



AGENDA
HAMPSHIRE LIQUOR COMMISSION MEETING
December 7, 2017
6:30 P.M.

- 1. Call to Order.**
- 2. Establish Quorum.**
- 3. Approve Meeting Minutes of November 16, 2017.**
- 4. Review and Approve Renewal of Liquor Licenses for 2018.**
- 5. Adjournment.**

HAMPSHIRE LIQUOR COMMISSION

November 16, 2017

Village President Jeff Magnussen, Chairman, called the meeting to order at 6:00 p.m.
Present: Trustee Klein, Kraus

Also present: Tom Minnihan

Trustee Kraus moved, to approve the minutes for August 10, 2017.

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

Mr. Minnihan's mentioned he will have video gaming, about seven T.V's and will not have a kitchen but something small to cook hot dogs and burgers, plus a small clay oven for pizza. Parking shouldn't be a problem the owner will be marking more spaces by the curve to park.

Trustee Kraus moved, to approve a Class A-1 liquor license to Minnihan's Sports Bar at 1000 State Street.

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

The Village Board will need to create an A-1 Liquor License at the December 7, 2017 meeting at 7 p.m.

Trustee Klein moved, to table number 5 on the agenda.

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

Village President Magnussen would like the liquor commission to think about pro-rating liquor licenses and will discuss this at a later time.

Next Liquor meeting will be held on December 7, 2017 at 6:30 to review the yearly applications for 2018.

Adjournment

Trustee Klein moved, to adjourn the Liquor Commission meeting at 6:22 p.m.

Seconded by Trustee Kraus

Motion carried by voice vote
Ayes: All
Nays: None
Absent: None

Jeff Magnussen, Village President



Village of Hampshire
NOV 27 2011
P. P. P.

234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/27/17

NAME OF BUSINESS: Corner Spot Inc (D5A) The Kave SALES TAX ID: 3907-6105

NAME OF APPLICANT: David Ruth

ADDRESS OF BUSINESS: 123 Washington Ave.

BUSINESS PHONE NO.: 847-287-5651

MAILING ADDRESS: 320 Jake Ln. Hampshire

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

- | | |
|--|---|
| <input 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, 2018 and ending December 31, 2018 or
Commencing on _____ and ending December 31, _____

3. Type of Business Entity (check one):

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

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: David Ruth
BIRTHDAY: 3/30/82
HOME ADDRESS: 320 Jake Ln. Hampshire
DRIVERS LICENSE# _____ HOME PHONE# 847-287-5651
BUSINESS STATUS: President
PERCENTAGE OF STOCK HELD: 100%

Name: _____
BIRTHDAY: _____
HOME ADDRESS: _____
DRIVERS LICENSE# _____ HOME PHONE# _____
BUSINESS STATUS: _____
PERCENTAGE OF STOCK HELD: _____
(If additional space is required, please attach a separate sheet of paper)

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

If an Illinois corporation, state date of corporation: 2008 March
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. _____

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Tavern
7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 123 Washington Ave.
8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. yes
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. _____

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

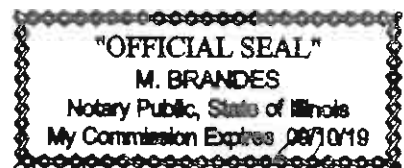
Pres. *Dennis A. H.*
 Sec. _____

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 21 day of NOV, 2017.



M. Brandes

Notary Public



Effective Date: June 27th, 2017

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 6325 05 01

That we, Cornar Spot dba The Kave

of Hampshire State of Illinois as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of

Illinois, as Surety, are held and firmly bound unto the

Village of Hampshire State of Illinois as Obligee, in the penal

sum of One Thousand Five Hundred and 00/100 DOLLARS (\$1,500.00),

lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been licensed licen

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for, then this obligation to be void otherwise to remain in full force and effect until June 27th, 2018, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 26th day of June, 2017

Cornar Spot DBA The Kave

Principal

Principal

WESTERN SURETY COMPANY

By

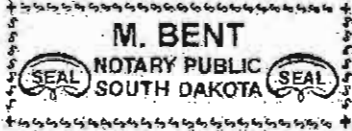
Paul T. Biffat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

On this 26th day of June, 2017, before me, the undersigned officer, personally appeared Paul T. Bruffat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

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



M. Bent
Notary Public — South Dakota

My Commission Expires March 2, 2020

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, before me personally appeared _____

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

My commission expires _____

Notary Public

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, before me personally appeared _____

who acknowledged himself/herself to be the _____ of _____, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires _____

Notary Public



License or Permit No. _____

LICENSE AND PERMIT
BOND
As _____

of _____

State of _____

Name of Applicant: _____

Address _____

Filed _____

Approved this _____

day of _____



Transaction Report & Invoice

CNA Surety
PO Box 957289
St Louis, MO 63195-7289

Principal Information: ID:
Corner Spot dba The Kave
320 Jake Lane
Hampshire, IL 60140
Agency Code: 12-18600

General Insurance Services
22333 Classic Court
Lake Barrington, IL 60010

YOU CAN PAY ONLINE BY VISITING ONLINEPAY.CNASURETY.COM

Transaction Description:

Transaction Effective Date: 06/27/2017

Bond/Policy #: 63256561

Written By: Western Surety Company
Description: Liquor
Obligee: Village of Hampshire

Gross Premium Charge: \$50.00
Commission Amount: \$17.50
Net Amount Due: \$32.50

Effective Date: 06/27/2017
Expiration Date: 06/27/2018
Current Penalty: \$1,500.00
Renewal Method:

Change Detail:

Agent: You may remove stub below to use as a billing/credit invoice

CNA Surety

INVOICE

CO.#	BOND/POLICY#	EFFECTIVE DATE	ANNIVERSARY DATE	PROCESS DATE	PENALTY
060	63256561	06/27/2017	06/27/2018	06/28/2017	\$1,500.00
PRINCIPAL Corner Spot dba The Kave 320 Jake Lane, Hampshire, IL 60140					
RISK STATE IL WRITTEN BY Western Surety Company					
DESCRIPTION Liquor					
OBLIGEE Village of Hampshire					
AGENCY CODE		350.00			
12-18600					

Your agent is: General Insurance Services
22333 Classic Court
Lake Barrington, IL 60010

Western Surety Company

0003001 01218600000006272017 00601006325656100 00000000325007



ck
9429
11/20/2017
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: 11/20/2017

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 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, 2018 and ending December 31, 2018 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 23rd, 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

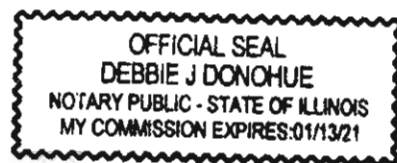
Pres. Victor Pantelis
Sec. Demetri Pantelis

STATE OF ILLINOIS)
County of Kane) SS

The undersigned swears that all statements are true and correct.

CORPORATE SEAL

Subscribed and sworn to before me this
20 day of November, 2017.



[Signature]
Notary Public



Western Surety Company

CONTINUATION CERTIFICATE

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

for MARIA & VIKKI, INC. DBA RED OX RESTAURANT & BAR, as Principal,

in the sum of \$ FIVE THOUSAND AND NO/100 Dollars, for the term beginning

November 26, 2017, and ending November 26, 2018, subject to all

the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 12 day of October, 2017.



