

**AGENDA**  
**HAMPSHIRE LIQUOR COMMISSION MEETING**  
**December 3, 2020**  
**6:30 P.M.**

- 1. Call to Order.**
- 2. Establish Quorum.**
- 3. Approve Meeting Minutes of July 16, 2020.**
- 4. Review and approve Renewal of Liquor Licenses for 2021.**
- 5. Other Business**
- 6. Adjournment.**

## HAMPSHIRE LIQUOR COMMISSION

July 16,2020

Jeff Magnussen, Chairman, called the meeting to order at 6:34 p.m.

Present: Trustee Kelly

Village President Magnussen moved, to approve the minutes for December 5 2019.

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

Reviewed liquor application for a new Sport's Bar- Jimmy's Sport's Bar at 125 Oak Knoll Drive. Jim Esposito the owner was thinking of having menus from restaurants in town for patrons can order from and have them delivered or they can pick it up.

The Video gaming machines will be roped off instead of having a separate room.

H still needs to put a bathroom in, then he will order the chairs tables, bar and couches.

He is looking for an opening date September 1<sup>st</sup>. His hours he was thinking Noon to 11 p.m. for now, see how it goes.

The Village Board will need to create an A-2 liquor license by Ordinance.

Trustee Klein joined the meeting at 6:45 p.m.

Village President Magnussen moved to approve A-2 the new liquor license for Jimmy's Sports Bar on these conditions: complete your application and wait for your background check from Illinois State Police.

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

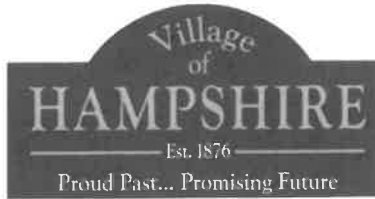
### Adjournment

Trustee Kelly moved, to adjourn the Liquor Commission meeting at 6:38 p.m.

Seconded by Trustee Klein  
Motion carried by voice vote  
Ayes: All  
Nays: None  
Absent: None

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Jeff Magnussen, Village President



PAID

DEC 01 2020

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: Dec 1 2020

NAME OF BUSINESS: Tmm-Minnehans Inc. DBA Newmans Corner Pub SALES TAX ID: 82-3108221

NAME OF APPLICANT: Jeff Nawrocki

ADDRESS OF BUSINESS: 1000 S. State St. Ste A. Hampshire IL 60140

BUSINESS PHONE NO.: 847-346-8218

MAILING ADDRESS: 1000 S. State St. Ste A. 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 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, 2021 and ending December 31, 2021 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 J. Gallo  
BIRTHDAY: 1/12/67  
HOME ADDRESS: 632 Greens View Algonquin IL 60102  
DRIVERS LICENSE# 6400-5506-7012 HOME PHONE# 847-208-9314  
BUSINESS STATUS: President  
PERCENTAGE OF STOCK HELD: 67%  
Name: Jeffrey P Nawrocki  
BIRTHDAY: 12/22/71  
HOME ADDRESS: 614 DaVinci Dr. Hampshire IL 60140  
DRIVERS LICENSE# N620-4357-1363 HOME PHONE# 847-346-8218  
BUSINESS STATUS: Vice President  
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: 10/29/2019  
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
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. SW corner of state street and RTE 72.
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 Nawrocki  
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? \_\_\_\_\_  
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? \_\_\_\_\_

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]

Sec. [Signature]

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 1st day of DEC, 2020.

[Signature]

Notary Public



723506  
1500

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: November 19, 2020

NAME OF BUSINESS: TA Operating LLC d/b/a TravelCenters of America SALES TAX ID: 2494-0712

NAME OF APPLICANT: John Beuckens

ADDRESS OF BUSINESS: 19 N. 430 US Highway 20, Hampshire, IL 60140

BUSINESS PHONE NO.: 847-683-4550

MAILING ADDRESS: Two Newton Place, 255 Washington Street, 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, 2021 and ending December 31, 2021 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>Limited Liability Company</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 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.

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. \_\_\_\_\_  
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. John Beuckens  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. 11/23/2020

**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

**TA Operating LLC d/b/a TravelCenters of America**  
Village of Hampshire, IL Class B-2 License Application  
Rider to Questions 8 & 16

TA Operating LLC is a wholly owned subsidiary of TravelCenters of America Inc., a publicly traded company which is listed on the Nasdaq (Nasdaq: "TA"). TA through its wholly owned subsidiaries owns and/or operates in excess of 220 travel centers across the United States, some of which serve and/or sell alcoholic beverages pursuant to retail licenses held by TA (including 14 in Illinois).

None of the alcoholic beverage licenses described above has ever been revoked or cancelled, but some licenses have been voluntarily surrendered as a result of sale or closure of a licensed business. From time to time, some of the licensed locations have been the subject of alcoholic beverage regulatory inquiry leading to offers in compromise or, in limited cases, a brief suspension.

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~~

Mark R. Young, Executive Vice President,

~~Sec~~

General Counsel

Commonwealth of Massachusetts

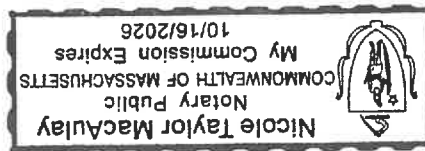
~~STATE OF~~

\_\_\_\_\_ )

) SS

County of

Middlesex \_\_\_\_\_ )



The undersigned swears that all statements are true and correct.

[Signature]

**CORPORATE SEAL**

Subscribed and sworn to before me this

19th day of November, 2020.

Nicole Taylor MacAulay

## 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, 2021 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 16<sup>th</sup> day of November, 2020.

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 2nd day of June, 2020.



**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 2nd day of June, 2020, 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 16th day of November, 2020.

