



AGENDA
HAMPSHIRE LIQUOR COMMISSION MEETING
October 6, 2022
6:15 P.M.

- 1. Call to Order.**
- 2. Establish Quorum.**
- 3. Approve Meeting Minutes of August 4, 2022.**
- 4. Review Liquor License Application Class C-3 – Hampshire Social**
- 5. Other Business**
- 6. Adjournment.**

**MEETING OF THE LIQUOR COMMISSION
MINUTES
August 4, 2022**

The meeting of the Village of Hampshire Liquor Commission was called to order by Chairman Michael J. Reid, Jr. at 6:30 p.m. in the Village of Hampshire Village Board Room, 234 S. State Street, on Thursday, July 21, 2022.

A quorum was established.

Present: Toby Koth, Mike Reid, Jr.

Absent: Lionel Mott

In addition, present in-person were Village Clerk Linda Vasquez, Village Administer Assistant Josh Wray and Bob Rid- Coon Creek committee member.

PUBLIC COMMENTS

None

MINUTES

Commissioner Koth moved to approve the minutes of July 7, 2022.

Seconded by Commissioner Reid

Motion carried by roll call vote.

Ayes: Koth, Reid

Nays: None

Absent: Mott

LIQUOR LICENSES

A Motion to Approve the amended Liquor Licenses for Special Events Coon Creek Country Days

Chairman Reid mentioned they will be allowed to stay open unit 1:00 A.M. if they choose to stay open that late they would let Village President Reid know.

Commissioner Koth moved to approve the amended Coon Creek Country Days Liquor License to be held on August 25-28, 2022 Special Event Classification.

Seconded by Commissioner Reid

Motion carried by roll call vote.

Ayes: Koth, Reid

Nays: None

Absent: Mott

ADJOURNMENT

Commissioner Koth moved to adjourn the Liquor Commission meeting at 6:31 p.m.

Seconded by Commissioner Mott

Motion carried by roll call vote.

Ayes: Koth, Reid

Nays: None

Absent: Mott

Mike Reid, Jr., Liquor Commission Chairman



Village of Hampshire
234 S. State Street, Hampshire, IL 60140
Phone: 847-683-2181 • www.hampshireil.org

APPLICATION FOR LIQUOR LICENSE

DATE: 04-25-22

NAME OF BUSINESS: Hampshire Social SALES TAX ID: _____

NAME OF APPLICANT: Danielle M. Roberts & Amanda Jones

ADDRESS OF BUSINESS: 124 S. State St., Hampshire IL 60140

BUSINESS PHONE NO.: 630-715-5928

MAILING ADDRESS: 124 S. State St., Hampshire IL 60140

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

- | | |
|--|---|
| <input type="checkbox"/> Class A-1 - \$1,500.00 | <input type="checkbox"/> Class C-4 - \$1,500.00 |
| <input type="checkbox"/> Class A-2 - \$1,250.00 | <input type="checkbox"/> Class D - \$1,750.00 |
| <input type="checkbox"/> Class B-1 - \$1,500.00 | <input type="checkbox"/> Class E - \$1,750.00 |
| <input type="checkbox"/> Class B-2 - \$1,500.00 | <input type="checkbox"/> Class F - \$1,500.00 |
| <input type="checkbox"/> Class C-1 - \$1,500.00 | <input type="checkbox"/> Class G - \$ 75.00 |
| <input 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, _____ and ending December 31, _____ or
Commencing on August 1, 2022 and ending December 31, 2022

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: Danielle M. Roberts
BIRTHDAY: [REDACTED]
HOME ADDRESS: [REDACTED]
DRIVERS LICENSE# [REDACTED] HOME PHONE# [REDACTED]
BUSINESS STATUS: President
PERCENTAGE OF STOCK HELD: 50%

Name: Amanda Jones
BIRTHDAY: [REDACTED]
HOME ADDRESS: [REDACTED]
DRIVERS LICENSE# [REDACTED] HOME PHONE# [REDACTED]
BUSINESS STATUS: Vice-President
PERCENTAGE OF STOCK HELD: 50%
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? Yes
If naturalized, state date and place of naturalization: _____
If an Illinois corporation, state date of corporation: _____
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. _____
6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. _____
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 124 S. State St., Hampshire
Coffee, Wine, Beer, and Whiskey along with food options
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. N/A

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

10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? Yes

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Yes

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. Danielle M. Roberts and Amanda Jones

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?
No

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? 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



Bond Number 2526477

License and Permit Bond

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

Principal: (Full name and address)

Hampshire Social LLC
124 S State St
Hampshire, IL 60140-7000
Effective Date: 08/18/2022

Obligee: (Principal's customer)

Village of Hampshire
234 S State St
Hampshire, IL 60140-7001
Expiration Date: 08/18/2023

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 19th day of August, 20 22.

Hampshire Social LLC

(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.

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 21st 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 17th day of August, 2021.

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 17th day of August, 2021, 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 it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



Matthew E. Carlton
Matthew E. Carlton
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 19th day of August, 2022



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 West Bend Mutual Insurance Company.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/19/2022

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 Crum-Halsted Agency Inc 407 E Congress Parkway Unit C Crystal Lake IL 80014		CONTACT NAME: Michelle Sulek PHONE (A/C No. Ext): (779) 220-6560 E-MAIL ADDRESS: msulek@crumhalsted.com	FAX (A/C No.): (779) 220-6565
INSURED Hampshire Social LLC 124 S State St Hampshire IL 60140		INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance MAIC # 15261 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Master 2022 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BP18045584	08/18/2022	08/18/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 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"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UM18045587	08/18/2022	08/18/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			BP18045584	08/18/2022	08/18/2023	Limit \$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Village of Hampshire
234 S. State 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
Yhonda A. Roman

7:57

◀ Mail

Done

Certificate_24660508