WESTERN SURETY COMPANY

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

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

Liquor License



September 27, 2017




Letter ID: L1001357360

MARIA & VIKKI INC
RED OX RESTAURANT & BAR
129 EAST OAK KNOLL
HAMPSHIRE IL 60140

License No.: 1A-0059773
Expiration Date: 10/31/18
License Type: RETAILER
Account ID: 34130667

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

Letter ID: L1001357360	
	STATE OF ILLINOIS LIQUOR CONTROL COMMISSION Governor Bruce Rauner
	1A-0059773 License Number
IN ACCORDANCE WITH THE LIQUOR CONTROL ACT OF 1934, THIS CERTIFIES THAT	HAS PAID ALL FEES AND IS ISSUED A LICENSE IN THE FOLLOWING CLASS: RETAILER ON-PREMISES
MARIA & VIKKI INC RED OX RESTAURANT & BAR 129 EAST OAK KNOLL HAMPSHIRE IL 60140	ISSUE DATE: 09/27/17 Effective: 11/01/17
Kane	THIS LICENSE EXPIRES ON: 10/31/18
THIS LICENSE MUST BE FRAMED AND HUNG IN PLAIN VIEW IN A CONSPICUOUS PLACE ON THE LICENSED PREMISES. Warehouse: N/A	Sales Tax Acct # 34130667 THIS LICENSE NOT TRANSFERABLE AS TO PRINCIPAL



234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: NOVEMBER 10, 2017

NAME OF BUSINESS: ROAD RANGER #336 SALES TAX ID: 2638 0730

NAME OF APPLICANT: ROAD RANGER, L.L.C.

ADDRESS OF BUSINESS: 19 N 681 US HWY 20, HAMPSHIRE, IL 60140

BUSINESS PHONE NO.: 815-209-9013

MAILING ADDRESS: 4930 EAST STATE STREET, ROCKFORD, IL 61108-2289

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, 2018 and ending December 31, 2018 or
Commencing on _____ and ending December 31, _____

3. Type of Business Entity (check one):

- Individual Corporation (L.L.C.)
- Partnership Other (specify)

PAID
NOV 17 2017
VILLAGE OF HAMPSHIRE

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: SEE ATTACHED INFORMATION SHEET

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 - L.L.C.
If naturalized, state date and place of naturalization: N/A

If an Illinois corporation, state date of corporation: ORGANIZED JANUARY 24, 1995

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

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. SEE ORGANIZATIONAL DOCUMENTS ON FILE WITH THE VILLAGE

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 19 N 681 US HWY 20
C-STORE WITH MOTOR FUEL SALES at HAMPSHIRE, KANE COUNTY, 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 EXHIBIT 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 - VARIOUS DATES (SHOULD BE ON FILE WITH THE VILLAGE)

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. JEFFREY THOMAS RAPP
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. JULY 2016

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

13. Has the applicant attached Surety Bond and Certificate of Liability Insurance to this application or already furnished it to the Village?
YES - COPIES ATTACHED HERETO AS A COURTESY

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 PREVIOUSLY PROVIDED TO VILLAGE

15. State whether the applicant has ever been convicted of a felony offense under any Federal or State law? IT HAS NOT

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? IT HAS NOT

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? IT HAS NOT
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. *David J. Saporta*
 DAVID J. SAPORTA - MANAGER
 Sec. *Steven E. Brooks*
 STEVEN E. BROOKS - SECRETARY

STATE OF ILLINOIS)
) SS
 County of WINNEBAGO)

The undersigned swears that all statements are true and correct.

David J. Saporta
 DAVID J. SAPORTA - MANAGER

CORPORATE SEAL

Subscribed and sworn to before me this
10TH day of NOVEMBER, 2017.



Anita M. Harris
 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, 2017, and ending December 31, 2018, 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 17 day of November, 2017.



WESTERN SURETY COMPANY

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

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



CERTIFICATE OF LIABILITY INSURANCE

JUDU13

DATE (MM/DD/YYYY)
10/23/2017

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 Commercial Lines - 314-875-2750 Wells Fargo Insurance Services USA, Inc. 1 N Jefferson, Bldg C, 3rd Floor St. Louis, MO 63103	CONTACT NAME: Jennifer Harris PHONE (B/C, No, Ex.): 314-875-2767 E-MAIL ADDRESS: jennifer.harris@wellsfargo.com	FAX (A/C, No): 877-403-3224
	INSURER(S) AFFORDING COVERAGE	
INSURED Road Ranger, LLC, Ranger Holdings, LLC and their subsidiaries 4930 East State Street Rockford, IL 61108	INSURER A: Cincinnati Insurance Company	NAIC #: 10677
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 12364340 **REVISION NUMBER:** See below

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			EPP 0364214	10/28/2017	10/28/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	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			EPP 0364214	10/28/2017	10/28/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			EPP 0364214	10/28/2017	10/28/2018	\$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

Village of Hampshire
 234 S State Street
 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

Jeanne Brando

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ck
2226 PAID
1,500.00
11/16/2017
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: 11/16/2017

NAME OF BUSINESS: ARROWHEAD CITGO SALES TAX ID: 4115-5157

NAME OF APPLICANT: BHANGOO INC

ADDRESS OF BUSINESS: 19N479 U.S Hwy 20, HAMPSHIRE, IL

BUSINESS PHONE NO.: 847 453 3449

MAILING ADDRESS: _____

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

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

2. License Period:

Commencing on January 1, 2018 and ending December 31, 2018 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: NAVDEEP SINGH BHANGOO
BIRTHDAY: 04-04-1980
HOME ADDRESS: 1522 MONROE STREET, LAKE IN THE HILLS, IL
DRIVERS LICENSE# B520-6378-0097 HOME PHONE# _____
BUSINESS STATUS: PRESIDENT
PERCENTAGE OF STOCK HELD: 100%

Name: _____
BIRTHDAY: _____
HOME ADDRESS: _____
DRIVERS LICENSE# _____ HOME PHONE# _____
BUSINESS STATUS: _____
PERCENTAGE OF STOCK HELD: _____
(If additional space is required, please attach a separate sheet of paper)

5. Is the applicant a citizen of the United States? Yes
If naturalized, state date and place of naturalization: _____
If an Illinois corporation, state date of corporation: JULY 2013
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. TRUCK STOP

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. Route 20 exit off I-90

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. _____

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. NAVDEEP SINGH BHANGOO
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES

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

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

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

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

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

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? YES
If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? _____

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. *Handwritten Signature*

Sec. _____

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 16 day of Nov, 2017.

Handwritten Signature

Notary Public

UTICA MUTUAL INSURANCE COMPANY

NEW HARTFORD, NEW YORK

LICENSE AND PERMIT BOND

BOND NO. SU4617891

KNOW ALL MEN BY THESE PRESENTS:

that we, Bhangoo, 19 N 479 US HWY
Hampshire, IL 60140, as Principal, and **UTICA MUTUAL INSURANCE**
COMPANY, 180 Genesee Street, New Hartford, New York 13413, a corporation organized under the
laws of the State of New York and licensed to transact business in the State of Illinois
as Surety, are held and firmly bound unto Village Of Hampshire, as
Obligee, in the sum of One Thousand Five Hundred Dollars Dollars
(\$1,500) good and lawful money of the United States of America, for which payment well and
truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly
and severally, firmly by these presents.

WHEREAS, the said Principal has applied to said Obligee for a license or permit to do business as a
Business license to sell Liquor in the Store

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that, if the said Principal shall
faithfully observe and honestly comply with the provisions of all Laws or Ordinances of the Obligee
regulating the business for which license or permit is issued, then this obligation shall be void; otherwise
to be and remain in full force and effect. This bond shall remain in force for the period beginning on the
9 day of August, 2017 and ending on the 9 day of August, 2018.

This Bond may be cancelled by the Surety, thirty (30) days after written notice of cancellation has been
sent to the Obligee. This bond is executed upon the express condition that the Surety's liability under
said Bond, and any and all renewals thereof, shall not be cumulative from year to year.

