vice President

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

# 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 Sioux Falls  
State of South Dakota, its regularly elected Vice President  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One LIQUOR VILLAGE OF HAMPSHIRE

bond with bond number 61892709

for SA-TA INCORPORATED DBA: 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 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 said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President Paul T. Bruflat with the corporate seal affixed this 06 day of December, 2018.

ATTEST  
L. Nelson  
L. Nelson, Assistant Secretary

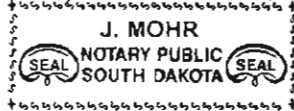
WESTERN SURETY COMPANY  
By Paul T. Bruflat  
Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 06 day of December, 2018, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

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.



J. Mohr  
Notary Public

My Commission Expires June 23, 2021

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.  
Form F 1975-1-2016



SFMW



PO Box 5077 Sioux Falls SD 57117-5077

December 06, 2018

1-800-331-6053  
Fax 1-605-335-0357  
www.cnasurety.com

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



22285  
#



PAID

DEC - 2 2019

VILLAGE OF HAMPSHIRE

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: NOV/29/2019

NAME OF BUSINESS: T-RICKS LTD dba Rosatis of Hampshire SALES TAX ID: 3220-5279

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF BUSINESS: 826 CENTENNIAL DRIVE, HAMPSHIRE, IL 60140

BUSINESS PHONE NO.: 847 683 1111

MAILING ADDRESS: 826 CENTENNIAL DRIVE, 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input checked="" type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class H - \$ 500.00    |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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 M PATTI  
BIRTHDAY: 8/10/1949  
HOME ADDRESS: 28052 W NIAGARA STREET, LAKEMOOR 60051  
DRIVERS LICENSE# P300 0134 9227 HOME PHONE# 630 6884150  
BUSINESS STATUS: VICE PRESIDENT  
PERCENTAGE OF STOCK HELD: 50%

Name: RICHARD GIGELE & Marianna Gigele  
BIRTHDAY: 4-11-59 7-22-59  
HOME ADDRESS: 1411 Westbourne Pkwy ALBANY, IL 60102  
DRIVERS LICENSE# G240-7425-9104 & 6240-5525-7808 HOME PHONE# 817 4580446  
BUSINESS STATUS: PRESIDENT & Secretary  
PERCENTAGE OF STOCK HELD: 35% - 25%  
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? YES  
If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: 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. PIZZA RESTAURANT

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. 826 Centennial Drive 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. YES  
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Liquor License in Lakemoor, IL

9. Has the applicant ever had any previous liquor license revoked? NO  
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. YES

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. ANTHONY M. PATIF  
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? 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? YES  
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? 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? 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

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 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? 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.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

✓ Pres. \_\_\_\_\_  
 Sec. \_\_\_\_\_

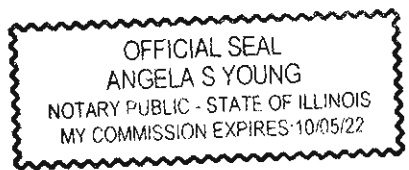
Anthony M. Patti  
Anthony M. Patti

STATE OF IL )  
 County of Kane ) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this  
2 day of December, 2019.



Angela S. Young  
 Notary Public

## 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 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$ ,000
				Farm Employer's Liability Each Occurrence \$ ,000
Workers Compensation and Employers Liability †				Statutory
				Each Accident \$ ,000
				Disease - Each Employee \$ ,000
				Disease - Policy Limit \$ ,000
General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$ ,000
				Products - Completed Operations Aggregate \$ ,000
				Personal and Advertising Injury \$ ,000
				Each Occurrence \$ ,000
				Damage to Premises Rented to You \$ ,000
				Medical Expense (Any One Person) \$ ,000
				Each Occurrence†† \$ ,000
				Aggregate†† \$ ,000
				Common Cause Limit \$ 1,000,000
Aggregate Limit \$ 2,000,000				
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$ ,000
				Bodily Injury - Each Accident \$ ,000
				Property Damage \$ ,000
				Bodily Injury and Property Damage Combined \$ ,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$ ,000
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS				
†The individual or partners <input type="checkbox"/> Have shown as insured elected to be covered under this policy. <input type="checkbox"/> Have not ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.				
CERTIFICATE HOLDER'S NAME AND ADDRESS			CANCELLATION	
Attention: Linda Vasquez Village of Hampshire 234 S. State St Hampshire, IL 60140			<input checked="" type="checkbox"/> Should any of the above described policies be cancelled before the expiration date 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 upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.	
DATE ISSUED			AUTHORIZED REPRESENTATIVE	
08/07/2019			MARTIN WALSH	



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 62893474 briefly described as LIQUOR LICENSE VILLAGE OF HAMPSHIRE,  
 \_\_\_\_\_,  
 for T RICKS LTD DBA ROSATI'S PIZZA 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 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 12 day of July, 2019.



WESTERN SURETY COMPANY

By Paul T. Bruhat  
 Paul T. Bruhat, Vice President

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



72d.  
\$1,500  
544631  
11-22-19

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: Speedway 5036 SALES TAX ID: 2873-4785

NAME OF APPLICANT: Speedway LLC

ADDRESS OF BUSINESS: 110 Arrowhead Drive, Hampshire, IL

BUSINESS PHONE NO.: (847) 683-9372

MAILING ADDRESS: Speedway LLC, Licensing Dept., PO Box 1580, Springfield, OH 45501

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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input checked="" type="checkbox"/> Class B-2 - \$1,500.00 | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation                           |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other (specify) <u>LLC</u> |

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: Corporate Officer List Attached.

BIRTHDAY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

BUSINESS STATUS: \_\_\_\_\_

PERCENTAGE OF STOCK HELD: \_\_\_\_\_

Name: General Manager: Jacques LaFond

BIRTHDAY: 10/18/1973

HOME ADDRESS: 1240 Umbdenstock Rd., Elgin, IL

DRIVERS LICENSE# L15343873297 HOME PHONE# \_\_\_\_\_

BUSINESS STATUS: \_\_\_\_\_

PERCENTAGE OF STOCK HELD: 0%

(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? N/A.

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. 10/29/1997

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 gasoline stations

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. 110 Arrowhead Drive.

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. Speedway LLC holds in excess of 1000 alcohol permits  
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.



