

AGENDA
HAMPSHIRE LIQUOR COMMISSION MEETING
June 16, 2016
6:30 P.M.

- 1. Call to Order.**
- 2. Establish Quorum.**
- 3. Approve Meeting Minutes of May 19, 2016.**
- 4. Liquor License: Coon Creek Country Days: August 4 - August 7, 2016**
- 5. Adjournment.**

HAMPSHIRE LIQUOR COMMISSION

May 19, 2016

Jeff Magnussen, Chairman, called the meeting to order at 6:30 p.m.
Present: Trustee Ebert

Attendance – Speedway

Trustee Ebert moved, to approve the minutes for February 4, 2016.

Seconded by Magnussen
Motion carried by voice vote
Ayes: All
Nays: None
Absent: Brust

Trustee Ebert moved, to approve a B-2 liquor license to Speedway who will be opening June 2, 2016.

Seconded by Magnussen
Motion carried by roll call vote
Ayes: Ebert, Magnussen
Nays: None
Absent: Brust

Trustee Ebert moved, to recommend to the Village Board to create a B-2 liquor license.

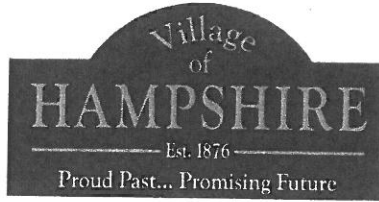
Seconded by Magnussen
Motion carried by roll call vote
Ayes: Ebert, Magnussen
Nays: None
Absent: Brust

Adjournment

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

Seconded by Magnussen
Motion carried by voice vote
Ayes: All
Nays: None
Absent: Brust

Jeff Magnussen, Village President



234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: MAY 16 2016

NAME OF BUSINESS: HAMPSHIRE COON CREEK DAYS SALES TAX ID: _____

NAME OF APPLICANT: CARL PALMISANO

ADDRESS OF BUSINESS: 234 S. STATE ST - P.O. Box 927 Hampshire IL 60140

BUSINESS PHONE NO.: 224-402-3273

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 - \$1,250.00 | <input type="checkbox"/> Class C-3 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,000.00 | <input type="checkbox"/> Class C-4 - \$1,250.00 |
| <input type="checkbox"/> Class B-1 - \$1,250.00 | <input type="checkbox"/> Class D - \$1,500.00 |
| <input type="checkbox"/> Class B-2 - \$1,250.00 | <input type="checkbox"/> Class E - \$1,500.00 |
| <input type="checkbox"/> Class C-1 - \$1,250.00 | <input type="checkbox"/> Class F - \$1,250.00 |
| <input type="checkbox"/> Class C-2 - \$1,250.00 | <input checked="" type="checkbox"/> Class G - \$ 50.00 <u>4/DAY EVENT</u> |

2. License Period:

Commencing on January 1, _____ and ending December 31, _____ or
Commencing on AUGUST 4th 2016 and ending December 31, AUGUST 7th 2016

3. Type of Business Entity (check one):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other (specify) <u>501 c(3)</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: CARL PALMISANO

BIRTHDAY: 05-12-1952

HOME ADDRESS: 316 CENTURY DRIVE

DRIVERS LICENSE# P45213652136 HOME PHONE# 224-402-3273

BUSINESS STATUS: 501C(3)

PERCENTAGE OF STOCK HELD: NONE

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. LOCAL ANNUAL FESTIVAL

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.

BRUCE REAM PARK - TERWILLIGER AVE, HAMPSHIRE IL

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. STATE OF ILLINOIS

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

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. CARL PALMISANO
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES

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

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

14. If the applicant does not own the premises for which the license is sought, does the applicant have a lease for the full period for which the license is to be issued? YES
If the answer is in the affirmative, attach a copy of said lease to the application.