Signed, sealed and dated this 1 day of June, 2017.

Principal: Bhangoo

By: [Signature]

UTICA MUTUAL INSURANCE COMPANY

By: [Signature]

Asif Hamidi (Attorney-in-Fact)

UTICA MUTUAL INSURANCE COMPANY

NEW HARTFORD, NEW YORK

EXPIRATION DATE 08/08/2018

POWER OF ATTORNEY

Know all men by these Presents, the UTICA MUTUAL INSURANCE COMPANY, as a New York Corporation, having its principal office in the Town of New Hartford, County of Oneida, State of New York, does hereby make, constitute and appoint Asif Hamid

W0271 RELIANCE INS AGENCY INC. WESTMONT, IL

its true and lawful Attorney(s) in fact in their separate capacity if more than one is named above to make, execute, sign, seal and delivery for and on its behalf as surety and as its act and deed (without power of redelegation) any and all bonds and undertakings and other writings obligatory in the nature thereof (except bonds guaranteeing the payment of principal and interest of notes, mortgage bonds and mortgages) provided the amount of no one bond or undertaking exceeds One Thousand Four Hundred Dollars Dollars \$ 1,400.

The execution of such bonds and undertakings shall be as binding upon said UTICA MUTUAL INSURANCE COMPANY as fully and to all intents and purposes as if the same had been duly executed and acknowledged by its regularly elected officers and its Home Office in New Hartford, New York.

This Power of Attorney is granted under and by authority of the following resolution adopted by the Directors of the UTICA MUTUAL INSURANCE COMPANY on the 27th day of November, 1981.

"Resolved, that the President or any Vice-President, in conjunction with the Secretary or any Assistant Secretary, be and they are hereby authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf its Surety any and all bonds, recognizances, contracts of indemnity and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly acknowledged by the regularly elected Officers of the Company in their own proper persons.

"Now therefore, the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney by a facsimile, and any such Power of Attorney bearing such facsimile signatures or seal shall be valid and binding upon the Company."

In Witness Whereof, the UTICA MUTUAL INSURANCE COMPANY has caused these presents to be signed by its Authorized Officers, this 24th day of February, 2016.

Louisa S. Huffine
Secretary



UTICA MUTUAL INSURANCE COMPANY
Richard P. Greffida
President

STATE OF NEW YORK }
COUNTY OF ONEIDA } 55'

On this 24th day of February, 2016 before me, a Notary Public in and for the State of New York, personally came RICHARD P. GREFFIDA and LOUISA S. HUFFINE to me known, who acknowledged execution of the foregoing instrument and, being by me duly sworn, do depose and say, that they are President and Secretary respectively of UTICA MUTUAL INSURANCE COMPANY, and that the seal affixed to said instrument is the corporate seal of UTICA MUTUAL INSURANCE COMPANY; and that the said corporate seal is affixed and their signatures subscribed to said instrument by authority and order of the Board of Directors of said Corporation.

In Testimony Whereof, I have hereunto set my hand at New Hartford, New York, this day and year first above written.



Kathleen M. McSherry
Notary Public

STATE OF NEW YORK }
COUNTY OF ONEIDA } 55'

I, Louisa S. Huffine Secretary of the Utica Mutual Insurance Company do hereby certify that the foregoing Power of Attorney executed by said Utica Mutual Insurance Company and the above-quoted Resolutions of the Board of Directors adopted November 27, 1981 are still in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the Seal of the said Corporation at New Hartford, New York, this _____ day of _____, 2016.

Louisa S. Huffine
Secretary

UTICA MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT AS OF DECEMBER 31, 2016

ASSETS		LIABILITIES AND SURPLUS	
U.S. Governmental Direct Guaranteed Bonds	\$ 40,577,884	Reserve for Unadmitted Losses	\$ 240,421,254
All Other Bonds	1,436,585,819	Unearned Premiums	301,857,442
Stocks	400,516,458	Reserve for Claim Expenses	202,825,545
Mortgages	4,294,379	Dividends	4,727,676
Cash and Short-Term Investments	31,832,629	Total Admitted	7,227,496
Equities & Deposits in Pools and Associations	4,224,802	Federal Income Tax	3,047,812
Premiums in Course of Collection	220,756,692	Amounts Withheld on Account of Others	11,138,468
Interest Due and Accrued	17,816,220	Provision for Reinsurance	5,716,551
Other Admitted Assets	133,503,570	Miscellaneous Accounts Payable	79,188,357
Total Admitted Assets	\$ 2,382,250,200	Total Liabilities	\$1,518,185,599

Surplus Funds

Dividend Reserve	\$ 643,922
General Voluntary Reserve	1,500,000
Special Contingent Surplus	1,700,000
Dividend Surplus	858,440,587

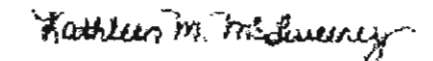
Surplus as Regards Policyholders	666,984,601
Total	\$ 2,382,250,200

STATE OF NEW YORK
COUNTY OF ONEIDA ss:

Richard P. Creedon, President & CEO of the UTICA MUTUAL INSURANCE COMPANY, New Hartford, New York, being duly sworn, says that he is the above described officer of said Corporation, and that on the 31st day of December, 2016, all of the assets shown above were the absolute property of the said Corporation, free and clear from all liens or claims thereon except as above stated, and that the foregoing statement is a full and true exhibit of all assets and liabilities of the said Corporation at the close of business December 31, 2016, according to the best of his knowledge, information and belief.

Subscribed and sworn to before me this 29th day of March, 2017.


President & CEO


Notary Public in the State of New York
Appointed in Oneida County
My Commission Expires July 15, 2018

Attest


Secretary

FOUNDERS INSURANCE COMPANYSM

A MULTIPLE LINE STOCK COMPANY
1111 EAST TOUHY AVENUE, SUITE 300, DES PLAINES, IL 60018
(800) 972-8778 / Fax (847) 795-0080

Liquor Liability
Renewal Ext Dec

DIRECT BILL

EFFECTIVE 08/01/17

POLICY NUMBER	FROM	POLICY PERIOD	TO		
ELIL100675	08/01/17	08/01/18	12:01 AM STANDARD TIME	2185	

NAMED INSURED AND ADDRESS	PRODUCER
BHANGOO INC. DBA: ARROWHEAD CITGO 19 N 479 US HIGHWAY 20 HAMPSHIRE IL 60140	RELIANCE INSURANCE AGENCY 12 W. NAPERVILLE ROAD WESTMONT IL 60559 (630) 852-9900

THE NAMED INSURED IS BHANGOO INC.

COVERAGES

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS/POLICIES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART/POLICY ATTACHED	PREMIUM
COMMERCIAL LIQUOR LIABILITY COVERAGE	\$535.00
TOTAL ADVANCE PREMIUM	\$535.00
	=====

FORMS THAT APPLY TO APPLICABLE COVERAGE PARTS

ENDORSEMENT NO	EDITION DATE	DESCRIPTION
IL-CSL	02-09	Illinois Liquor Liability Coverage Part

ADDITIONAL INSURED(S)

AI#	INTEREST	NAME AND ADDRESS
1	CITY	VILLAGE OF HAMPSHIRE 234 S STATE STREET HAMPSHIRE IL 60140

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THE COVERAGE PARTS/POLICIES ATTACHED, WE AGREE WITH YOU TO PROVIDE THE INSURANCE DESCRIBED THEREIN.