9. Has the applicant ever had any previous liquor license revoked? Yes.  
If answer is in the affirmative, state the date and reason for such revocation. \_\_\_\_\_  
Attachment 1 + 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? 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. 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. 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?  
Yes - 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 State law? N/A, 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? 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  
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? Yes.
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

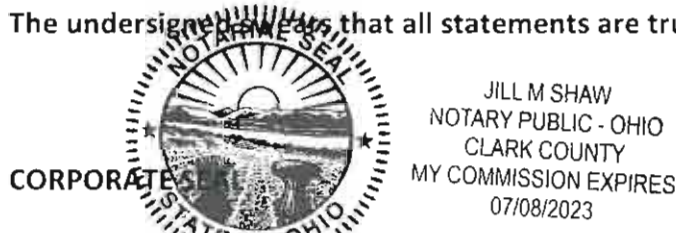
Pres. [Signature]  
 Timothy T. Griffith, President for Speedway LLC

Sec. [Signature]  
 David E. Ball, Secretary for Speedway LLC

[Signature]

STATE OF Ohio )  
 ) SS  
 County of Clark )

The undersigned hereby swears that all statements are true and correct.



[Signature]  
 David E. Ball, Secretary for Speedway LLC

Subscribed and sworn to before me this  
15th day of November, 2019.

[Signature]  
 Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

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

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).

<b>PRODUCER</b> Marsh USA, Inc. Six PPG Place, Suite 400 Pittsburgh, PA 15222-5400	<b>CONTACT NAME:</b> Lorene Kutzner	
	<b>PHONE (A/C, No, Ext):</b> 412-552-5163	<b>FAX (A/C, No):</b> 412-552-5999
<b>E-MAIL ADDRESS:</b> lorene.j.kutzner@marsh.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
CN108262920-MPC-GL/AL-19-20      SWTO      R014	<b>INSURER A :</b> N/A	N/A
<b>INSURED</b> Speedway LLC 500 Speedway Drive Enon, OH 45323	<b>INSURER B :</b> National Union Fire Ins Co Pittsburgh PA	19445
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CLE-006414865-01      **REVISION NUMBER:** 2

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL5442484	04/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Speedway LLC dba Speedway #5036, located at 110 Arrowhead Drve, Hampshire, IL 60140.  
Liquor Liability is included under General Liability policy.

<b>CERTIFICATE HOLDER</b>  Village of Hampshire 234 S. State Street Hampshire, IL 60140	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
---	---



**CONTINUATION CERTIFICATE  
FIDELITY OR SURETY BONDS/POLICIES**

License No. \_\_\_\_\_

In consideration of \$75.00 dollars renewal premium, the term of Bond/Policy No. 104087486-291 in the amount of \$1,500, issued on behalf of Speedway LLC (Unit #5036), whose address is 500 Speedway Drive, Eron, OH 45323 in favor of Village of Hampshire, 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 conditions 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:

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 Casualty and Surety Company of America, Travelers Casualty 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 lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, 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

By: 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 Fire 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



Marie C. Tetreault  
Marie C. Tetreault, Notary Public

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 Attorneys-in-Fact and Agents to act for and on behalf 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, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or 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 bond, 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 Chairman, 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 Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-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 Attorney or certificate bearing such facsimile signature or facsimile 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 Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect:

Dated this 14 day of November, 2014



Kevin E. Hughes  
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.

PAID

11/18/2019

VILLAGE OF HAMPSHIRE

234 S. State Street  
Hampshire, IL 60140



CK  
10696  
1,750

VILLAGE OF HAMPSHIRE  
11/18/2019

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/18/2019

NAME OF BUSINESS: Red Ox Restaurant & Bar SALES TAX ID: 3413-0667

NAME OF APPLICANT: MARIA & VIKKI INC. d/b/a Red Ox Restaurant & Bar

ADDRESS OF BUSINESS: 129 E OAK KNOW, HAMPSHIRE, IL 60140

BUSINESS PHONE NO.: 847-683-2300

MAILING ADDRESS: 129 E. OAK KNOW, 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input checked="" type="checkbox"/> Class C-3 - \$1,750.00 | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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: DIMITRA PANTELIS  
BIRTHDAY: 12-10-1958  
HOME ADDRESS: 1410 PHEASANT TRAIL, HAMPSHIRE, IL. 60140  
DRIVERS LICENSE# P534-1745-8951 HOME PHONE# 847-683-7041  
BUSINESS STATUS: OWNER  
PERCENTAGE OF STOCK HELD: 100%

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? YES  
If naturalized, state date and place of naturalization: JULY 23<sup>RD</sup>, 1985, CHICAGO.  
If an Illinois corporation, state date of corporation: 11/19/2002  
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. FULL SERVICE RESTAURANT & LOUNGE

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. 1 STORY BUILDING AT 129 E. OAK KNOLL, HAMPSHIRE, IL. FULL SERVICE RESTAURANT & LOUNGE.

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. VILLAGE OF HAMPSHIRE, STATE OF ILLINOIS, ATF.

9. Has the applicant ever had any previous liquor license revoked? NO  
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. YES, NOVEMBER 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. DIMITRA PANTELIS  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES, 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? 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? 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? 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? 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? 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? NO

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 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? 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.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Xunita Panteis

\_\_\_\_\_

Sec. Xunita Panteis

\_\_\_\_\_

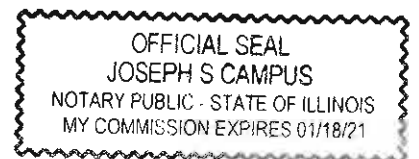
STATE OF Illinois )  
 ) SS  
County of Kane )

The undersigned swears that all statements are true and correct.

Xunita Panteis

CORPORATE SEAL

Subscribed and sworn to before me this 18 day of November, 2019.



Joseph S. Campus  
Notary Public



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 14540751 briefly described as RESTAURANT/LIQUOR VILLAGE OF HAMPSHIRE 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 November 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.



WESTERN SURETY COMPANY

By Paul T. Brunat  
Paul T. Brunat, Vice President

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/10/2019

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 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).

<b>PRODUCER</b> Linda Lee Enterprises Inc DBA: FTS Insurance 14045 W.Petronella Dr., Ste. 2 Libertyville IL 60048		<b>CONTACT NAME:</b> Peter Stavrou <b>PHONE (A/C, No, Ext):</b> (847) 793-0775 <b>E-MAIL ADDRESS:</b> pete@stavinsurance.com <b>FAX (A/C, No):</b> (847) 793-0776	
<b>INSURED</b> Maria & Vikki inc., DBA: Red Ox Restaurant & Bar 129 E. Oak Knoll Drive Hampshire IL 60140		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Badger Mutual Insurance Co NAIC # 13420 <b>INSURER B:</b> Technology Insurance Company 42376 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL18111612928      **REVISION NUMBER:**

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

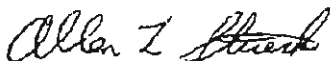
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			0070373965	12/01/2018	12/01/2019	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMPROP AGG	\$ 1,000,000
	ANY AUTO OWNED AUTOS ONLY							
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TWC3711202	05/10/2019	05/10/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Liquor Liability			0070373965	12/01/2018	12/01/2019	Combined Single Limits	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (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 243 S State Street PO Box 457 Hampshire IL 60140-0457	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	---

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Rel.  
11-25-19  
706161  
\$1,500



234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-22-19

NAME OF BUSINESS: TA Operating LLC d/b/a TravelCenters of America 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, 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input checked="" type="checkbox"/> Class B-2 - \$1,500.00 | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation  |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> 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.