15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? NO

16. State whether the applicant has ever been convicted of a violation of any Federal or State law concerning the manufacture, possession or sale of alcoholic liquor? NO

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? NO
If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? _____

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

19. Are the premises for which license is herein applied for a store or other place of business where the majority of customers are minors of school age or where the principal business transacted consists of school books, school supplies, food, lunches or drinks for such minors? _____

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? YES

21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? YES

22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? YES

23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? YES

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

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. CARL PALMISANO

Sec. N/A

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Carl Palmisano

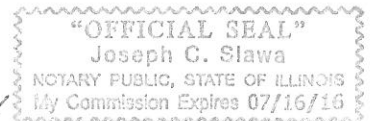
STATE OF Illinois)
County of DuPage) SS

The undersigned swears that all statements are true and correct.

Carl Palmisano

CORPORATE SEAL

Subscribed and sworn to before me this 31st day of May, 2016.



Joseph C. Slawa
Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2016

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).

PRODUCER J L Jones Agency P O Box 959 Huntley, IL 60142		CONTACT NAME: PHONE (A/C, No, Ext): 847 669 1600 FAX (A/C, No): 847 669 1647 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Hampshire Coon Creek Country Days, Inc. P O Box 927 Hampshire, IL 60140		INSURER(S) AFFORDING COVERAGE INSURER A : Echelon Property & Casualty Insurance Co NAIC # 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input 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			EPP0001853	08/04/16	08/08/16	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			EPP0001853	08/04/16	08/08/16	Policy Aggregate \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Special Event Coverage for 4-day event held at 400 W Jefferson Ave, Bruce Ream Memorial Park, Hampshire, IL 60140

CERTIFICATE HOLDER Illinois Liquor Control Commission 100 W Randolph Suite 7-801 Chicago, IL 60601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Lonna J. Roesslein</i>
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	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			EPP0001853	08/04/16	08/08/16	Policy Aggregate \$ 1,000,000

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CERTIFICATE HOLDER Village of Hampshire 234 S State St PO Box 457 Hampshire, IL 60140	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 <i>Lonna J. Roesslein</i>



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							\$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$
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CERTIFICATE HOLDER**CANCELLATION**

Hampshire Township Park District
 390 South Ave
 PO Box 953
 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

Lonna J. Roesslein

Hampshire Coon Creek Country Days

Beer Tent Schedule

2016 Festival –August 04 to August 07

Hours of Operation:

Thursday August 4th	6:00pm to 10:00pm
Friday August 5th	6:00pm to 12:00am
Saturday August 6th	12:00pm to 12:00am
Sunday August 7th	1:00pm to 5:00pm

Last Pour will be 15 minutes prior to close each day



HAMPSHIRE

2016

COON CREEK COUNTRY DAYS

August 4th – 7th

HCCCD Entertainment Schedule

Thursday	6 -7 pm	New odyssey - 3 guys (play 30 Instruments)
	7.30 - 10.30 pm	ARRA
Friday	6.30 - 8.30 pm	Whiskey Romance
	9 - 12 midnight	Rumor Has it
Saturday	1 - 3.30 pm	Gary Nelson - The one & only
	4 - 5 pm	9 Spot
	5.30 - 8.30 pm	Young Guns
	9.30 pm - 12.30 am	Modern day Romeo's
Sunday	1.30 - 4 pm	Peaches Beach party

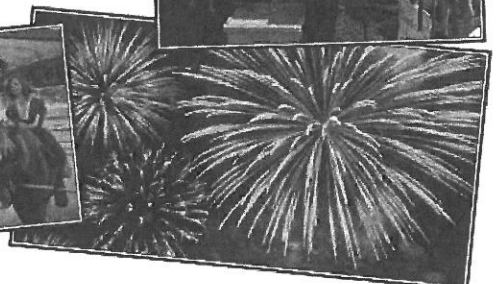
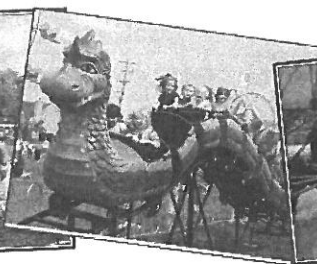
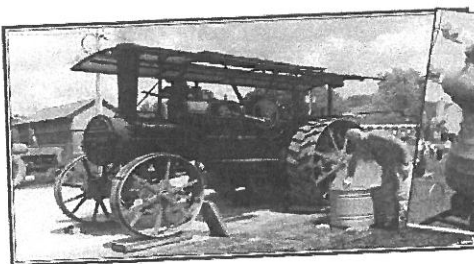
(Entertainment is subject to changes in performance times and Entertainers)

Help us celebrate the 34th year of the Hampshire Coon Creek Country Days Fest with live bands, fireworks, carnival, street parade, beer garden, corn boil, petting zoo, Food vendors, craft stalls and more!