FOUNDERS INSURANCE COMPANYSM

A MULTIPLE LINE STOCK COMPANY
 1111 EAST TOUHY AVENUE, SUITE 300, DES PLAINES, IL 60018
 (800) 972-8778 / Fax (847) 795-0080

Liquor Liability
 Renewal Ext Dec

DIRECT BILL

EFFECTIVE 08/01/17

POLICY NUMBER	FROM	POLICY PERIOD	TO		
ELIL100675	08/01/17	08/01/18		12:01 AM STANDARD TIME	2185

NAMED INSURED AND ADDRESS	PRODUCER
BHANGOO INC. DBA: ARROWHEAD CITGO 19 N 479 US HIGHWAY 20 HAMPSHIRE IL 60140	RELIANCE INSURANCE AGENCY 12 W. NAPERVILLE ROAD WESTMONT IL 60559 (630) 852-9900

LOCATION ADDRESS(ES)

LOCATION 01
 19 N 479 US HIGHWAY 20
 HAMPSHIRE IL 60140

COVERAGES

DESCRIPTION: Liquor/Convenience/Grocery - Stores

LOC	ITEM	TERR	CLASS	BASIS	TYPE	DED AMT	EXPOSURE	PREMIUM
1	2	009	4449				60000	\$435

COVERAGE PER PERSON OCCURRENCE AGGREGATE
 Combined Single Limit 1,000,000 1,000,000

ADDITIONAL FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART ONLY

NUMBER	DATE	LOC	ITEM	LIMIT	PREMIUM
CG 21 73	01-15	1	2		
CG 21 87	01-15	1	2		
IL 20 26	07-04	1	2		\$100.00

TOTAL ADVANCE PREMIUM \$535.00
 =====

Special Interest



Pd.
205 7790
11-20-17

234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11-07-17

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, PO BOX 443, HAMPSHIRE, IL 60140

BUSINESS PHONE NO.: 847-683-9110

MAILING ADDRESS: CASEY'S RETAIL COMPANY, PO BOX 3001, ANKENY, IA 50021-8045

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

- | | | | |
|-------------------------------------|------------------------|--------------------------|------------------------|
| <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, 2018 and ending December 31, 2018 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) |

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? YES
21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? YES
22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? YES
23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? YES
 On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

FOR CASEY'S RETAIL COMPANY

SIGNATURE OF APPLICANT (S)
 CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. [Signature]

BY JOHN C. SOUPENE, PRESIDENT

Sec. [Signature]

BY JULIA L. JACKOWSKI, SECRETARY

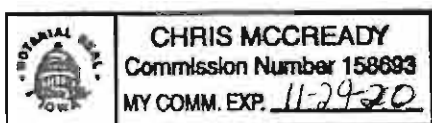
STATE OF IOWA)
) SS
 County of POLK)

The undersigned swears that all statements are true and correct.

FOR CASEY'S RETAIL COMPANY

CORPORATE SEAL

Subscribed and sworn to before me this
7TH day of NOVEMBER, 2017.



[Signature]
 Notary Public



4200 University Avenue, Suite 200
West Des Moines, IA 50266-5945
515-244-0166
www.LMCinsurance.com



10/20/2017

Village of Hampshire
P O Box 457
Hampshire, IL 60140

RE: Casey's Retail Company

Dear Sir or Madam:

Enclosed is the continuation certificate for Casey's Retail Company for the period 12/1/2017 to 12/1/2018.

We trust that you will find all to be in order. If you should have any questions please contact me at 515-237-0109.

Sincerely,
LMC Insurance & Risk Management

A handwritten signature in cursive script that reads "Nancy".

Nancy Baltutat, CRIS, AINS
Senior Bond Account Manager



CA 1500
PAID
28 2017
Hampshire

234 S. State Street
Hampshire, IL 60140

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 ST., Hampshire IL 6014
BUSINESS PHONE NO.: 847-683-7180
MAILING ADDRESS: 1000 S. State ST., 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 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, 2018 and ending December 31, 2018 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# P340-3376-5153 HOME PHONE# 847-845-71
BUSINESS STATUS: Current
PERCENTAGE OF STOCK HELD: 100%

Name: _____
BIRTHDAY: _____
HOME ADDRESS: _____
DRIVERS LICENSE# _____ HOME PHONE# _____
BUSINESS STATUS: _____
PERCENTAGE OF STOCK HELD: _____
(If additional space is required, please attach a separate sheet of paper)

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

If an Illinois corporation, state date of corporation: Jan 05, 2011
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. _____

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Retail Gas station with convenience store

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. _____

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. Village of Hampshire
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Hampshire

9. Has the applicant ever had any previous liquor license revoked? _____
If answer is in the affirmative, state the date and reason for such revocation. _____
10. Has the applicant and the designated managers read and do they understand and agree not to violate any of the liquor laws of the United States, the State of Illinois or any of the ordinances of the Village of Hampshire in conducting business? _____
11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Yes
Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.
12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Rakesh Patel
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? 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? _____

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? _____
21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? Yes
22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? Yes
23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? Yes
 On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)
 CORPORATION SIGNATURES

Pres. [Signature]
 Sec. _____

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Hitesh Patel

STATE OF IL)
) SS
 County of COOK)

The undersigned swears that all statements are true and correct.

[Signature]

CORPORATE SEAL

Subscribed and sworn to before me this
24 day of NOVEMBER, 2017

[Signature]
 Notary Public

"OFFICIAL SEAL"
 DANIEL C ROBERTS
 Notary Public - State of Illinois
 My Commission Expires April 22, 2019



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

LICENSE AND PERMIT BOND

Bond No. LSM1013166

KNOW ALL MEN BY THESE PRESENTS:

That we, Hampshire Gasoline Inc
1000 S.State Street
Hampshire, IL 60140

as Principal, and the RLI Insurance Company, a corporation duly licensed to do business in the state of Illinois, as Surety, are held and firmly bound unto the Village of Hampshire, State of Illinois, Oblige, in the penal sum of Ten Thousand and 00/100 (\$ 10,000.00) DOLLARS, lawful money of the United States, to be paid to the said Oblige, 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 as a(n) Liquor Liability for Retail Sales by the Oblige.

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, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the 19th day of June, 2017, and ending on the 19th day of June, 2018.

This bond may be terminated at any time by the Surety upon sending written notice to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at their first known address, and at the expiration of thirty (30) days from the mailing of said notice, or as soon thereafter as permitted by applicable law, whichever is later, this bond shall 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 19th day of June, 2017.

 Principal
 (Individual, Partner or Corporate Officer)



RLI Insurance Company

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



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

POWER OF ATTORNEY

RLI Insurance Company

Bond No. LSM1013166

Know All Men by These Presents:

That the RLI Insurance Company, a corporation organized and existing under the laws of the State of Illinois, and authorized and licensed to do business in all states and the District of Columbia does hereby make, constitute and appoint: Barton W. Davis in the City of Peoria, State of Illinois, as Vice President, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds, undertakings, and recognizances in an amount not to exceed One Million and 00/100 Dollars (\$ 1,000,000.00) for any single obligation, and specifically for the following described bond.

Principal: Hampshire Gasoline Inc
 Oblige: Village of Hampshire
 Type Bond: Liquor Liability for Retail Sales
 Bond Amount: \$ 10,000.00
 Effective Date: June 19, 2017

The RLI Insurance Company further certifies that the following is a true and exact copy of a Resolution adopted by the Board of Directors of RLI Insurance Company, and 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 has caused these presents to be executed by its Vice President with its corporate seal affixed this 19th day of June, 2017.

ATTEST:

Cherie L. Montgomery
 Cherie L. Montgomery Assistant Secretary



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

On this 19th day of June, 2017 before me, a Notary Public, personally appeared Barton W. Davis and Cherie L. Montgomery, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said RLI Insurance Company, and acknowledged said instrument to be the voluntary act and deed of said corporation.