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 attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? N/A

If naturalized, state date and place of naturalization: .....

If an Illinois corporation, state date of corporation: N/A

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. October 30, 2007

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. TA Operating LLC is a multi-state retail licensee engaged in travel hospitality,

food and beverage, sundries and fuel operations.

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. .....

19 N 430 US Highway 20, Hampshire, IL 60140 - Travel Center

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. Please see attached rider.

9. Has the applicant ever had any previous liquor license revoked? No  
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? Yes  
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? 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? 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

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 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  
 TA Operating LLC by:

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. [Signature]

Barry A. Richards, President

Sec. [Signature]

William Earnest Myers, II, Assistant Secretary

STATE OF Ohio )  
 County of Cuyahoga ) SS

The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

Subscribed and sworn to before me this

18<sup>th</sup> day of November, 2019

[Signature]

CARY M. TOTH Notary Public

NOTARY PUBLIC • STATE OF OHIO  
 Recorded in Cuyahoga County  
 My commission expires Nov. 13, 2021

## CONTINUATION CERTIFICATE

The RLI Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. CMS0277196 in the sum of One Thousand Five Hundred Dollars and 00/100 (\$1,500.00) Dollars, on behalf of TA Operating LLC dba TravelCenters of America in favor of Village of Hampshire, Illinois subject to all the conditions and terms thereof through December 31, 2020 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 14<sup>th</sup> day of November, 2019.

RLI Insurance Company  
Surety

By: Frank 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 Vice President with its corporate seal affixed this 6th day of August, 2019.



**RLI Insurance Company  
Contractors Bonding and Insurance Company**

By: B. W. Davis  
Barton W. Davis Vice President

State of Illinois }  
County of Peoria } SS

### CERTIFICATE

On this 6th day of August, 2019, before me, a Notary Public, personally appeared Barton W. Davis, 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.

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 14th day of November, 2019.

By: Gretchen L. Johnnigk  
Gretchen L. Johnnigk Notary Public

**RLI Insurance Company  
Contractors Bonding and Insurance Company**

By: Jean M. Stephenson  
Jean M. Stephenson Corporate Secretary





**CERTIFICATE OF LIABILITY INSURANCE**

Page 1 of 1  
DATE (MM/DD/YYYY)  
11/30/2018

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).

<b>PRODUCER</b> Willis of New York, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> Willis Towers Watson Certificate Center <b>PHONE (A/C, No, Ext):</b> 1-877-945-7378 <b>FAX (A/C, No):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@willis.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Arch Specialty Insurance Company</td> <td>21199</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arch Specialty Insurance Company	21199	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> TA Operating LLC 24601 Center Ridge Road Suite 300 Westlake, OH 441455634														

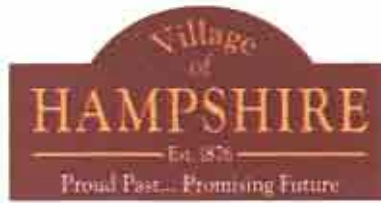
**COVERAGES**      **CERTIFICATE NUMBER:** W9001779      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$500,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			DPC1008715-02	12/01/2018	12/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: 19 N 430 US Highway 20, Hampshire, IL 60140 General Liability includes Liquor Liability - \$1,000,000 Aggregate Limit Village of Hampshire is hereby added as an additional insured as required by written contract and/or agreement.

<b>CERTIFICATE HOLDER</b>  Illinois Liquor Control Commission 101 W. Jefferson Street Suite 3-525 Springfield, IL 62702	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  



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 SALES TAX ID: \_\_\_\_\_

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):

- |   |  |
|---|--|
| <input type="checkbox"/> Class A-1 - \$1,500.00 | <input type="checkbox"/> Class C-4 - \$1,500.00        |
| <input type="checkbox"/> Class A-2 - \$1,250.00 | <input type="checkbox"/> Class D - \$1,750.00          |
| <input type="checkbox"/> Class B-1 - \$1,500.00 | <input type="checkbox"/> Class E - \$1,750.00          |
| <input type="checkbox"/> Class B-2 - \$1,500.00 | <input type="checkbox"/> Class F - \$1,500.00          |
| <input type="checkbox"/> Class C-1 - \$1,500.00 | <input type="checkbox"/> Class G - \$ 75.00            |
| <input type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class H- \$ 500.00            |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | <input checked="" type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation                                  |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other (specify) <u>government</u> |

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: Stephanic Ann Barone  
BIRTHDAY: 4/1/1984  
HOME ADDRESS: 2140 Orchard Ln., Carpentersville, IL 60110  
DRIVERS LICENSE# B650-7818-4694 HOME PHONE# 815-762-1670  
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 attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? Yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: N/A  
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. Parks + recreation

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 on license: 400 E. Jefferson 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. Illinois Liquor Control Commission

9. Has the applicant ever had any previous liquor license revoked? No  
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. N/A

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. Stephanie Barone  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. N/A

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? 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 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? 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? 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

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 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? 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.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

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

J. Barone

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

\_\_\_\_\_

STATE OF Illinois )  
 ) SS  
 County of Kane )

The undersigned swears that all statements are true and correct.

J. Barone

CORPORATE SEAL

Subscribed and sworn to before me this 7 day of November, 2019.



Patricia L. Prill  
 Notary Public

**LICENSE AND PERMIT BOND**

**Know All Men By These Presents:**

That we, Hampshire Park District, of the Village of Hampshire, State of Illinois, as Principal, and the PARK DISTRICT RISK MANAGEMENT AGENCY, an entity duly organized under the statutes of the State of Illinois, as an intergovernmental risk management pool, are held and firmly bound unto the Village of Hampshire, State of Illinois, Obligee, in the penal sum of Fifteen Hundred and No/100ths DOLLARS (\$1,500.00) lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally 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 January 30, 2021 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.