By: Catherine D. Glover  
Catherine D. Glover Notary Public

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

By: Jeffrey D. Fick  
Jeffrey D. Fick Corporate Secretary





234 S. State Street  
Hampshire, IL 60140

**CONFIDENTIAL**

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

*pd.  
\$1,500  
1001522997*

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/20/2020

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 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, 2021 and ending December 31, 2021 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)        |

**CONFIDENTIAL**

- 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 w/ gasoline, fast food, tire sales/repair, garage services & 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



**CONFIDENTIAL**

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. Nil Patel  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. August 2020

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



**CONFIDENTIAL**

- 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**

DocuSigned by:  
 Pres. Shane Wharton - Shane Wharton

DocuSigned by:  
 Assist. Sec. Amy Guzzy - Amy Guzzy

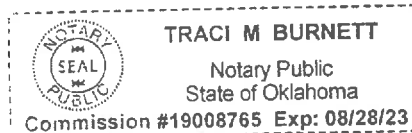
STATE OF OKLAHOMA )  
 ) SS  
 County of OKLAHOMA )

The undersigned swears that all statements are true and correct.

DocuSigned by:  
Amy Guzzy - Amy Guzzy, Assistant Secretary  
 720A6F5AE294466...

**CORPORATE SEAL**

Subscribed and sworn to before me this  
20<sup>th</sup> day of November, 2020.



Traci M Burnett  
 Notary Public



# 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      FAX (A/C. No.): (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 A:</b> Ironshore Specialty Insurance Company      25445	
	<b>INSURER B:</b> ACE American Insurance Company      22667	
	<b>INSURER C:</b> ACE Fire Underwriters Insurance Co.      20702	
	<b>INSURER D:</b> Indemnity Insurance Co of North America      43575	
	<b>INSURER E:</b> National Fire & Marine Ins Co      20079	
	<b>INSURER F:</b> 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, **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	COMMERCIAL GENERAL LIABILITY 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 - COM/POP AGG \$8,000,000 Liquor Liability \$1,000,000
B	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	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000			42UMO30948001	12/01/2019	12/01/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N    N/A    Y			WLRC66037538	12/01/2019	12/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLRC66037575	12/01/2019	12/01/2020	<input type="checkbox"/>
				SCFC66037617	12/01/2019	12/01/2020	E.L. EACH ACCIDENT \$1,000,000 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.

<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.  AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Southwest, Inc.</i>
--	--

Holder Identifier : 763

Certificate No : 570079278871





# Fidelity and Deposit Company of Maryland

Home Office: P.O. Box 1227, Baltimore, MD 21203-1227

## CONTINUATION CERTIFICATE for Miscellaneous Term Bonds

Bond No. LPM9259649

LOVE'S TRAVEL STOPS & COUNTRY STORES, INC.

as Principal, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, as Surety, in a certain

Bond No. LPM9259649 dated the, 1st day of March,

2019 in the penalty of

One Thousand Five Hundred and 00/100

Dollars (\$ 1,500.00 ), in favor of

VILLAGE OF HAMPSHIRE, do hereby continue said bond in force for the further

term of one year beginning on the 1st day of March, 2021

Provided, however, that said bond, as continued hereby, shall be subject to all its terms and conditions, except as herein modified, and that the liability of the said FIDELITY AND DEPOSIT COMPANY OF MARYLAND under said bond and any and all continuations thereof shall in no event exceed in the aggregate the above named penalty, and that this certificate shall not be valid unless signed by said Principal.

Signed, sealed and dated this 16th day of November, 2020

LOVE'S TRAVEL STOPS & COUNTRY STORES, INC.

Witness:

Thora Steeman

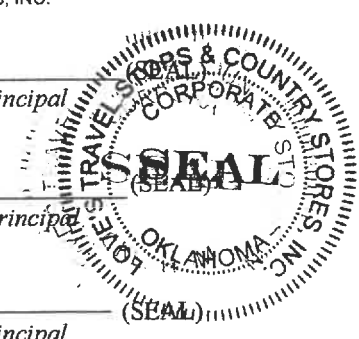
T-J  
Principal

\_\_\_\_\_

Principal

\_\_\_\_\_

Principal



FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Tonia Petranek

Tonia Petranek, Attorney In Fact

**EXTRACT FROM BY-LAWS OF THE COMPANIES**

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

**CERTIFICATE**

I, the undersigned, Secretary of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 16TH day of NOVEMBER, 2020.



*Brian M. Hodges*

By: Brian M. Hodges  
Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims  
1299 Zurich Way  
Schaumburg, IL 60196-1056  
[www.reportsfclaims@zurichna.com](http://www.reportsfclaims@zurichna.com)  
800-626-4577

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Ricardo J. REYNA, Tina MCEWAN, Don E. CORNELL, Joshua SAUNDERS, Robbi MORALES, Sophinie HUNTER, Kelly A. WESTBROOK and Tonie PETRANEK, all of Dallas, Texas, EACH**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 8<sup>th</sup> day of November, A.D. 2019.



**ATTEST:  
ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

A handwritten signature in black ink, appearing to read 'Robert D. Murray', is written over a horizontal line.

By: *Robert D. Murray*  
Vice President

A handwritten signature in black ink, appearing to read 'Dawn E. Brown', is written over a horizontal line.

By: *Dawn E. Brown*  
Secretary

**State of Maryland  
County of Baltimore**

On this 8th day of November A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



A handwritten signature in black ink, appearing to read 'Constance A. Dunn', is written over a horizontal line.

Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2023



Ad.  
11-20-20  
31 CK  
\$1750

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-19-20

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 IL

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, 2021 and ending December 31, 2021 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 6th St Hampshire  
DRIVERS LICENSE# P620-5127-9639 HOME PHONE# \_\_\_\_\_  
BUSINESS STATUS: Active  
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: 06/17  
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. IL Liquor License  
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. 5/18

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 Bunheuer  
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? \_\_\_\_\_



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 Bunkowske Michelle Bunkowske

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

STATE OF IL )  
County of Kane ) SS

The undersigned swears that all statements are true and correct.