Jacqueline M. Bockler
 Jacqueline M. Bockler Notary Public





724.
11-22-12
\$1,500.00

234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: _____

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

NAME OF APPLICANT: Patricia A. Burton

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

BUSINESS PHONE NO.: 847-683-4558

MAILING ADDRESS: 847-683-4558

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

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

2. License Period:

Commencing on January 1, 2018 and ending December 31, 2018 or
Commencing on _____ and ending December 31, _____

3. Type of Business Entity (check one):

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

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: PLEASE SEE ATTACHED RIDER

BIRTHDAY: _____

HOME ADDRESS: _____

DRIVERS LICENSE# _____ HOME PHONE# _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: _____

Name: _____

BIRTHDAY: _____

HOME ADDRESS: _____

DRIVERS LICENSE# _____ HOME PHONE# _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: _____

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

5. Is the applicant a citizen of the United States? N/A
If naturalized, state date and place of naturalization: _____

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

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

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

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 19 N 430 US Highway 20, Hampshire, IL 60140 - Travel center

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

If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. PLEASE SEE ATTACHED RIDER.

CONFIDENTIAL

TA Operating LLC Members, Executive Officers and Directors

Rider to Village of Hampshire, IL Application for Class B-2 License

<u>NAME</u>	<u>TITLE</u>	<u>OWNERSHIP INTEREST</u>	<u>HOME ADDRESS</u>	<u>PHONE NUMBER</u>	<u>DATE OF BIRTH</u>	<u>DRIVER'S LICENSE NUMBER</u>
Barry M. Portnoy	Director	0	P.O. Box 150, Crystal Lake Rd. Eaton, NH 03832	603-447-1940	9/10/1945	NH 09PYB45101
Thomas M. O'Brien	Director, President, CEO	0	30662 Lake Road, Bay Village, OH 44140	440-250-3260	5/20/1966	OH TQ037416
Andrew J. Rehholz	Exec. Vice Pres., CFO, Treasurer, Asst. Sect'y.	0	1805+ Spyglass Hill Dr. Strongsville, OH 44136	440-878-1556	3/5/1965	OH RT651354
Mark R. Young	Exec. Vice Pres., General Counsel	0	134 Cushing Avenue, Unit 3 Dorchester, MA 02125	617-533-7013	8/28/1962	MA S21305138
Barry A. Richards	EVP, Commercial Operations	0	7774 Rice Rd Amherst, OH 44001	440-471-7845	7/7/1952	OH TP105182
Rodney P. Bresnahan	EVP, Retail Operations	0	75 Beech Cliff Dr., Amherst, OH 44001	440-250-2888	07/27/1968	OH RN591287
Jennifer B. Clark	Secretary	0	88 Hudson Road Sudbury, MA 01776	978-440-7876	6/1/1961	MA S26151553
Patricia A. Burton	Resident Manager	0	1355 N. Arthur Burch Dr. Lot M-2, Bourbonnais, Il. 60914	847-683-4550	3/29/1978	IL B635-6817-8691
Travel Centers of America Holding Company LLC	Member	100%	24601 Center Ridge Road, Westlake, OH 44145	440-808-9100	N/A	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. _____

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. Patricia A. Burton

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes - she is scheduled to be printed at 3pm today (November 21, 2017).

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 multi-state retail licensee engaged in travel hospitality, food and beverage, sundries and fuel operations. It is wholly owned by TravelCenters of America Holding Company LLC, which is in turn wholly owned by publicly traded TravelCenters of America LLC (Nasdaq: "TA"). TA Operating LLC owns and/or operates in excess of 220 travel centers and 200 convenience stores across the United States, some of which serve and/or sell alcoholic beverages pursuant to retail licenses held by TA.

A few 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:

Pres. Thomas M. O'Brien
 Thomas M. O'Brien, President

Sec. Andrew Rebholz
 Andrew Rebholz, Assistant Secretary

INDIVIDUAL OR PARTNERSHIP SIGNATURES

STATE OF OHIO)
) SS
 County of CUYAHOGA)

The undersigned swears that all statements are true and correct.

Andrew



CORPORATE SEAL

Subscribed and sworn to before me this 20th day of November, 2017.

Cary M. Toth

Notary Public

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


CONTINUATION CERTIFICATE

The RLI Insurance Company (hereinafter called the Surety) hereby continues in force its Bond No. CMS0277196 in the sum of One Thousand Five Hundred Dollars and 00/100 (\$1,500.00) Dollars, on behalf of TA Operating LLC dba TravelCenters of America in favor of Village of Hampshire, Illinois subject to all the conditions and terms thereof through December 31, 2018 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 17th day of November, 2017.

RLI Insurance Company
Surety

By: 
Frank Kinnett, Attorney-in-Fact (IL License #1727357)



RLI Surety
 9025 N. Lindbergh Dr. | Peoria, IL 61615
 Phone: (800)645-2402 | Fax: (309)689-2036
 www.rlicorp.com

POWER OF ATTORNEY

RLI Insurance Company

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**, an Illinois corporation, does 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 and Attorney in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, the following described bond.

Any and all bonds provided the bond penalty does not exceed Twenty Five Million Dollars (\$25,000,000.00).

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon this Company as if such bond had been executed and acknowledged by the regularly elected officers of this Company.

The **RLI Insurance Company** further certifies that the following is a true and exact copy of the Resolution adopted by the Board of Directors of **RLI Insurance Company**, and 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** has caused these presents to be executed by its Vice President with its corporate seal affixed this 13th day of March, 2017.



RLI Insurance Company

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

State of Illinois }
 County of Peoria } SS

CERTIFICATE

On this 13th day of March, 2017, 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 acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company**, a stock corporation of the State of Illinois, 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** this 17th day of November, 2017.

By: Jacqueline M. Bockler
 Jacqueline M. Bockler Notary Public

RLI Insurance Company

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



TA Operating LLC


ASSISTANT SECRETARY'S CERTIFICATE

I, Andrew J. Rebholz, do hereby certify that I am the duly elected, qualified and acting Assistant Secretary of TA Operating LLC, a Delaware limited liability company (the "Company"), and that:

The following named individuals are the directors and executive officers of the Company, holding the respective offices set forth opposite their name:

<u>Name</u>	<u>Office</u>
Barry M. Portnoy	Director
Thomas M. O'Brien	Director, President and Chief Executive Officer
Andrew J. Rebholz	Executive Vice President, Chief Financial Officer Treasurer, and Assistant Secretary
Mark R. Young	Executive Vice President and General Counsel
Barry Richards	Executive Vice President, Commercial Operations
Rodney Bresnahan	Executive Vice President, Retail Operations
Jennifer B. Clark	Secretary

IN WITNESS WHEREOF, I have hereunto set my hand as of this 13th day of July, 2017.



Andrew J. Rebholz
Assistant Secretary

1809



234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/27/17

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

NAME OF APPLICANT: Mukesh C PATEL

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

BUSINESS PHONE NO.: 847-683-7691

MAILING ADDRESS: SAME AS ABOVE

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

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

2. License Period:

Commencing on January 1, 2018 and ending December 31, 2018 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: 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: 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 June 2017, Aug 2017 & July 2017

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

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

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. DEC 2008, NOV 2009, SEPT 2011

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Mukesh PATEL

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes MAY 2009, SEPT 2011

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

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

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

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

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

17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? No

If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? _____

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

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

20. Does the applicant understand and agree that during the license period, any violation of Federal, State or Village laws and ordinances will be referred to the Local Liquor Control Commission and that such violation may result in the suspension or revocation of said license? Yes
21. Does the applicant understand and agree that members of the Local Liquor Control Commission and/or Hampshire Police Department shall have the authority to enter at any time upon the premises licensed hereunder to determine whether any State or Village laws and ordinances have been or are being violated, and at such time to examine the premises of said licensee in connection therewith? Yes
22. Does the applicant understand and agree that a license shall be purely a personal privilege, and shall not constitute property, nor shall it be subject to attachment, garnishment or execution, nor shall it be alienable or transferable, voluntarily or involuntarily, or subject to being encumbered or hypothecated? Yes
23. (If applying for other classes except Class B-1 and B-2): Does the applicant understand that the acceptability of all entertainment shall be subject to review by the Local Liquor Control Commission? Yes
 On the attached addendum for Entertainment, please list and briefly describe, any and all entertainment to be provided in your establishment during the period of this license. (If any additional entertainment is planned during the period of this license, such entertainment must be listed and described for, and approved by, the Hampshire Liquor Commission prior to being conducted or performed. Additional entertainment forms are available at the Office of the Village Clerk.