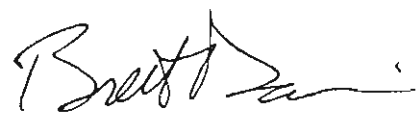
Hampshire Park District

  
Principal

**PARK DISTRICT RISK MANAGEMENT**

**AGENCY**

BY



Brett Davis, Chief Executive Officer



PA \$ 1,500  
11-25  
645502275

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/20/19

NAME OF BUSINESS: CJMS, Inc. DBA Tuscan Sun Wine & Spirits SALES TAX ID: 3939-8439

NAME OF APPLICANT: Mukesh C PATEL

ADDRESS OF BUSINESS: 107 W. OAK Knoll Dr. Hampshire, IL. 60140

BUSINESS PHONE NO.: 847-683-7691

MAILING ADDRESS: Same As Above

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):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Class A-1 - \$1,500.00 | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (specify)        |



9. Has the applicant ever had any previous liquor license revoked? NO  
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. DEC 2008, Nov 2009, Sept 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. Mukesh Patel  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes MAY 2009, Sept 2011

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? Yes (same copy on file)  
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? 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? 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

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 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? 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.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

Pres. Mukesh C Patel  
 Sec. Mukesh C Patel

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Mukesh Patel  
Mukesh Patel

STATE OF IL. )  
 ) SS  
 County of Kane )

The undersigned swears that all statements are true and correct.

Mukesh C. Patel

CORPORATE SEAL

Subscribed and sworn to before me this  
20<sup>th</sup> day of NOVEMBER, 2019



Roodil D. Jacob

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

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

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 Schatz & Associates, Inc
500 Park Ave, Unit 201
Lake Villa, IL 60046
CONTACT NAME:
PHONE (A/C, No, Ext): (847) 356-1520
FAX (A/C, No): (847) 356-5055
E-MAIL ADDRESS: Customerservice@schatzins.com
INSURER(S) AFFORDING COVERAGE
INSURER A : Liberty Mutual Group
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL/SUBR (INSD | WVD), POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and Liquor Liability.

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

CERTIFICATE HOLDER Village of Hampshire
234 S State Street
PO Box 457
Hampshire, IL 60140-0457
CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE [Signature]



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

**CONTINUATION CERTIFICATE**

To be attached to and form a part of surety bond number 32S187320 (the "Bond"), cross reference bond number 66447600000, for LIQUOR STORE

dated the 11th day of May, 2009 in the penal sum of \$ 1,500.00 issued by American States Insurance Company as surety (the "Surety"), on behalf of CJMS INCORPORATED DBA TUSCAN SUN WINE & SPIRITS as principal (the "Principal"), in favor of VILLAGE OF HAMPSHIRE, as obligee (the "Obligee").

The Surety hereby certifies that this Bond is continued in full force and effect until the 31st day of December, 2020, subject to all covenants and conditions of said Bond.

Said Bond has been continued in force upon the express condition that the full extent of the Surety's liability under said Bond, and this and all continuations thereof, for any loss or series of losses occurring during the entire time the Surety remains on said Bond, shall in no event, either individually or in the aggregate, exceed the penal sum of the Bond.

IN WITNESS WHEREOF, the Surety has set its hand and seal this 2nd day of October, 2019

American States Insurance Company  
\_\_\_\_\_  
(Surety)  
By: Timothy A. Mikolajewski  
Timothy A. Mikolajewski  
Assistant Secretary - Liberty Mutual Surety



DASCO INSURANCE AGENCY INC  
628 ACADEMY DR  
NORTHBROOK, Illinois 60062-2421



CR  
59523  
1,500.00



234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: November 6, 2019

NAME OF BUSINESS: Road Ranger #235 SALES TAX ID: 20380730

NAME OF APPLICANT: Road Ranger, LLC

ADDRESS OF BUSINESS: 911081 US Hwy 20, Hampshire, IL

BUSINESS PHONE NO.: (815) 209-9013

MAILING ADDRESS: 4030 E State St, Rockford, IL 61108

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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input checked="" type="checkbox"/> Class B-1 - \$1,500.00 | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H - \$ 500.00    |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Corporation                             |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other (specify) <u>(LLC)</u> |

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

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 attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? N/A - LLC

If naturalized, state date and place of naturalization: N/A

If an Illinois corporation, state date of corporation: Organized January 24, 1995

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. N/A

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. See organizational Documents on file with the village

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. C-Store w/ motor fuel  
Sells at Kings US Hwy 20, Hampshire, IL  
Hampshire County

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. No

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

9. Has the applicant ever had any previous liquor license revoked? no  
If answer is in the affirmative, state the date and reason for such revocation. n/a

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. Yes - various dates (should be on file w/village)

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. Jeffrey Thomas Rapp  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. July 2016

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 - Have included both w/application.

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  
If the answer is in the affirmative, attach a copy of said lease to the application.  
Memorandum of Lease attached.

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? 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? 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? n/a

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 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

Manager/CEO  
 Pres. [Signature]  
 Sec. [Signature]

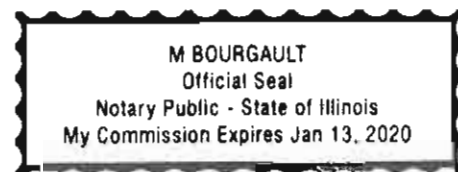
- Marco Zano Mbraga  
- Jake DeArmi

STATE OF Illinois )  
 ) SS  
 County of Winnebago )

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this  
26th day of Nov, 2019.



[Signature]  
 Notary Public





# Western Surety Company

## 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, for the term beginning  
December 31, 2019, and ending December 31, 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 7th day of November, 2019.



WESTERN SURETY COMPANY

By Paul T. Bruhat  
 Paul T. Bruhat, Vice President

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2019

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).

<b>PRODUCER</b> Commercial Lines - (314) 678-6400 USI Insurance Services LLC 308 North 21st Street St. Louis, MO 63103	<b>CONTACT NAME:</b> Angie Penny <b>PHONE (AC, No, Ext):</b> 217-281-0335 <b>E-MAIL ADDRESS:</b> angie.penny@usi.com <b>FAX (AC, No):</b> 610-537-2014														
<b>INSURED</b> Road Ranger, LLC, Ranger Holdings, LLC and their subsidiaries 4930 East State Street Rockford, IL 61108	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER A</th> <th>NAIC #</th> </tr> <tr> <td>Cincinnati Specialty Underwriters Ins. Co</td> <td>13037</td> </tr> <tr> <td>Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> </tr> </table>	INSURER A	NAIC #	Cincinnati Specialty Underwriters Ins. Co	13037	Cincinnati Insurance Company	10677	INSURER C		INSURER D		INSURER E		INSURER F	
INSURER A	NAIC #														
Cincinnati Specialty Underwriters Ins. Co	13037														
Cincinnati Insurance Company	10677														
INSURER C															
INSURER D															
INSURER E															
INSURER F															