We will all share in the satisfaction of knowing the proceeds of this event will continue to be donated to our local community services and organizations.

Visit our website: HAMPSHIRECOONCREEKCOUNTRYDAYS.COM

Email: HAMPSHIRECOONCREEK.HCCCD@GMAIL.COM



Coon Creek Country Day's Inc. is a 501c(3) organization.



CONTINUATION CERTIFICATE

In consideration of the sum of FIFTY AND 00/100 (\$ 50.00*****) Dollars.

the Pekin Insurance Company hereby continues in force Bond No. B178007 OLL&P010001

in the sum of ONE THOUSAND FIVE HUNDRED AND 00/100 (\$ 1,500.00****) Dollars.

on behalf of HAMPSHIRE COON CREEK COUNTRY DAYS INC

in favor of VILLAGE OF HAMPSHIRE, ILLINOIS

described as LIQUOR SALES

for the term beginning on the FIFTEENTH day of JULY, 2016, and ending

on the FIFTEENTH day of JULY, 2017, subject to all the covenants and

conditions of said Bond heretofore issued.

This confirmation is issued upon the express condition that the liability of the Pekin Insurance 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 TWENTIETH day of APRIL, 2016

PEKIN INSURANCE COMPANY

By Edward A. Mulvey

Edward A. Mulvey, Vice President - Personal Lines



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust. Confidence.

Retail Producer:

Lonna Roeslein
J L Jones Agency
11503 E Main St
Huntley, IL 60142
Phone: (847) 669-1600
Fax: (847) 669-1647
Email: jjones.agency@gmail.com

INSURANCE BINDER

May 04, 2016

RPS Submission #: 0997870C

Binder Information

Insured Name: Hampshire Coon Creek Country Days Inc
Policy Number: EPP0001853
Policy Period: 8/4/2016 to 8/8/2016
Insurance Carrier: Echelon Property & Casualty Insurance Company NAIC #: 11702
Admitted / Non-Admitted: Admitted
A. M. Best Rating: B+ IV

- **Retroactive Date (if Claims Made coverage):**

Physical Location

400 W Jefferson,
Hampshire, IL 60140

Limits of Insurance

\$2,000,000	General Liability
\$2,000,000	General Aggregate
\$1,000,000	Products & Completed Ops. Aggregate
\$1,000,000	Personal & Advertising Injury
\$1,000,000	Each Occurrence
\$50,000	Damage to Rented Premises
\$5,000	Medical Expense
\$1,000,000	Liquor Liability
\$1,000,000	Annual Aggregate
	Common Cause Limit

Coinsurance: %

Rating Information

Premium Summary

Premium \$1,250.00

<u>Coverage</u>	<u>Premium</u>
Commercial General Liability	\$750.00
Liquor Liability	\$500.00

MEP % -If varies from policy MEP

Minimum Earned Premium: 100%

TRIA Premium: REJECTED

(All applicable taxes and fees are Fully Earned unless otherwise specified.)

Fees:

Broker Fee - RPS \$125.00

Tax State (or home state): IL

The State Surplus Lines Notice applies only if Insurance Carrier is shown as Non-Admitted in the Binder Information Section.

SURPLUS LINES TAXES:

TOTAL \$1,375.00

Coverage Notes

Flat cancellation is not permitted. Minimum earned premium provision applies.

Forms / Endorsements

See attached Carrier terms, conditions and exclusions

Terms & Conditions

Binder Issuance is Subject To:

- Fully completed, signed & dated Application at time of binding, along with the liquor supplement
- Terrorism coverage form signed by the insured either accepting or rejecting terrorism
- IL Broker Service Contract signed by the insured
- Echelon property and casualty financial strength letter reviewed and signed by the producing agent

→ This binder does not include all the terms, coverages, exclusions, limitations, conditions of the actual contract language. The policies themselves must be read for those details. Policy forms for your reference will be made available upon request.