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

Pres. Mukesh C. PATEL
 Sec. Mukesh C. PATEL

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Mukesh Patel
Mukesh Patel

STATE OF Illinois)
 County of Kane) SS

The undersigned swears that all statements are true and correct.

Bonnie Cereno

CORPORATE SEAL

Subscribed and sworn to before me this 24th day of November, 2017.



Bonnie Cereno
 Notary Public



350 E. 96th Street
Indianapolis, IN 46240

CONTINUATION CERTIFICATE

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

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

The Surety hereby certifies that this Bond is continued in full force and effect until the 31st day of December, 2017, subject to all covenants and conditions of said Bond.

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

IN WITNESS WHEREOF, the Surety has set its hand and seal this 4th day of October, 2016

AMERICAN STATES INSURANCE COMPANY

(Surety)

By:

Timothy A. Mikolajewski

Timothy A. Mikolajewski
Assistant Secretary - Liberty Mutual Surety



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



1810 Pd. 1560 11-30-17

234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: Nov. 28, 2017

NAME OF BUSINESS: Speedway 5036 SALES TAX ID: 2873-4785

NAME OF APPLICANT: Speedway LLC

ADDRESS OF BUSINESS: 110 Arrowhead Drive, Hampshire, IL

BUSINESS PHONE NO.: (847) 683-9372

MAILING ADDRESS: P.O. Box 1580 - License Dept., Springfield, OH 45501

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

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

PAID
NOV 30 2017
VILLAGE OF HAMPSHIRE

2. License Period:

Commencing on January 1, 2018 and ending December 31, 2018 or
Commencing on _____ and ending December 31, _____

3. Type of Business Entity (check one):

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

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Corporate Officers: Please see attached 'List of Officers' +

BIRTHDAY: _____

'Schedule of Ownership'

HOME ADDRESS: _____

DRIVERS LICENSE# _____ HOME PHONE# _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: _____

Name: General Manager: (lock) Jacques Lafond

BIRTHDAY: 10/18/1973

HOME ADDRESS: 1240 Umbdenstock Rd., Elgin, IL 60123

DRIVERS LICENSE# L15343873291 HOME PHONE# _____

BUSINESS STATUS: _____

PERCENTAGE OF STOCK HELD: 0%

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

5. Is the applicant a citizen of the United States? 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. To own and operate a convenience store w/ gas 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. 110 Arrowhead Drive

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. Speedway LLC holds numerous licenses in 17 states:
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued OH, KY, TN, IL, MI, WV, WI, IN, AL, FL, GA, MA, NH, NY, NC, VA, S

9. Has the applicant ever had any previous liquor license revoked? Yes
If answer is in the affirmative, state the date and reason for such revocation. Attachment 1 + Attachment 2

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

11. State whether all individual owners, partners, officers, directors, persons holding more than 5% of the corporate stock have been fingerprinted by the Illinois State Police and, if so the date thereof. Officers reside/work out of state with 0% interest

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Jacques LaFond

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. No - he will make arrangements 12/4/17

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? NA
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



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

License No. _____

In consideration of _____ dollars renewal premium, the term of Bond/Policy No. 104087486-291 in the amount of \$1,500, issued on behalf of Speedway LLC (Unit #5036), whose address is 500 Speedway Drive, Enon, OH 45323, in favor of Village of Hampshire, IL, whose address is 234 S. State Street, Hampshire, IL 60140 in connection with Travelers Casualty and Surety Company of America is hereby extended to December 31, 2018, 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 13, 2017

By: _____

Michael D. Ray, Jr.

Attorney-in-Fact

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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 Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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 is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 13th day of November, 2017.


Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.



\$500 25318
1811 PAID

234 S. State Street
Hampshire, IL 60140

Phone: (847)683-2181

Fax: (847) 683-4915

www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 11/13/17

NAME OF BUSINESS: Hampshire Park District SALES TAX ID: _____

NAME OF APPLICANT: Stephanie Barone

ADDRESS OF BUSINESS: 390 South Ave., Hampshire

BUSINESS PHONE NO.: 847-683-2690

MAILING ADDRESS: P.O. Box 953, Hampshire, IL 60140

TO: Local Liquor Control Commission
Village of Hampshire, Illinois

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

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

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

2. License Period:

Commencing on January 1, 2018 and ending December 31, 2018 or
Commencing on _____ and ending December 31, _____

3. Type of Business Entity (check one):

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

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: Stephanie A. Barone
BIRTHDAY: 04/01/1984
HOME ADDRESS: 2140 Orchard Ln., Carpentersville, IL 60110
DRIVERS LICENSE# B650-7818-4694 HOME PHONE# 815-762-7670
BUSINESS STATUS: N/A
PERCENTAGE OF STOCK HELD: N/A

Name: _____
BIRTHDAY: _____
HOME ADDRESS: _____
DRIVERS LICENSE# _____ HOME PHONE# _____
BUSINESS STATUS: _____
PERCENTAGE OF STOCK HELD: _____

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

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

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

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. parks & recreation

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 400 E. Jefferson Avenue, Hampshire, IL 60140 (park events at Seyller park + Recreation building)

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. yes, state
If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. Illinois Liquor Control Commission

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

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

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

Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Stephanie A. Baner
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? Surety Bond attached, COL Insurance to follow once released.

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. _____
 Sec. _____

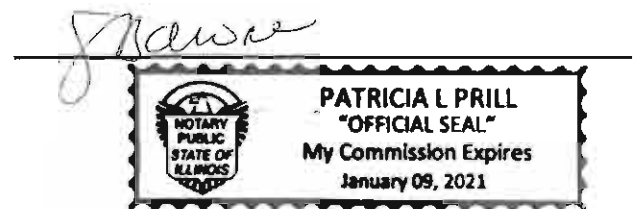
J. Brown

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
13 day of November, 2017.



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.

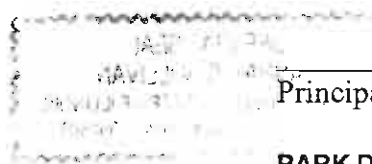
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has
been licensed for Liquor License by the said Obligee.

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, 2019 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 14th day of November, 2017.

Hampshire Park District



Principal

PARK DISTRICT RISK MANAGEMENT AGENCY

BY

Brett Davis, Chief Executive Officer

BASSET Card



May 22, 2017



Letter ID: L1058973072

License No.: 5A-0110606
Expiration Date: 5/9/2020
License Type: Basset Card

STEPHANIE BARONE
390 SOUTH AVE.
HAMPSHIRE IL 60140

Your "Student ID number" is: 11000380

Your "Trainer's ID number" is: 5A-0110606

Your BASSET Card is located BELOW

DO NOT throw away this letter as you will need your "Student ID number" directly above to re-print your card.