Michelle Bunkowske

CORPORATE SEAL

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/20/2020

**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>INSURED</b> 4564483 COPPER BARREL INC PO BOX 365 HAMPSHIRE, IL 60140	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : COUNTRY Mutual Insurance Company</td> <td style="text-align: center;">20990</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 : COUNTRY Mutual Insurance Company	20990	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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 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"/> PRO-JECT <input type="checkbox"/> LOC		✓	AM9287363	8/10/2020	8/10/2021	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 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AV9300679	8/10/2020	8/10/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			AU9288070	8/10/2020	8/10/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>LIQUOR LIABILITY</b>			AM9287363	8/10/2020	8/10/2021	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

HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE \$100,000 EACH OCCURRENCE SUBJECT TO A \$100,000 AGGREGATE LIMIT  
 (CONTINUED)

<b>CERTIFICATE HOLDER</b>  VILLAGE OF HAMPSHIRE 234 S STATE 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 
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## ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED COPPER BARREL INC PO BOX 365 HAMPSHIRE, IL 60140	
POLICY NUMBER AM9287363		EFFECTIVE DATE: 11/20/2020	
CARRIER COUNTRY Mutual Insurance Company	NAIC CODE 20990		

**ADDITIONAL REMARKS**

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

(POLICY INFORMATION CONTINUED)

**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.



PAID

NOV 23 2020

Village of Hampshire

Phone: (847)683-2181 \*1500  
Fax: (847) 683-4915 CK# 254614  
www.hampshireil.org

234 S. State Street  
Hampshire, IL 60140

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-18-20

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

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):

- |   |  |
|---|--|
| <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> <u>          </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, 2021-DECEMBER 31, 2021

Commencing on January 1, 2021 and ending December 31, 2021 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 5 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

Pres.

*Stephen P. Bramlage*  
*Julia L. Jackowski*

Sec.

INDIVIDUAL OR PARTNERSHIP SIGNATURES

BY STEPHEN P. BRAMLAGE, PRESIDENT

BY JULIA L. JACKOWSKI, SECRETARY

STATE OF IOWA )  
 ) SS  
County of POLK )

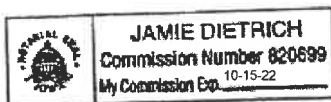
The undersigned swears that all statements are true and correct.

FOR CASEY'S RETAIL COMPANY

CORPORATE SEAL

Subscribed and sworn to before me this

18TH day of NOVEMBER, 2020.



*Jamie Dietrich*  
Notary Public



**CASEY'S RETAIL COMPANY**

Federal Tax ID # 20-1025921

Date of Incorporation: April 14, 2004

Effective date: 9-16-20

**Officers**

Stephen P. Bramlage, Jr., President  
One SE Convenience Blvd.  
Ankeny, IA 50021

DOB: 10-17-70

James Richard Pistillo, Vice President & Treasurer  
One SE Convenience Blvd.  
Ankeny, IA 50021

DOB: 7-6-71

Julia Lynn Jackowski, Secretary  
One SE Convenience Blvd.  
Ankeny, IA 50021

DOB: 2-24-66

Douglas Marshall Beech, Asst. Secretary  
One SE Convenience Blvd.  
Ankeny, IA 50021

DOB: 12-21-62

**Board of Directors**

Stephen P. Bramlage, Jr., Chairman  
One SE Convenience Blvd.  
Ankeny, IA 50021

James Richard Pistillo  
One SE Convenience Blvd.  
Ankeny, IA 50021

Julia Lynn Jackowski  
One SE Convenience Blvd.  
Ankeny, IA 50021

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/15/2020

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>FAX (A/C, No):</b> 515-244-9535
<b>E-MAIL ADDRESS:</b> lori.godbey@lmcins.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Employers Mutual Casualty Company		21415
<b>INSURER B :</b> Lexington Insurance Company		19437
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED** CASEGEN-01 Casey's General Stores, Inc.  
 P O Box 3001  
 One Convenience Blvd  
 Ankeny IA 50021

**COVERAGES** **CERTIFICATE NUMBER:** 932849485 **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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1X3036821	7/1/2020	7/1/2021	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	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
							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 checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1X3036821	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 1,000,000			013136434	7/1/2020	7/1/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
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			1X3036821	7/1/2020	7/1/2021	<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	Liquor Liability			1X3036821	7/1/2020	7/1/2021	Each Occurrence	1,000,000
							Aggregate	5,000,000

**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, Casey's Services Company and CGS Stores, LLC

General Liability limits are in excess of a \$500,000 SIR  
 RE: #3066 liquor permit

**CERTIFICATE HOLDER** **CANCELLATION**

Village of Hampshire 234 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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/15/2020

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<b>INSURED</b> Casey's General Stores, Inc. P O Box 3001 One Convenience Blvd Ankeny IA 50021	CASEGEN-01															

**COVERAGES**

CERTIFICATE NUMBER: 932849485

REVISION NUMBER:

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A	Liquor Liability		1X3036821	7/1/2020	7/1/2021	Each Occurrence 1,000,000 Aggregate 5,000,000

**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, Casey's Services Company and CGS Stores, LLC

General Liability limits are in excess of a \$500,000 SIR  
 RE: #3066 liquor permit

**CERTIFICATE HOLDER****CANCELLATION**

Village of Hampshire  
 234 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



317 27  
\$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: Nov. 24, 2020

NAME OF BUSINESS: Hampshire Township Park District SALES TAX ID: \_\_\_\_\_

NAME OF APPLICANT: Hampshire Township Park District

ADDRESS OF BUSINESS: 390 South Ave., Hampshire

BUSINESS PHONE NO.: 847-683-2690

MAILING ADDRESS: P.O. Box 953

TO: Local Liquor Control Commission  
Village of Hampshire, Illinois

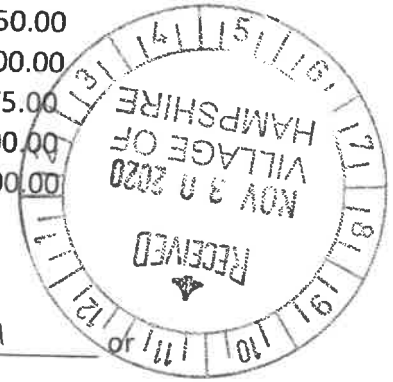
Pursuant to the provisions of Chapter IIIV, Alcoholic Liquor Regulations, of the Municipal Code of Hampshire, Illinois, as amended, and pursuant to Chapter 43 of the Illinois Revised Statutes, as amended, the undersigned hereby makes application for an Alcoholic Liquor License as follows:

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

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

2. License Period:

Commencing on January 1, 2021 and ending December 31, 2021  
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: Stephanie A. 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: \_\_\_\_\_

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. recreational programming and events

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. 400 E. Jefferson Ave., Hampshire  
Ralph Seyler Memorial Park / 390 South Ave., Hampshire, Community Room

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. State of 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. 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 Karone  
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. Bawer

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

\_\_\_\_\_

STATE OF Illinois )

) SS

County of Kane )

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this  
24 day of November, 2020.



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, 2022 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 18th day of November, 2020.

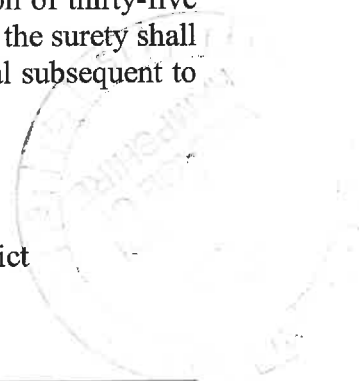
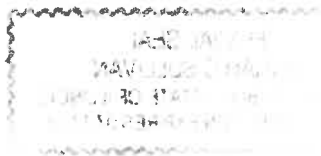
Hampshire Park District

Principal

**PARK DISTRICT RISK MANAGEMENT AGENCY**

BY

Brett Davis  
Brett Davis, Chief Executive Officer







234 S. State Street  
Hampshire, IL 60140

Phone: (847) 683-2775  
Fax: (847) 683-4995  
www.hampshireil.org

PAID  
NOV 30 2020  
Village of Hampshire

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-25-2020  
NAME OF BUSINESS: The Corner Spot Inc SALES TAX ID: 26-1674337  
NAME OF APPLICANT: DAVID RUTH  
ADDRESS OF BUSINESS: 123 Washington Ave, Hampshire, IL 60140  
BUSINESS PHONE NO.: 847-287-5651 / 847-346-8165  
MAILING ADDRESS: P.O. 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, 2021 and ending December 31, 2021 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 J. RUTH  
BIRTHDAY: 3-30-1982  
HOME ADDRESS: \_\_\_\_\_  
DRIVERS LICENSE# R300-17082401 HOME PHONE# 847-287-5651  
BUSINESS STATUS: \_\_\_\_\_  
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: 2012  
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
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 Ave.,  
Bar and carry out liquor
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, St. of Illinois

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. \_\_\_\_\_

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? \_\_\_\_\_

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. Daniel M. H.

\_\_\_\_\_

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

\_\_\_\_\_

STATE OF Illinois )

County of Kane )

) SS

The undersigned swears that all statements are true and correct.



M Brandes

CORPORATE SEAL

Subscribed and sworn to before me this 30th day of Nov, 2020.

M Brandes  
Notary Public



PAID

NOV 30 2020

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: 11/25/2020

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 KNOLL, HAMPSHIRE, IL 60140

BUSINESS PHONE NO.: 847-683-2300

MAILING ADDRESS: 129 E. OAK KNOLL, 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, 2021 and ending December 31, 2021 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 AND 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.

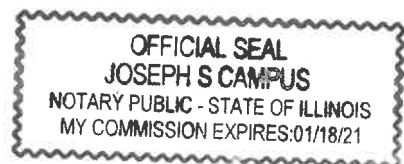
SIGNATURE OF APPLICANT (S)  
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Ximitra Pantelis  
 Sec. Ximitra Pantelis

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

STATE OF Illinois )  
 ) SS  
 County of Kane )



The undersigned swears that all statements are true and correct.

Joseph S. Campus

CORPORATE SEAL

Subscribed and sworn to before me this  
27 day of November, 2020.

Joseph S. Campus  
 Notary Public





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2020

**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>		<b>CONTACT NAME:</b> Peter Stavrou	
Linda Lee Enterprises Inc		<b>PHONE (A/C, No, Ext):</b> (847) 793-0775	<b>FAX (A/C, No):</b> (847) 793-0776
DBA: FTS Insurance		<b>E-MAIL ADDRESS:</b> pete@stavinsurance.com	
14045 W.Petronella Dr., Ste. 2		<b>INSURER(S) AFFORDING COVERAGE</b>	
Libertyville IL 60048		<b>INSURER A:</b> Badger Mutual Insurance Co	<b>NAIC #</b> 13420
		<b>INSURER B:</b> Standard Fire Insurance Co.	19070
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>			
Maria & Vikki Inc., DBA: Red Ox Restaurant & Bar			
129 E. Oak Knoll Drive			
Hampshire IL 60140			

**COVERAGES** **CERTIFICATE NUMBER:** CL1911214105 **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	12/01/2020	12/01/2021	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> Liquor Liability						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						Liquor Liability \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
	<input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
	<b>EXCESS LIAB</b>						\$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
	DED		RETENTION \$				
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			UB6N079046	05/10/2020	05/10/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	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

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

Village of Hampshire  
243 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

*Allen Z. [Signature]*

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# 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

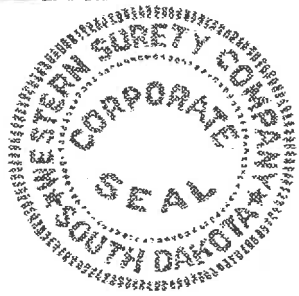
\_\_\_\_\_, as Principal, in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning November 26, 2020, and ending November 26, 2021, subject to all the covenants and conditions of the original bond referred to above.

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 October, 2020.