**COVERAGES** CERTIFICATE NUMBER: 14639107 REVISION NUMBER: See below

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF. MM/DD/YYYY	POLICY EXP. MM/DD/YYYY	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GENL. AGGREGATE LIMIT AMT. \$ \$ PER POLICY <input type="checkbox"/> PRO. <input checked="" type="checkbox"/> RET. <input type="checkbox"/> OTHER		CSU373457491	10/28/2019	10/28/2020	BODILY INJURY/PROPERTY DAMAGE TO RENTED PREMISES/COMPLETED OPERATIONS \$ 1,000,000 MED. EXP. (INCL. PHYSICIAN) \$ 500,000 PERSONAL & ADJ. INJURY \$ 500,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS / COMPLETED OPS \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB. <input type="checkbox"/> EXCESS LIAB. <input type="checkbox"/> RETENTIONS		EPP 0584214	10/28/2019	10/28/2020	BODILY INJURY/PROPERTY DAMAGE (As Insured) \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ UMBRELLA/EXCESS (Per Occurrence) \$ UMBRELLA/EXCESS (Aggregate) \$ UMBRELLA/EXCESS (Retention) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OR OFFICER/SHAREHOLDER? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N IF YES, describe work description and operations:					PER. STATUTE 1 BY 24 P.L. EACH ACCIDENT \$ P.L. DISEASE - PER EMPLOYEE \$ P.L. DISEASE - NO. OF CLAIMS \$
A	Liquor Liability		CSU373457491	10/28/2019	10/28/2020	\$1,000,000 - 200,000 per occurrence

**DESCRIPTION OF OPERATIONS - LOCATIONS - VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Location: Store 235, 19 N 681 US Hwy 20, Hampshire, IL 60140  
 Certificate Holder is included as Additional Insured with respect to General Liability, if required by written contract

<b>CERTIFICATE HOLDER</b> Village of Hampshire 234 S State Street Hampshire, IL 60140	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

# Liquor License



July 15, 2019




Letter ID: L1533733584

License No.: 5A-0105946  
Expiration Date: 07/31/20  
License Type: BASSET  
Account ID: 26380730

ROAD RANGER LLC  
ROAD RANGER L.L.C.  
4930 EAST STATE ST  
ROCKFORD IL 61108-2289

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

 <b>STATE OF ILLINOIS</b> LIQUOR CONTROL COMMISSION Governor JB Pritzker		Letter ID: L1533733584	
		<b>5A-0105946</b> License Number	
IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT:		HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS: <b>BASSET</b>	
ROAD RANGER LLC ROAD RANGER L.L.C. 4930 EAST STATE ST ROCKFORD IL 61108-2289  Winnebago			
THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES. Warehouse: N/A		ISSUE DATE: 07/15/19	Effective: 08/01/19
		THIS LICENSE EXPIRES ON: 07/31/20	
Sales Tax Acct # 26380730		THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL	



OK.  
3187  
1,500



234 S. State Street  
Hampshire, IL 60140

Phone: (847) 683-2184  
Fax: (847) 683-4915  
www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

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

NAME OF BUSINESS: Hampshire Gasoline Inc SALES TAX ID: 4020-3778

NAME OF APPLICANT: Hitesh Patel

ADDRESS OF BUSINESS: 1000 S. State Street, Hampshire IL 60140

BUSINESS PHONE NO.: 847-683-7180

MAILING ADDRESS: 1000 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   |
| <input checked="" type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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: 5/29/1965  
HOME ADDRESS: 1545 Rutland Ct, Schaumburg IL 60173  
DRIVERS LICENSE# P340-3376-5153 HOME PHONE# 847-845-7102  
BUSINESS STATUS: Current  
PERCENTAGE OF STOCK HELD: 100%

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? yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: Jan 05, 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. Retail Gas Station with Convenience store

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

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? \_\_\_\_\_

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

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. Narinder 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? 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? \_\_\_\_\_  
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? \_\_\_\_\_

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? N/A  
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

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? yes
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? 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.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

Pres. [Signature]  
 Sec. \_\_\_\_\_

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Hitesh Patel  
 \_\_\_\_\_

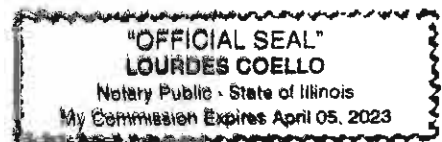
STATE OF IL )  
 ) SS  
 County of COOK )

The undersigned swears that all statements are true and correct.

Hitesh Patel  
 \_\_\_\_\_

CORPORATE SEAL

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



Lourdes Coello  
 \_\_\_\_\_  
 Notary Public



RLI Insurance Company  
 P.O. Box 3967  
 Peoria, IL 61612-3967  
 Phone: (309) 692-1000 Fax: (309) 683-1610

# CONTINUATION CERTIFICATE

RLI Insurance Company hereby continues in force Bond No. LSM1131456  
 briefly described as Liquor Liability For Retail Sales  
 bound unto the Village Of Hampshire  
 on behalf of Hampshire Gasoline Inc

Location Name & Address:	Bill To Name & Address: (If different)
<u>Hampshire Gasoline Inc</u> <u>1000 S.State Street</u> <u>Hampshire, IL 60140</u>	    

in the sum of \$ 10,000.00 Dollars, for the term beginning June 19, 2019 and ending June 19, 2020 subject to all the covenants and conditions of the original bond referred to above.

This Continuation Certificate is executed upon the express condition that the Undersigned company's liability under said bond and under this and all Continuation Certificates issued in connection therewith shall not be cumulative and shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 10th day of April, 2019.



RLI Insurance Company  
 By B. W. Davis  
 Barton W. Davis Vice President

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





HAMPGAS-01

TIFFANY1CKG

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/19/2019

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).

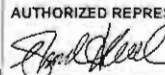
<b>PRODUCER</b> Cooper & Allison Insurance Agency, LLC 100 Tower Dr. Ste 129 Burr Ridge, IL 60527	<b>CONTACT NAME:</b> Tiffany Leal <b>PHONE (A/C, No, Ext):</b> (630) 908-4200 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> tleal@cooper-ins.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  Hampshire Gasoline, Inc. 1000 S State Street Hampshire, IL 60140	<b>INSURER A:</b> Acuity <span style="float: right;">NAIC # 14184</span>
	<b>INSURER B:</b> Employers Insurance Co
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

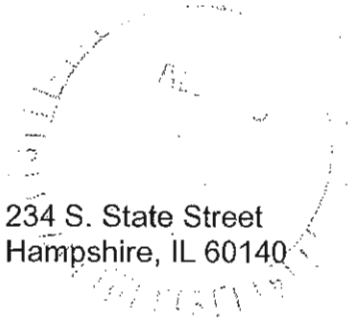
**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: <b>Liquor Liability</b>		Z63529	2/1/2019	2/1/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 <b>Aggregate</b> \$ 1,000,000
A	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		Z63529	2/1/2019	2/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	EIG2638482-00	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Building		Z63529	2/1/2018	2/1/2019	RC \$1,000 DED 1,209,667
A	BPP		Z63529	2/1/2019	2/1/2020	RC \$1,000 DED 150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Loc: 1000 S State St, Hampshire, IL 60140  
 Building Limit Breakdown:  
 Bld 1: C-Store- \$842,700  
 Bld 2: Canopy, Tanks, Pumps- \$366,967