IMPORTANT:

To re-print your card, visit the Illinois Liquor Control Commission website at ILCC.illinois.gov
(click on the RESOURCES tab to access the "BASSET Card Lookup" page).

ILLINOIS LIQUOR CONTROL COMMISSION
100 W. Randolph Street, Suite 7-801 - Chicago, IL 60601
**BEVERAGE ALCOHOL SELLERS AND SERVERS
EDUCATION AND TRAINING [BASSET] CARD**

Date of Certification: 5/9/2017 Expires: 5/9/2020
Trainer's IL Liquor License Number: 5A-0110606

STEPHANIE BARONE
390 SOUTH AVE.
HAMPSHIRE IL 60140

****Card is not transferrable****

CERTIFICATE OF COVERAGE

Name and Address of Agency Park District Risk Management Agency 2033 Burlington Avenue Lisle, Illinois 60532-1646 630-769-0332	Name and Address of Member Hampshire Township Park District P.O. Box 953 Hampshire, IL 60140
---	--

SCOPE OF COVERAGE

The Park District Risk Management Agency (PDRMA) is an intergovernmental self-insurance and risk management pool established under the constitution and the statutes of the State of Illinois to provide coverage for its members against certain claims and losses. Each member of PDRMA is entitled to the scope and amounts of coverage set forth below. In addition, PDRMA may extend the same scope of coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, and amendments that are applicable to the members.

The above named entity is a member in good standing of the Park District Risk Management Agency. The scope of coverage provided by the agency may, however, be revised at any time by the actions of PDRMA's governing body. As of the date this certificate is issued, the information set out below accurately reflects the scope of coverage established for the current coverage year.

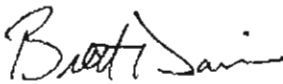
Scope of Coverage	Coverage Document	Coverage Dates	Limits Each Occurrence	In millions (000,000)
General Liability * Commercial general liability * Occurrence * Liquor liability	L010118	01/01/2018 - 12/31/2018	Bodily Injury and Property Damage combined	\$1,000,000
			Personal Injury	\$1,000,000
Automobile Liability * any auto	L010118	01/01/2018 - 12/31/2018	Bodily Injury and Property Damage combined	\$1,000,000
Workers' Compensation	WC010118	01/01/2018 - 12/31/2018		Statutory
Employer's Liability	WC010118	01/01/2018 - 12/31/2018		\$3,000,000
Property	P0700118	01/01/2018 - 12/31/2018		
Other Liquor liability coverage included in General Liability policy.		01/01/2018 - 12/31/2018		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Village of Hampshire is/are additionally insured for Hampshire Park District's liquor service at 400 E. Jefferson Avenue in Hampshire, Illinois.

Coverage is for general liability with respect to the operations of the Hampshire Township Park District. Additional insured coverage shall not apply to any liability resulting from the certificate holder's own negligence or the negligence of its servants agents or employees.

Cancellation: Should any of the above described coverages be cancelled before the expiration date thereof, PDRMA will endeavor to mail 30 days written notice to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon PDRMA, its members, agents or representatives.

Certificate Holder Village of Hampshire 234 South State Street Hampshire, IL 60140	Date Issued: 12/1/2017 <div style="text-align: center;">  <hr style="width: 30%; margin: auto;"/> Authorized Representative </div>
--	--

CERTIFICATE OF COVERAGE

Name and Address of Agency

Park District Risk Management Agency
 2033 Burlington Avenue
 Lisle, Illinois 60532-1646
 630-769-0332

Name and Address of Member

Hampshire Township Park District
 P.O. Box 953
 Hampshire, IL 60140

SCOPE OF COVERAGE

The Park District Risk Management Agency (PDRMA) is an intergovernmental self-insurance and risk management pool established under the constitution and the statutes of the State of Illinois to provide coverage for its members against certain claims and losses. Each member of PDRMA is entitled to the scope and amounts of coverage set forth below. In addition, PDRMA may extend the same scope of coverage to non-members. However, any coverage extended to a non-member is subject to all of the terms, conditions, exclusions, and amendments that are applicable to the members.

The above named entity is a member in good standing of the Park District Risk Management Agency. The scope of coverage provided by the agency may, however, be revised at any time by the actions of PDRMA's governing body. As of the date this certificate is issued, the information set out below accurately reflects the scope of coverage established for the current coverage year.

Scope of Coverage	Coverage Document	Coverage Dates	Limits Each Occurrence	In millions (000,000)
General Liability * Commercial general liability * Occurrence * Liquor liability	L010118	01/01/2018 - 12/31/2018	Bodily Injury and Property Damage combined	\$1,000,000
			Personal Injury	\$1,000,000
Automobile Liability * any auto	L010118	01/01/2018 - 12/31/2018	Bodily Injury and Property Damage combined	\$1,000,000
Workers' Compensation	WC010118	01/01/2018 - 12/31/2018		Statutory
Employer's Liability	WC010118	01/01/2018 - 12/31/2018		\$3,000,000
Property	P0700118	01/01/2018 - 12/31/2018		
Other		01/01/2018 - 12/31/2018		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Village of Hampshire is/are additionally insured for Hampshire Park District's use of roads for the Coon Creek Classic Race.

Coverage is for general liability with respect to the operations of the Hampshire Township Park District. Additional insured coverage shall not apply to any liability resulting from the certificate holder's own negligence or the negligence of its servants agents or employees.

Certificate Holder

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

Date Issued: 12/1/2017



 Authorized Representative



1500
#336
U.S. 2017
VILLAGE OF HAMPSHIRE

234 S. State Street
Hampshire, IL 60140

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

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 12-4-17

NAME OF BUSINESS: Rose Garden Restaurant SALES TAX ID: 3433-5218

NAME OF APPLICANT: Tony Azizi

ADDRESS OF BUSINESS: 199. S. State St

BUSINESS PHONE NO.: 847 683-7336

MAILING ADDRESS: P.O. Box 906 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 checked="" type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class H- \$ 500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | <input type="checkbox"/> Class I- \$ 500.00 |

2. License Period:

Commencing on January 1, 2018 and ending December 31, 2018 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: Tony Azizi
 BIRTHDAY: 8-31-1977
 HOME ADDRESS: 716 Vine St Hampshire IL 60140
 DRIVERS LICENSE# A220- HOME PHONE# 847 951-3788
 BUSINESS STATUS: Open
 PERCENTAGE OF STOCK HELD: 50%

Name: SAM Azizi
 BIRTHDAY: 5-14-1954
 HOME ADDRESS: 716 Vine St Hampshire IL 60140
 DRIVERS LICENSE# A220-7805 4138 HOME PHONE# 847 951-3788
 BUSINESS STATUS: Open
 PERCENTAGE OF STOCK HELD: 50%

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

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

If an Illinois corporation, state date of corporation: 05-2003
 If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. _____

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. Sit down restaurant

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 194 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. 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 + Hampshire

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 Aug 2014

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. Tony Azizi
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES Aug 2014

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? Already Furnished

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

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

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

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

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

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



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61892709 briefly described as LIQUOR VILLAGE OF HAMPSHIRE,
for SA-TA INCORPORATED DBA: THE ROSE GARDEN FAMILY RESTAURANT, as Principal, in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning December 19, 2017, and ending December 19, 2018, 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 16 day of November, 2017.



WESTERN SURETY COMPANY

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/17

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 Weiss Insurance Agency Inc. 31W680 Army Trail Road Wayne, IL 60184 www.weissins.com	CONTACT Name: Ryan Lewandowski Phone: 630-262-9942 FAX: 630-587-8408 Email: rlw@weissins.com Address: rlw@weissins.com
INSURED SA-TA Incorporated The Rose Garden Family Restaurant 199 S. State St PO Box 908 Hampshire IL 60140	INSURER A: Liberty Mutual Insurance Company 23943 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 38770906** **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.