WESTERN SURETY COMPANY

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



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



PAID

NOV 30 2020

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

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

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, 2021 and ending December 31, 2021 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: 05/29/1965  
HOME ADDRESS: 1545 Rutland Ct, Schaumburg IL 60173  
DRIVERS LICENSE# \_\_\_\_\_ 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 convenient 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 Chitkava  
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? N.A.

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.

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? N.A.

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

Pres. Hitesh Patel

Sec. NA

INDIVIDUAL OR PARTNERSHIP SIGNATURES

[Signature]

STATE OF IL )  
County of Cook ) SS

The undersigned swears that all statements are true and correct.

Hitesh Patel

CORPORATE SEAL

Subscribed and sworn to before me this 20 day of November, 2020.



Sikander Hayat

Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/27/2020

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).

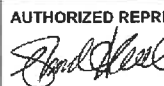
PRODUCER <b>Cooper &amp; Allison Insurance Agency, LLC</b> 100 Tower Dr. Ste 129 Burr Ridge, IL 60527	CONTACT NAME: <b>Tiffany Leal</b>
	PHONE (A/C, No, Ext): <b>(630) 908-4200</b> FAX (A/C, No):
	E-MAIL ADDRESS: <b>tdeal@cooper-ins.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>Acuity</b> NAIC # <b>14184</b>
INSURED  <b>Hampshire Gasoline, Inc.</b> 1000 S State Street Hampshire, IL 60140	INSURER B : <b>Employers Insurance Co</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> OTHER: <b>Liquor Liability</b>			<b>Z63529</b>	<b>2/1/2020</b>	<b>2/1/2021</b>	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>250,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>4,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>4,000,000</b> <b>Aggregate</b> \$ <b>1,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>Z63529</b>	<b>2/1/2020</b>	<b>2/1/2021</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ DED \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N <b>Y</b> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			<b>EIG263848201</b>	<b>7/1/2019</b>	<b>7/1/2020</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>A</b>	<b>Building</b>			<b>Z63529</b>	<b>2/1/2020</b>	<b>2/1/2021</b>	<b>RC \$1,000 DED</b> <b>1,282,247</b>
<b>A</b>	<b>BPP</b>			<b>Z63529</b>	<b>2/1/2020</b>	<b>2/1/2021</b>	<b>RC \$1,000 DED</b> <b>150,000</b>

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>  <b>Village of Hampshire</b> <b>234 S. State St.</b> <b>Hampshire, IL 60140</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 



RLI Insurance Company  
 P.O. BOX 3967  
 PEORIA, IL 61612-3967  
 Phone: (800) 645-2402 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, 2020 and  
 ending June 19, 2021 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 5th day of May, 2020.

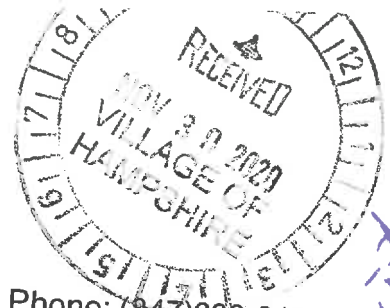


RLI Insurance Company

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

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





125  
1511

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: NOV 27 - 2020

NAME OF BUSINESS: JIMMY'S SPORTS BAR SALES TAX ID: 85-1552294

NAME OF APPLICANT: JAMES ESPOSITO

ADDRESS OF BUSINESS: 125 W OAK KNOLL

BUSINESS PHONE NO.: 847-707-5176

MAILING ADDRESS: 125 W OAK KNOLL

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 checked="" 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, \_\_\_\_\_ and ending December 31, \_\_\_\_\_ 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)<br><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: JAMES V ESPOSITO  
BIRTHDAY: 8-23-61  
HOME ADDRESS: 115 PAULINE AVE  
DRIVERS LICENSE# E212 4586 1240 HOME PHONE# 773-294-4602  
BUSINESS STATUS: open  
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: \_\_\_\_\_  
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

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. 125 W OAK KNOLL  
HAMPSHIRE ILL 60840

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. Hampshire ILL 2020 3515  
8-21-2020

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. JAMES V ESPOSITO  
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?  
VILLAGE HAS BOND & CERTIFICATE

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 5 YRS  
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? 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. \_\_\_\_\_

[Signature]

STATE OF IL. )  
 ) SS  
County of KANE )

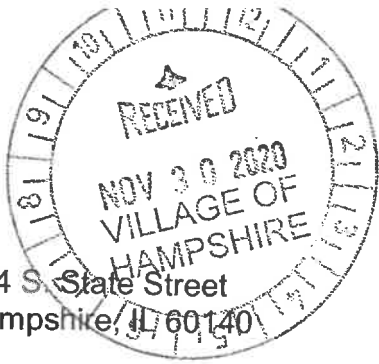
The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

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

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



1,500  
72329

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: November 18, 2020  
NAME OF BUSINESS: Road Ranger #235 SALES TAX ID: 2638-0730  
NAME OF APPLICANT: Road Ranger, LLC.  
ADDRESS OF BUSINESS: 191681 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 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 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, 2021 and ending December 31, 2021 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>L.L.C</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? Illinois LLC  
If naturalized, state date and place of naturalization: N/A  
If an Illinois corporation, state date of corporation: 1-24-1995  
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 docs 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 sales at 19101 US Hwy 20, Hampshire, IL
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. 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. 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 - manager has fingerprints on file

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 2010

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 both to 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 on file

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. [Signature]

Sec. [Signature]

\_\_\_\_\_

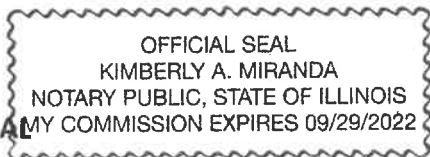
\_\_\_\_\_

STATE OF Illinois )

) SS

County of Winnebago )

The undersigned swears that all statements are true and correct.



CORPORATE SEAL

[Signature]

Subscribed and sworn to before me this 18<sup>th</sup> day of November, 2020.

