



AGENDA
HAMPSHIRE LIQUOR COMMISSION MEETING
August 4, 2022
6:30 P.M.

- 1. Call to Order.**
- 2. Establish Quorum.**
- 3. Approve Meeting Minutes of July 7, 2022.**
- 4. Amend Liquor License: Hampshire Coon Creek Days Inc. August 25 – 28, 2022**
- 5. Other Business**
- 6. Adjournment.**

MEETING OF THE LIQUOR COMMISSION
MINUTES
July 7, 2022

The meeting of the Village of Hampshire Liquor Commission was called to order by Chairman Michael J. Reid, Jr. at 6:00 p.m. in the Village of Hampshire Village Board Room, 234 S. State Street, on Thursday, July 7, 2022.

A quorum was established.

Present: Toby Koth, Lionel Mott, Mike Reid, Jr.

Absent: none

In addition, present in-person were Village Attorney Mark Schuster, Village Clerk Linda Vasquez, Ted Tegtman – Early Times Street Rods and Garrod Fannon – Jimmy's Sports Bar d/b/a Harps Lounge.

PUBLIC COMMENTS

none

MINUTES

Commissioner Koth moved to approve the minutes of December 16, 2021.

Seconded by Commissioner Mott

Motion carried by roll call vote.

Ayes: Koth, Mott, Reid

Nays: None

Absent: None

LIQUOR LICENSES

A Motion to Approve Liquor Licenses for Special Events Coon Creek Country Days and Early Times Street Rods

Chairman Reid noted that all paperwork has been turned in correctly for Coon Creek. Liquor Hours were presented in the packet.

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

Seconded by Commissioner Mott

Motion carried by roll call vote.

Ayes: Koth, Mott, Reid

Nays: None

Absent: None

Early Times Street Rods- Mr. Tegtman mentioned his Insurance paperwork is not present due to his agent is on vacation and will be back next week.

Commissioner Mott moved to approve Early Times Street Rods Liquor License to be held on August 14, 2022 Special Event Classification contingent upon insurance paperwork.

Seconded by Commissioner Mott

Motion carried by roll call vote.

Ayes: Koth, Mott, Reid

Nays: None
Absent: None

Jimmy's Sport's bar d/b/a Harps Lounge

Village Attorney Schuster mentioned his background check, he is not a resident of Hampshire, plus a good standing with the community.

Chairman Reid reported he called the Mayor of Genoa and has never heard of him so that is a good thing. He has paperwork From the State of Illinois that would need to send to the clerk for her files.

Mr. Fannon would like to serve frozen pizza for now before he starts the small kitchen. He would need to contact Kane County Health Department. He will also employ three people besides himself, and looking to open August 1, 2022. One of the beers will be Old Style.

The clerk will figure out the cost for the license since the commission will pro rate it.

Commissioner Mott moved to approve Jimmy's Sports Bar d/b/a Harps Lounge Class A liquor license contingent upon receiving the State of Illinois paperwork from MR. Fannon.

Seconded by Commissioner Mott
Motion carried by roll call vote.
Ayes: Koth, Mott, Reid
Nays: None
Absent: None

ADJOURNMENT

Commissioner Koth moved to adjourn the Liquor Commission meeting at 6:30 p.m.

Seconded by Commissioner Mott
Motion carried by roll call vote.
Ayes: Koth, Mott, Reid
Nays: None
Absent: None

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
(Special Event License)**

DATE: 7/25/2022
NAME OF APPLICANT: CARL PALMISANO
APPLICATN'S PHONE: [REDACTED]
APPLICATNS EMAIL: [REDACTED]
NAME OF BUSINESS: HAMPSHIRE COON CREEK DAYS INC
SALES TAX ID: _____ BUSINESS PHONE: 224-402-3273
ADDRESS OF BUSINESS: 234 S. STATE STREET
MAILING ADDRESS: PO BOX 927
EVENT NAME/TITLE: COON CREEK COUNTRY DAYS
EVENT LOCATION: ONE TOWN PLACE ROAD

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, **Class G - Special Event**, as follows:

1. License Period:

Commencing at 6:00 AM/PM on THURSDAY AUGUST 25th 2022
(time) (date)
Ending at 5:00 AM/PM on SUNDAY AUGUST 28th, 2022
(time) (date)

3. Type of Business Entity (check one):

- Individual
- Partnership
- Corporation
- Other (specify)
NON-PROFIT 501C3

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 R PALMISANO
BIRTHDAY: [REDACTED] HOME PHONE: [REDACTED]
HOME ADDRESS: [REDACTED]
DRIVERS LICENSE NUMBER: [REDACTED]
BUSINESS STATUS: _____
PERCENTAGE OF STOCK HELD: 0%

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

5. Is the applicant a citizen of the United States? 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. 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.
DOWNTOWN HAMPSHIRE
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. YES STATE OF ILLINOIS 2021
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 JUNE 2016

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 JUNE 2016

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

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

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? NONE

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? NONE

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? NONE

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. Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? YES

Please attach a list and brief description of any and all entertainment to be provided in your establishment during the period of this license. Any entertainment planned during the period of this license must be approved by the Hampshire Liquor Commission prior to being conducted or performed.

SIGNATURE OF APPLICANT(S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Curt Palmo

Curt Palmo

Sec. -

-

STATE OF Illinois)
 County of Kane) SS

The undersigned swears that all statements are true and correct.

Curt Palmo

CORPORATE SEAL

Subscribed and sworn to before me this 25 day of JULY, 2022.



Susan Tasche
 Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2022

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 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).

| | | |
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| PRODUCER J L Jones Agency PO 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: | |
| | INSURER(S) AFFORDING COVERAGE NAIC # | |
| INSURED Hampshire Coon Creek Country Days Inc PO Box 927 Hampshire, IL 60140 | INSURER A: US Specialty Insurance Company | |
| | INSURER B: The Group and Blanket Accident & Health Ins Trust | |
| | 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 CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR (INSR WVD) | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|------------------------|----------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | X | U22SE11739 | 08/25/22 | 08/28/22 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 |
| B | <input type="checkbox"/> Medical Expense GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | AH-GA26932-002 | 08/25/22 | 08/28/22 | 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) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Liquor Liability | | U22SE11739 | 08/25/22 | 08/28/22 | Policy Aggregate 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Special Event Coverage
 Hampshire Coon Creek Country Days

| | |
|--|--|
| 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. Rosslein</i> |
|--|--|

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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. B304233 ILL&P102140
 in the sum of ONE THOUSAND FIVE HUNDRED AND 00/100 (\$ 1,500.00 Dollars,
 on behalf of HAMPSPHIRE COON CREEK COUNTRY DAYS INC.
 in favor of VILLAGE OF HAMPSHIRE, ILLINOIS
 described as LIQUOR SALES
 for the term beginning on the FIRST day of JULY, 2022, and ending
 on the FIRST day of JULY, 2023, 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 THIRTIETH day of MARCH, 2022

By Edward A. Mulvey
 PEKIN INSURANCE COMPANY
 Edward A. Mulvey, Vice President - Personal Lines

**Hampshire Coon Creek Country Days
2022 Festival –August 25th - August 28th**

Beer Garden Schedule

Hours of Operation:

| | |
|--|--------------------------|
| Thursday August 25th | 6:00pm to 10:00pm |
| Friday August 26th | 6:00pm to 1:00am |
| Saturday August 27th | 1:00pm to 1:00am |
| Sunday August 28th | 1:00pm to 5:00pm |

Last Pour will be 15 minutes prior to close each day