<b>CERTIFICATE HOLDER</b>  ILLINOIS LIQUOR CONTROL COMMISSION 101 W JEFFERSON STREET SUITE 3-525 SPRINGFIELD, IL 62756-7000	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---



234 S. State Street  
Hampshire, IL 60140



\$ 1,500  
11-12-19

NOV 05 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

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 IIIIV, 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   |
| <u>X</u> _____ 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other (specify)        |

NOV 05 2019

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 List

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 attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? Yes

If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: N/A

If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. 04/16/2002

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Convenience store with gasoline, fast food, tire sales/repair, garage repair and roadside assistance.

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. I-90, Exit 42 Towards Route 20

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. Please See Attached List

NOV 05 2019

9. Has the applicant ever had any previous liquor license revoked? No  
If answer is in the affirmative, state the date and reason for such revocation. N/A

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

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. Thomas A. Walalce  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 02/18/2019

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? 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 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? 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? 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? N/A

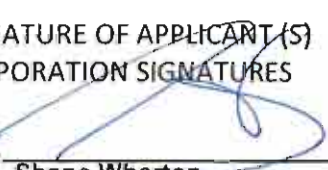
18. Is the premises within 100 feet of any real property of any church, school, hospital, home for the aged or indigent persons or for veterans, their wives or children, or any military or naval station?  
No

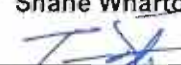
19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? No

- 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 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 OKLAHOMA )  
 ) SS  
 County of OKLAHOMA )

The undersigned swears that all statements are true and correct.





Subscribed and sworn to before me this November, 2019.

  
 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 Village 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 heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Obligee a license or permit for Village of Hampshire Liquor License; and the term of said license or permit is as indicated opposite the block checked below:

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

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

WHEREAS, the Principal is required by law to file with Village of Hampshire, IL 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 bond 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 14th day of February, 20 19.



Love's Travel Stops & Country Stores, Inc. PRINCIPAL

By: Shane Kesterson, EXECUTIVE VP-CFO

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robbi Morales, Attorney-In-Fact



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/14/2019

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).

<b>PRODUCER</b> Aon Risk Services Southwest, Inc. Houston TX office 5555 San Felipe Suite 1500 Houston TX 77056 USA	<b>CONTACT NAME:</b> PHONE (AC. No. Ext): (866) 283-7122 FAX (AC. No.): (800) 363-0105 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Love's Travel Stops & Country Stores Inc 10601 N Pennsylvania Ave Oklahoma City OK 73120 USA	INSURER A:	ACE American Insurance Company 22667
	INSURER B:	ACE Fire Underwriters Insurance Co. 20702
	INSURER C:	Indemnity Insurance Co of North America 43575
	INSURER D:	Westchester Fire Insurance Company 10030
	INSURER E:	Ironshore Specialty Insurance Company 25445
	INSURER F:	North American Elite Insurance Company 29700

COVERAGES      CERTIFICATE NUMBER: 570075074341      REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		XSLG7121123A SIR applies per policy terms & conditions	12/01/2018	12/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$8,000,000 PRODUCTS - COMP/OP AGG \$8,000,000 Liquor Liability \$1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ISA H25276310	12/01/2018	12/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
F	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$25,000			UMS200033104	12/01/2018	12/01/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y	Y	WLRC65432286	12/01/2018	12/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
A	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED (Manifest in IR)	Y	Y	WLRC65432328	12/01/2018	12/01/2019	<input type="checkbox"/> EACH ACCIDENT \$1,000,000 <input type="checkbox"/> DISEASE-PA EMPLOYEE \$1,000,000 <input type="checkbox"/> DISEASE-POLICY LIMIT \$1,000,000
B	DESCRIPTION OF OPERATIONS below	N/A	Y	SCFC65432365	12/01/2018	12/01/2019	
E	Env Site Liab			002568601	12/01/2018	12/01/2021	Aggregate \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
MC590 and CA9948 are included on the above referenced Automobile Liability policy. RE: Love's Travel Stop #763. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and workers' Compensation policies.

<b>CERTIFICATE HOLDER</b>  Village of Hampshire 234 S. State Street Hampshire IL 60140 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b>  <i>Aon Risk Services Southwest, Inc.</i>
--	---

Holder Identifier : 763

Certificate No : 570075074341



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/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).

<b>PRODUCER</b> Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122		<b>FAX (A/C. No.):</b> (800) 363-0105
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Loves Travel Stops & Country Stores, Inc PO Box 26210 Oklahoma City OK 73126 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Ironshore Specialty Insurance Company		25445
	INSURER B: ACE American Insurance Company		22667
	INSURER C: ACE Fire Underwriters Insurance Co.		20702
	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 NUMBER:** 570079278871 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XSLG71233509 SIR applies per policy terms & conditions	12/01/2019	12/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$8,000,000 PRODUCTS - COMP/OP AGG \$8,000,000 Liquor Liability \$1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ISA H25287083	12/01/2019	12/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000			42UM030948001	12/01/2019	12/01/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	WLRC66037538	12/01/2019	12/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		Y/N	WLRC66037575	12/01/2019	12/01/2020	E.L. EACH ACCIDENT \$1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SCFC66037617	12/01/2019	12/01/2020	E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	Env Site Liab			002568601	12/01/2018	12/01/2021	Aggregate \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 MCS90 and CA9948 are included on the above referenced Automobile Liability policy. RE: Love's Travel Shop #763. Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and workers' Compensation policies.

### CERTIFICATE HOLDER

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

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Southwest, Inc.*

Holder Identifier : 763

Certificate No : 570079278871







PA  
12-2-19  
\$1,500  
VA  
1020

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 12/2/19

NAME OF BUSINESS: Corner Spot Inc. The Kave (DBA) 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 PO. 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):

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Class A-1 - \$1,500.00 | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input type="checkbox"/> Class C-3 - \$1,750.00            | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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: David Ruth  
BIRTHDAY: 3/30/1982  
HOME ADDRESS: 115 Jackson  
DRIVERS LICENSE# \_\_\_\_\_ HOME PHONE# 847-287-5651  
BUSINESS STATUS: President  
PERCENTAGE OF STOCK HELD: 100%

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? yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_  
If an Illinois corporation, state date of corporation: 2008, March  
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. Tavern

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. 123 Washington

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. \_\_\_\_\_

9. Has the applicant ever had any previous liquor license revoked? NO  
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. YES

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. David Ruth  
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? 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? YES  
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? 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? YES  
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? YES

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 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? 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.

SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. David Ruth  
 Sec. \_\_\_\_\_

David Ruth  
 \_\_\_\_\_

STATE OF Ill. nois )  
 ) SS  
 County of Kane )

The undersigned swears that all statements are true and correct.

\_\_\_\_\_

CORPORATE SEAL

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

\_\_\_\_\_  
 Notary Public



Effective Date: July 24th, 2019

# Western Surety Company

## LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 64732586

That we, Corner Spot

of Hampshire, State of Illinois, as Principal, and WESTERN SURETY COMPANY, a corporation 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 Illinois, as Oblige, in the penal sum of One Thousand Five Hundred and 00/100 DOLLARS (\$1,500.00), lawful money of the United States, to be paid to the Oblige, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed LIQUOR LICENSE Village of Hampshire by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until July 24th, 2020, 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 Oblige 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 shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 24th day of July, 2019.

Corner Spot Principal

Principal  
WESTERN SURETY COMPANY

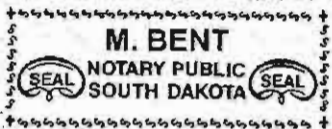
By Paul T. Bruffat  
Paul T. Bruffat, Vice President

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY  
(Corporate Officer)

On this 24th day of July, 2019, before me, the undersigned officer, personally appeared Paul T. Bruffat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



*M. Bent*  
Notary Public — South Dakota

My Commission Expires March 2, 2020

ACKNOWLEDGMENT OF PRINCIPAL  
(Individual or Partners)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared

known to me to be the individual \_\_\_\_\_ described in and who executed the foregoing instrument and acknowledged to me that \_\_\_\_\_ he \_\_\_\_\_ executed the same.

My commission expires \_\_\_\_\_

Notary Public

ACKNOWLEDGMENT OF PRINCIPAL  
(Corporate Officer)

STATE OF \_\_\_\_\_ }  
COUNTY 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 instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires \_\_\_\_\_

Notary Public



License or Permit No. \_\_\_\_\_  
LICENSE AND PERMIT  
BOND  
As \_\_\_\_\_  
of \_\_\_\_\_  
State of \_\_\_\_\_  
Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Filed \_\_\_\_\_  
Approved this \_\_\_\_\_  
day of \_\_\_\_\_



CORNSPO-01

RACHEL

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/18/2019

<p><b>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.</b></p>	
<p><b>IMPORTANT:</b> If the certificate holder is an <b>ADDITIONAL INSURED</b>, the policy(ies) must have <b>ADDITIONAL INSURED</b> provisions of be endorsed. If <b>SUBROGATION IS WAIVED</b>, 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).</p>	
<p><b>PRODUCER</b> GIS Cornerstone, LLC 22333 Classic Court Lake Barrington, IL 60010</p>	<p><b>CONTACT</b> PHONE (A/C No. Ext): (224) 655-2494      FAX (A/C No.): (224) 241-3000 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE      NAIC #</p>
<p><b>INSURED</b> Corner Spof, Inc. dba The Kave David Ruff 320 Jake Lane Hampshire, IL 60140</p>	<p>INSURER A: <b>Society Insurance</b>      15261</p>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  SOA AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> ISO <input type="checkbox"/> LOC OTHER:		BP18043124	1/14/2019	1/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED EQUIPMENT (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPRADG \$ 2,000,000 Liquor Liability \$ 1,000,000 COMBINED SINGLE LIMIT (Per occurrence) \$ BODILY INJURY (Per occurrence) \$ BODILY INJURY (Per contract) \$ PROPERTY DAMAGE (Per contract) \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					\$ \$ \$ \$
	UMBRELLA LIAB - EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> COV <input type="checkbox"/> REVISIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY APP. STATE - FOR NON-RESIDENTS ONLY (Mandatory In IL) If yes, describe under "EXCLUSIONS OF OPERATIONS" below	Y/N	N/A			<input type="checkbox"/> STATUTE <input type="checkbox"/> OTH \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**INSURED PREMISE: 123 WASHINGTON AVE., HAMPSHIRE, IL COVERAGE INCLUDES BODILY INJURY, PROPERTY DAMAGE & INJURY TO MEANS OF SUPPORT.**

<p><b>CERTIFICATE HOLDER</b></p> <p>VILLAGE OF HAMPSHIRE PO BOX 451 HAMPSHIRE, IL 60140</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <i>Rachel Ligio</i></p>
---	---



\$1,500  
140068



234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-6-19

NAME OF BUSINESS: CASEY'S GENERAL STORE #3066 SALES TAX ID: 3519-3395

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):

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

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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: PLEASE SEE ATTACHED FOR OFFICERS, NO PERSONS INDIVIDUALLY 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 attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? YES, ALL OFFICERS ARE CITIZENS BORN IN THE U. S. \_\_\_\_\_

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. AN IOWA BASED CORPORATION 04-14-04. QUALIFIED TO DO BUSINESS IN ILLINOIS 04-29-04. \_\_\_\_\_

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. YES, WE HOLD MANY LIQUOR LICENSES IN ILLINOIS. \_\_\_\_\_

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 \_\_\_\_\_

9. Has the applicant ever had any previous liquor license revoked? NO  
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? 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? 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 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? 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

SIGNATURE OF APPLICANT (S)  
CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. [Signature]

BY JOHN C. SOUPENE, PRESIDENT

Sec. [Signature]

BY JULIA L. JACKOWSKI, SECRETARY

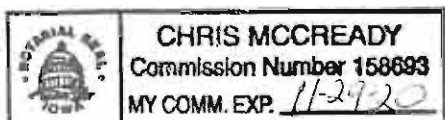
STATE OF IOWA )  
 ) SS  
County of POLK )

The undersigned swears that all statements are true and correct.

FOR CASEY'S RETAIL COMPANY

CORPORATE SEAL

Subscribed and sworn to before me this  
6TH day of NOVEMBER, 2019.



[Signature]  
Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2019

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.