Kimberly A. Miranda  
Notary Public





# Western Surety Company

## CONTINUATION CERTIFICATE

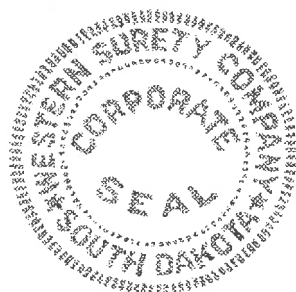
Western Surety Company hereby continues in force Bond No. 69614427 briefly described as LIQUOR VILLAGE OF HAMPSHIRE  
 \_\_\_\_\_,  
 for ROAD RANGER, L.L.C.  
 \_\_\_\_\_, as Principal,  
 in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning December 31, 2020, and ending December 31, 2021, 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 12th day of November, 2020.

WESTERN SURETY COMPANY

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



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

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services, LLC 308 N 21st St Saint Louis, MO 63103 800 969-2399	<b>CONTACT NAME:</b> Angie Penny <b>PHONE (A/C, No, Ext):</b> 800 969-2399 <b>E-MAIL ADDRESS:</b> angie.penny@usi.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Road Ranger, LLC 4930 East State Street Rockford, IL 61108	<b>INSURER A:</b> Cincinnati Specialty Underwriting	<b>NAIC #</b> 13037
	<b>INSURER B:</b> The Cincinnati Insurance Company	<b>NAIC #</b> 10677
	<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 INSR	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"/> <b>B/PP Ded:5,000</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CSU0142124	10/28/2020	10/28/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EPP0364214	10/28/2020	10/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			
A	<b>Liquor Liability</b>			CSU0142124	10/28/2020	10/28/2021	\$1,000,000 occurrence \$1,000,000 aggregate

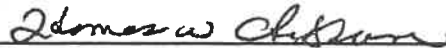
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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.

**CERTIFICATE HOLDER**

**CANCELLATION**

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

Return Documents to:  
Ellie Campbell De J259  
Law Title - National Div.  
2000 W. Galena Blvd. #200  
Aurora, IL 60506



2007K020545

**SANDY WEGMAN**  
RECORDER - KANE COUNTY, IL

RECORDED: 2/21/2007 3:50 PM  
REC FEE: 26.00 RHSPS FEE: 10.00  
PAGES: 5

THIS INSTRUMENT WAS PREPARED BY:  
Timothy Miedona, Esq.  
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.  
450 South Orange Avenue, Suite 250  
Orlando, Florida 32801  
(407)843-4600

~~RECORDING REQUESTED BY AND WHEN  
RECORDED RETURN TO:~~  
Road Ranger, L.L.C.  
4930 East State Street  
Rockford, Illinois 61108  
Attn: Legal Department  
(815)387-1700

Re: Store No.: 235  
Tax ID No.: 01-03-200-014 & 01-02-100-009 (not  
listed on commitment)

### MEMORANDUM OF LEASE

THIS MEMORANDUM OF LEASE is made as of the 12 day of February, 2007 pursuant to Section 3.1 of a certain LAND AND BUILDING LEASE AGREEMENT dated February 12, 2007 (the "Lease"), between the parties identified below.

This Memorandum of Lease is made and entered into by and between NATIONAL RETAIL PROPERTIES, LP, a Delaware limited partnership, ("Landlord") and ROAD RANGER, L.L.C., an Illinois limited liability company ("Tenant") who agree as follows:

1. Terms and Premises. Pursuant to the Lease entered into by and between Landlord and Tenant, Landlord leases to Tenant and Tenant leases from Landlord that certain real property, together with all the improvements thereon and appurtenances thereunto belonging (the "Premises"), which legal description is attached hereto and incorporated herein as Exhibit "A," commonly known as:

**ROAD RANGER STORE NO. 235**  
**19 North 681 US Highway 20,**  
**Hampshire, Illinois**

0014910\124931\10269931  
No. 235, Hampshire, Illinois

5

36

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 any rights to the certificate holder in lieu of such endorsement(s).

Table with PRODUCER (USI Insurance Services, LLC) and INSURED (Road Ranger, LLC) information, along with CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, and a list of INSURER(S) AFFORDING COVERAGE with their NAIC #.

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.

Main table listing insurance coverages (A, B, C, D, E, F) with columns for INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), and LIMITS.

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.

\*\* Excess Liability Information \*\*
(See Attached Descriptions)

Table with CERTIFICATE HOLDER (Village of Hampshire) and CANCELLATION information, including a signature for the AUTHORIZED REPRESENTATIVE.



234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: Nov. 16, 2020  
NAME OF BUSINESS: Speedway 5036 SALES TAX ID: 2873-4985  
NAME OF APPLICANT: Speedway LLC  
ADDRESS OF BUSINESS: 110 Arrowhead Dr., Hampshire, IL  
BUSINESS PHONE NO.: (847) 683. 9372  
MAILING ADDRESS: PO Box 1580, Attn: License Dept., Springfield, OH 45501

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 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, 2021 and ending December 31, 2021 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: 'Officer List' Attached.

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

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

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

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

PERCENTAGE OF STOCK HELD: 'Schedule of Ownership' Attached.

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: \_\_\_\_\_

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. own/operate chain of convenience store w/ gasoline station

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. Floor plan attached.

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. List of IL Alcohol Licenses Attached.

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 2, Attachment 1

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. Corporate Officers reside in OH + have 0% stock holding

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. Robin Bedi  
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Nov. 2020

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? \_\_\_\_\_

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

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. JMA Timothy T. Griffith, for Speedway LLC X

Sec. David F. Ball David F. Ball, for Speedway LLC X

STATE OF Ohio )  
 ) SS  
County of Clark )

The undersigned swears that all statements are true and correct.

  
SUSAN M. JACKSON  
NOTARY PUBLIC  
STATE OF OHIO  
Comm Expires 8/09/24  
Subscribed and sworn to before me this 11/16, 2020

Jill M. Shaw  
Jill M. Shaw, License Coordinator for  
Speedway LLC

Susan M. Jackson  
Notary Public



---

**Speedway LLC**

Licensing Department  
P. O. Box 1580  
Springfield, Ohio 45501  
Telephone 937-864-3000

## **ATTACHMENT 1**

Speedway LLC (“Speedway”) owns and operates gasoline stations and convenience stores in multiple states coast to coast within the United States of America.

Speedway holds in excess of 1,500 alcoholic beverage licenses.

Despite an aggressive training program for employees, from time to time, on occasion, Speedway has been subject to disciplinary action for allegedly selling alcohol or tobacco to an underage person or failure to properly post permits or signage. Speedway’s disciplinary action is typically a fine or brief suspension of permitted privileges.

*{Speedway had five (5) alcoholic beverage permits in Ohio revoked in 2002. These permits were eventually re-instated.}*

Additionally, on occasion, Speedway may have been denied an alcoholic beverage license after it was determined that the property was statutorily too close to a church, school, or other protected property. Records of such denials are not maintained.

---

**Speedway LLC**

**Licensing Department**  
P. O. Box 1580  
Springfield, Ohio 45501  
Telephone 937-864-3000

## **ATTACHMENT No. 2**

Speedway LLC (“Speedway”) owns and operates gasoline stations and convenience stores in multiple states coast to coast within the United States of America.

Speedway holds in excess of 1,500 alcoholic beverage licenses.

Despite an aggressive training program for employees, from time to time, on occasion, Speedway has been subject to disciplinary action for allegedly selling alcohol or tobacco to an underage person or failure to properly post permits or signage. Speedway’s disciplinary action is typically a fine or brief suspension of permitted privileges.

Additionally, on occasion, Speedway may have been denied an alcoholic beverage license after it was determined that the property was statutorily too close to a church, school, or other protected property. Records of such denials are not maintained.

*{In Illinois, 5 locations have been ordered to serve a suspension of alcoholic beverage licenses for a brief time ranging from 2 to 30 days. These locations are as follows:*

- *Speedway #4237 – 8000 W. 95<sup>th</sup> St., Hickory Hills, IL 60457*
- *Speedway #5393 – 15 Randall Rd., North Aurora, IL 60542*
- *Speedway #5464 – 111 S. Kinzie Ave., Bradley, IL 60915*
- *Speedway #7077 – 2330 W. Station, Kankakee, IL 60901*
- *Speedway #7448 – 3004 111<sup>th</sup> St., Naperville, IL 60564*

*No store operated by Speedway in Illinois has ever had an alcoholic beverage license revoked.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/10/2020

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 15222-5406	<b>CONTACT NAME:</b> Lorene Kutzner	<b>FAX (A/C, No):</b> 412-552-5999
	<b>PHONE (A/C, No, Ext):</b> 412-552-5163	<b>E-MAIL ADDRESS:</b> lorene.j.kutzner@marsh.com
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	
<b>INSURER A :</b> N/A	N/A	
<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-006414865-04                      **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:		GL7032417	07/01/2020	07/01/2021	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 NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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	\$

**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 Drive, 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>  <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>  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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**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 \$1,500.00, issued on behalf of Speedway LLC (Unit #5036), whose address is 500 Speedway Drive, Enon, 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, 2021, 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 16, 2020

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 Jr.** 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 **17th** day of **January**, **2019**.



State of Connecticut

City of Hartford ss.

By: *Robert L. Raney*  
Robert L. Raney, Senior Vice President

On this the **17th** day of **January**, **2019**, 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 said Companies 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**



*Anna P. Nowik*  
Anna P. Nowik, 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

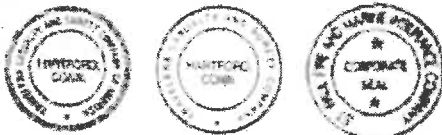
**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is 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 16 day of November, 2020



*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 this Power of Attorney is attached.**



Pat. 5601  
\$1500  
OK  
3925



234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/11/2020

NAME OF BUSINESS: Block's Fresh Market SALES TAX ID: 4298-0607

NAME OF APPLICANT: Mital 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):

- |  |   |
|--|---|
| <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, \_\_\_\_\_ and ending December 31, \_\_\_\_\_ 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 + liquor store (Retail) 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: SD, Sioux Falls Aug 2, 1996  
If an Illinois corporation, state date of corporation: Paramgere 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 Fresh Market
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 plus 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. [Signature]

[Signature]

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

\_\_\_\_\_

STATE OF Illinois )  
County of Kane ) SS

The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

Subscribed and sworn to before me this 12 day of November, 2020.



Carol Romano  
Notary Public



# Western Surety Company

## CONTINUATION CERTIFICATE

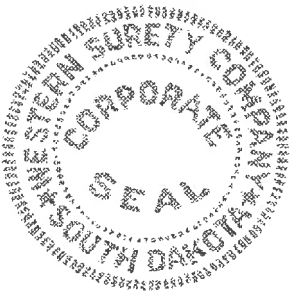
Western Surety Company hereby continues in force Bond No. 64438665 briefly described as LIQUOR VILLAGE OF HAMPSHIRE,  
 \_\_\_\_\_,  
 for PARAMGURU 9, LLC DBA BLOCK'S FRESH MARKET,  
 \_\_\_\_\_, as Principal,  
 in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning December 03, 2020, and ending December 03, 2021, 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 October, 2020.