**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).

<b>PRODUCER</b> LMC Insurance & Risk Management, Inc. 4200 University Ave., Suite 200 West Des Moines IA 50266-5945	<b>CONTACT NAME:</b> Lori Godbey <b>PHONE (A/C, No, Ext):</b> 515-237-0114 <b>E-MAIL ADDRESS:</b> lori.godbey@lmcins.com	<b>FAX (A/C, No):</b> 515-244-9535
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> CASEGEN-01 Casey's General Stores, Inc. P O Box 3001 One Convenience Blvd Ankeny IA 50021	<b>INSURER A:</b> Employers Mutual Casualty Company <span style="float: right;"><b>NAIC #</b> 21415</span>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

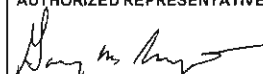
**COVERAGES** **CERTIFICATE NUMBER:** 756345986 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1X3036820	7/1/2019	7/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 SIR \$ 500,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1X3036820	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED RETENTION \$ \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1X3036820	7/1/2019	7/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Named Insured Includes: Casey's Retail Company, Casey's Services Company, Casey's Marketing Company and Casey's Services Company

RE: #3066 liquor permit

<b>CERTIFICATE HOLDER</b> Village of Hampshire 234 S State Street PO Box 457 Hampshire IL 60140-0457	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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# MERCHANTS BONDING COMPANY

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 57104      1,500      LIQUOR RETAILER  
 BOND NO.      AMOUNT      DESCRIPTION

OBLIGEE VILLAGE OF HAMPSHIRE

MERCHANTS BONDING COMPANY (MUTUAL) hereby continues in force Bond for:

PRINCIPAL CASEY'S RETAIL COMPANY

DBA \_\_\_\_\_

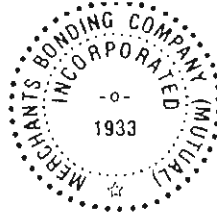
All liability under this Continuation Certificate is effective 12/01/19 and terminates midnight 12/01/20

This continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed in the aggregate the largest single amount named in the Bond, the endorsement attached thereto, or any continuation certificate.

Witness the signature of its President under the corporate seal on 10/01/19

Attest:

William Warner Jr.  
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)

Larry Taylor  
President

### CERTIFICATION

I hereby certify that the following is a true and correct copy of Section 1(b) and Section 1(d) of Article VI of the Bylaws of Merchants Bonding Company (Mutual) duly adopted and recorded to-wit: Section 1(b) "The President, Secretary, or Treasurer or any Assistant Treasurer or any Assistant Secretary shall have power and authority to execute on behalf of the Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof," and Section 1(d) "The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

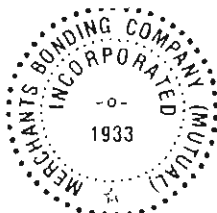
I further certify that the following are duly elected officers of the Company: Larry Taylor, President; and William Warner, Jr., Secretary.

IN TESTIMONY WHEREOF, I have hereunto set my hand as President and affix the Corporate Seal of the MERCHANTS BONDING COMPANY (MUTUAL)

this 1ST day of OCTOBER, 2019

Attest:

William Warner Jr.  
Secretary



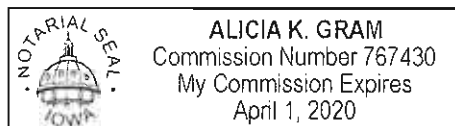
MERCHANTS BONDING COMPANY (MUTUAL)

Larry Taylor  
President

On this 1ST day of OCTOBER, 2019 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  
Notary Public





CK.  
1,750.00



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 Barrel on 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00            | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00            | <input type="checkbox"/> Class D - \$1,750.00   |
| <input type="checkbox"/> Class B-1 - \$1,500.00            | <input type="checkbox"/> Class E - \$1,750.00   |
| <input type="checkbox"/> Class B-2 - \$1,500.00            | <input type="checkbox"/> Class F - \$1,500.00   |
| <input type="checkbox"/> Class C-1 - \$1,500.00            | <input type="checkbox"/> Class G - \$ 75.00     |
| <input type="checkbox"/> Class C-2 - \$1,500.00            | <input type="checkbox"/> Class H- \$ 500.00     |
| <input checked="" type="checkbox"/> Class C-3 - \$1,750.00 | <input type="checkbox"/> 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):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> 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: Michelle Bunkowskie

BIRTHDAY: 07-27-63

HOME ADDRESS: 806 Elm St Hampshire IL 60140

DRIVERS LICENSE# B522-5416-3813 HOME PHONE# 847-638-7155

BUSINESS STATUS: Active

PERCENTAGE OF STOCK HELD: 50%

Name: Kristie Perez

BIRTHDAY: 02/08/79

HOME ADDRESS: 43 W 498 IL #472 Hampshire IL 60140

DRIVERS LICENSE# P620-5127-9639 HOME PHONE# \_\_\_\_\_

BUSINESS STATUS: Active

PERCENTAGE OF STOCK HELD: 50%

(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? yes  
If naturalized, state date and place of naturalization: \_\_\_\_\_

If an Illinois corporation, state date of corporation: 08/17

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. restaurant

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. 172 S. State St  
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. ILL Liquor lice  
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? no  
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. 05/18

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. Michelle Bunkowski  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 05/18

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?

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? \_\_\_\_\_  
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? 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? \_\_\_\_\_

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 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? 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.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Michelle Bunkowski

Michelle Bunkowski

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

\_\_\_\_\_

STATE OF IL )

County of Rane ) SS

The undersigned swears that all statements are true and correct.

Michelle Bunkowski

CORPORATE SEAL

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

\_\_\_\_\_  
 Notary Public



Effective Date: June 26th, 2018

# Western Surety Company

## LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 63703536

That we, Copper Barrel, Inc.

of Hampshire, State of Illinois, as Principal, and WESTERN SURETY COMPANY, a corporation 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 Illinois, as Obligee, in the penal sum of One Thousand Five Hundred and 00/100 DOLLARS (\$1,500.00), lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed Bar by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until June 26th, 2020, 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 shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 26th day of June, 2018.

Copper Barrel, Inc. Principal  
*Michelle Benke* Principal

WESTERN SURETY COMPANY  
By *Paul T. Brulat*  
Paul T. Brulat, 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.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

<b>PRODUCER</b> CHUCK P QUICK (04624) 822 CENTENNIAL HAMPSHIRE, IL 60140-0000	<b>CONTACT NAME:</b> CHUCK P QUICK
	<b>PHONE (A/C, No, Ext):</b> 847-683-2100
	<b>FAX (A/C, No):</b> 847-683-3130
	<b>E-MAIL ADDRESS:</b> CHARLES.QUICK@COUNTRYFINANCIAL.COM
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> COUNTRY Mutual Insurance Company
	<b>NAIC #</b> 20990
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**INSURED** 0004564483  
 COPPER BARREL INC  
 PO BOX 365  
 HAMPSHIRE, IL 601400365

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESSOWNERS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		<input checked="" type="checkbox"/>	AM9287363	8/10/2019	8/10/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/>	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>LIQUOR LIABILITY</b>			AM9287363	8/10/2019	8/10/2020	Each Person BI Limit \$ 0 AGGREGATE \$ 2,000,000

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 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.  AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: \_\_\_\_\_

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



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

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.