WESTERN SURETY COMPANY

By Paul T. Bruflatt  
 Paul T. Bruflatt, Vice President



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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2020

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>E-MAIL ADDRESS:</b> DAVE@KWIKINSUREU.COM	<b>FAX (A/C, No):</b> 866-869-2596
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  PARAMGURU 9 LLC DBA BLOCKS FRESH MARKET 199 SOUTH MAPLE PLACE HAMPSHIRE, IL 60140	<b>INSURER A :</b> GUARD INSURANCE COMPANY	
	<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 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PABP163385	11/29/2020	11/29/2021	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 OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <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? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY			PABP163385	11/29/2020	11/29/2021	AGGERGATE 1,000,000

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

**CERTIFICATE HOLDER** **CANCELLATION**

<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.
	<b>AUTHORIZED REPRESENTATIVE</b>  DIVYESH PATEL Nov 1, 2020

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Revised  
11-17-20  
~~# 3601~~  
3601

234 S. State Street  
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/17/20

NAME OF BUSINESS: CJMS, Inc. d/b/a Tuscan Sun Wines & 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, 2021 and ending December 31, 2021 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: Mukesh C PATEL  
BIRTHDAY: 1/18/1968  
HOME ADDRESS: 2406 King James Ave. St. Charles, IL. 60174  
DRIVERS LICENSE# P340-5436-8018 HOME PHONE# 630-587-0773  
BUSINESS STATUS: CURRENT  
PERCENTAGE OF STOCK HELD: 70%

Name: Bhavini Parekh  
BIRTHDAY: 7/1/1977  
HOME ADDRESS: 287 Sonora Dr. Elgin, IL. 60124  
DRIVERS LICENSE# P620-0717-7787 HOME PHONE# 847-612-1000  
BUSINESS STATUS: CURRENT  
PERCENTAGE OF STOCK HELD: 30%  
(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: CHICAGO - 1986  
If an Illinois corporation, state date of corporation: DECEMBER 3, 2008  
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. RETAIL/RETAIL SALE OF WINE & SPIRITS

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. 107 W. OAK Knoll Dr. 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. STATE of Illinois Aug 2020, July 2020

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, MAY 2020

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

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Mukesh Patel  
 Sec. Mukesh Patel

Mukesh Patel  
Mukesh Patel

STATE OF IL )  
 County of KANE ) SS

The undersigned swears that all statements are true and correct.



Mukesh Patel

Subscribed and sworn to before me this 17 day of NOV, 2020.

M Brandes



Notary Public



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
11/17/2020

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> Schatz & Associates, Inc 500 Park Ave, Unit 201 Lake Villa, IL 60046	<b>CONTACT NAME:</b>	
	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.

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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BZS57452300	11/17/2020	11/17/2021	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>15,000</b> PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$ 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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$ \$ \$
	<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	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 \$
A	<b>LIQUOR LIABILITY</b>			BZS57452300	11/17/2020	11/17/2021	<b>LIQUOR LIMIT</b> \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 This certificate does not affirmatively or negatively guarantee that the terms of any contract between the insured and the certificate holder have been satisfied.

**CERTIFICATE HOLDER**

**CANCELLATION**

Village of Hampshire 234 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 
--	---





THE SILVER LINING®

12007

D

## BOND EXECUTION REPORT

Date: 11/17/2020

Bond Number: 2450257

SCHATZ & ASSOCIATES INC  
500 PARK AV UNIT 201  
LAKE VILLA, IL 60046

### PRINCIPAL INFORMATION:

CJMS Inc., DBA: Tuscan Sun Wine & spirits  
107 W Oak Knoll Dr  
Hampshire, IL 60140-9720

Billing Address - if blank, see Principal above:

c/o:

### Obligee Information:

Village of Hampshire

234 S State St ,PO Box 457  
Hampshire, IL 60140-7001

WB Index: 2450257

Bond Eff Date: 11/17/2020

Bond Exp Date: 11/17/2021

Bond Type: License & Permit Compliance Bond

Work Description: Liquor License Bond

Current Bond Limit: \$ 1,500.00

Previous Bond Limit: \$ 1,500.00

Bond Premium: \$ 50.00

Premium Change: \$ 50.00

**THIS IS NOT AN INVOICE**

MICHIGAN ONLY: This policy is exempt from filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

P.O. Box 626976 | Madison, WI 53562 | Phone: (608) 410-3410 | Fax: (877) 674-2663 | [www.thesilverlining.com](http://www.thesilverlining.com)



Bond Number 2450257

# License and Permit Bond

Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond.

Principal: (Full name and address)

CJMS Inc., DBA: Tuscan Sun Wine & spirits  
107 W Oak Knoll Dr  
Hampshire, IL 60140-9720  
Effective Date: 11/17/2020

Obligee: (Principal's customer)

Village of Hampshire  
234 S State St, PO Box 457  
Hampshire, IL 60140-7001  
Expiration Date: 11/17/2021

**PENAL AMOUNT OF BOND:**

One Thousand Five Hundred Dollars and Zero Cents 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 representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the Obligee for:  
Liquor License Bond

NOW, THEREFORE, if said Principal shall faithfully perform all the duties and comply with the laws and ordinances, (including all amendments) pertaining to the license or permit, then this obligation shall be null and void; otherwise to remain in full force unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall ipso facto terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Principal shall save and keep harmless the Obligee from all losses or damage which it may sustain or for which it may become liable on account of the issuance of said license and permit. The maximum liability shall not exceed the bond penalty.

Signed with our hands and sealed with our seals this, the 17th day of November, 20 20.

CJMS Inc., DBA: Tuscan Sun Wine & spirits

  
\_\_\_\_\_  
(Principal)

WEST BEND MUTUAL INSURANCE COMPANY

  
\_\_\_\_\_  
Kevin A. Steiner, Chief Executive Officer



MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.



THE SILVER LINING®

Bond No. 2450257

**POWER OF ATTORNEY**

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

Kevin A. Steiner

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: One Thousand Five Hundred Dollars and Zero Cents 1,500.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21<sup>st</sup> day of December, 1999.

*Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.*

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 22nd day of September, 2017.

Attest Christopher C. Zwygart  
Christopher C. Zwygart  
Secretary



Kevin A. Steiner  
Kevin A. Steiner  
Chief Executive Officer/President

State of Wisconsin  
County of Washington

On the 22nd day of September, 2017, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Juli A. Benedum  
Juli A. Benedum  
Senior Corporate Attorney  
Notary Public, Washington Co., WI  
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 17th day of November, 2020



Heather Dunn  
Heather Dunn  
Vice President – Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at NSI, a division of West Bend Mutual Insurance Company.