TYPE OF INSURANCE	AGENCY	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIED PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER-ACC <input type="checkbox"/> LOC OTHER:		BKS1453831586	7/25/2017	7/25/2018	EACH OCCURRENCE \$1,000,000 BODILY INJURY \$500,000 MED EXP (any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMMERCIAL VEHICLE LIMIT \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$ \$ \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIM-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY APPROPRIATE FORTHEFT/RECOVERY COVERAGE EXCLUDED (if yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N Y	WCB468056 Sam Aziz Viole-Prod-Excl Tony Aziz Prod. -Excl	7/25/2017	7/25/2018	<input checked="" type="checkbox"/> STATE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$500,000 EL DISEASE - AN EMPLOYEE \$500,000 EL DISEASE - POLICY LIMIT \$500,000
Liquor Liability		BKS1456631586	7/25/2017	7/25/2018	Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (AGENCY ITN, Address/Vehicle's Excludes, may be checked if more space is required)

Proof of Insurance

CERTIFICATE HOLDER Village of Hampshire 234 S State St 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 John Weiss
---	--

ACORD 26 (2/16/03) The ACORD name and logo are registered marks of ACORD © 1985-2015 ACORD CORPORATION. All rights reserved.

Lease and Sale of Personal Property

This agreement (Agreement or lease) made and entered into 1st day of April, 2003 by between Dan Ramadani whose address is 199 south state st. P.O. box 271 Hampshire, Illinois, hereinafter referred to as "Landlord" and Jeton Azizi of 1216 Ridgway, Elgin, Illinois, 60123, as the tenant.

1. **Description of Premises.** Landlord leases to tenant and tenant leases from landlord the premises located at 199 south state st. Hampshire, Illinois, 60140. (First floor only). Landlord sells to tenant and tenant purchases from landlord all the equipment, furniture, fixtures, and appliances therein (collectively, personal property). The terms of the sale of the personal property sale shall be listed on page 6. The list of personal properties is on the attached exhibit A.

2. **Term.** The term of the lease is 5 years, with possession and rent to commence April 1st 2003 and to end March 31st 2008. Rent is do on the 1st of each month. At the mutual agreement of both the landlord and tenant, this lease shall have the option of renewal of three (3) additional five (5) year terms with rental increases as shown on the attached lease payment schedule (exhibit B). Written notice by the tenant must be presented to the Landlord not less than ninety (90) days prior to the expiration of each lease term.

3. **Quiet Enjoyment** Landlord covenants, warrants and represents that upon the commencement of the lease term, Landlord has full right and power to execute and perform this lease, and to grant estate demises herein; and that tenant, upon payment of the rent herein reserved performance of the covenants and easements, covenants, and privileges belonging or in anyway appertaining thereof, during the term of this lease.

4. **Rent** The base initial monthly rent (base rent) for said premises shall be Two Thousand Five Hundred dollars (2500) and shall be subject to automatic adjustments as provided herein and In exhibit B. Rent is do on the 1st of each month.

5. **Use of Premises.** The premises shall be used for the restaurant business and in no event for any purpose will endanger the property, or surrounding properties, including environmentally sensitive uses, i.e. contaminants, storage sale use etc.

with a written consent of landlord which consent shall not be unreasonably withheld, provided that the remaining balance due to landlord for personal property is paid in full. The new tenant will be responsible for half of property taxes and half of building insurance before such assignment or sublease.

16. **Entire Agreement.** This lease contains all the agreements between the parties hereto and may not be modified in any manner other than by agreement in writing signed by all the parties hereto or their successors in interest. The lease may not be changed or terminated orally. The terms and conditions contained herein shall inure to the benefit and be binding upon landlord and tenant and their respective successors and assigns, except as may be otherwise expressly provided in the lease. In WITNESS, the parties have executed and delivered this lease as of the date first written above.

Landlord:

Dan Ramadan April 1 03
Dan Ramadan Date

Tenant:

Jeton Azizi April 1 03
Jeton Azizi Date



1816-17
PAID
2017
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: Oct 12, 2017

NAME OF BUSINESS: Minnihan's #2 SALES TAX ID: 4265-3126

NAME OF APPLICANT: Thomas J. Minnihan & Michael R. Minnihan

ADDRESS OF BUSINESS: A-1000 State St Hampshire IL 60140

BUSINESS PHONE NO.: 1-815-494-5448

MAILING ADDRESS: 6342 Columbine BLVD

TO: Local Liquor Control Commission
Village of Hampshire, Illinois
Rockford IL 61108

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, 2018 and ending December 31, 2018 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: Thomas J. Minnihan
 BIRTHDAY: 10-9-1958
 HOME ADDRESS: 6342 Columbine Blvd Rockford IL 61108
 DRIVERS LICENSE# M550 8305 9288 HOME PHONE# 1-815 494-5448
 BUSINESS STATUS: Owner
 PERCENTAGE OF STOCK HELD: 50%

Name: Michael R Minnihan
 BIRTHDAY: 6-28-1991
 HOME ADDRESS: 6342 Columbine Blvd Rockford IL 61108
 DRIVERS LICENSE# M550 5569 1183 HOME PHONE# 1815-558-4827
 BUSINESS STATUS: Owner Manager
 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. BAR-GAMING-RESTAURANT 9% of Partnership and incas of death Licenses in Place

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. 1000-A State Street Hampshire IL 62440 150 SQ FT Bar Gaming Restaurant

8. State whether the applicant has ever had a liquor license issued by the Federal government, any State government or any municipality. YES Genoa IL -
 If answer is in the affirmative, state the name of the licensing unit of government, when and where said of license was issued. IL 2015 For Minnihan's in Genoa IL LIC LICENSES

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 we have.

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. Thomas Minnikhan Yes - To obtain Gaming Permit 2015
Note: This application will remain incomplete and will not be considered until question #11 can be answered in the affirmative.

12. State the name of the person who will generally be managing the ongoing affairs of this business at these premises. Thomas J. Minnikhan
State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. Yes 2015 FOR Gaming Permit
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?
(NOT as of yet) Badger Mutual Ins.

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

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

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

~~✓~~ 17. State whether a Federal Gaming Device Stamp or Federal Wagering Stamp has been issued to the applicant, the premises, or to any corporation in which the applicant holds 5% or more Stock? yes 209 W-MAIN Street Genoa IL 60135
If answer is in the affirmative, has the stamp been issued for any portion or all of the time to be covered by this applicant? yes

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

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

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

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

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

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

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

SIGNATURE OF APPLICANT (S)

CORPORATION SIGNATURES

INDIVIDUAL OR PARTNERSHIP SIGNATURES

Pres. Thomas J. Minihan

Sec. Michael R. Minihan

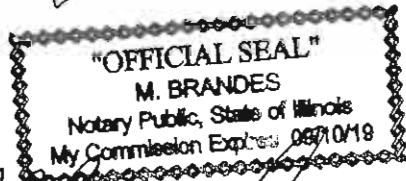
STATE OF Illinois)
) SS
County of Cane)

The undersigned swears that all statements are true and correct.

Thomas J. Minihan

CORPORATE SEAL

Subscribed and sworn to before me this 12th day of OCT, 2017.



M. Brandes
Notary Public
MARU BRANDES



Effective Date: December 1st, 2017

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 63440715

That we, TMM/Minnihan's Inc DBA Minnihan's Sports Bar

of Hampshire, State of Illinois, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of

Illinois, as Surety, are held and firmly bound unto the

Village of Hampshire, State of Illinois, as Obligee, in the penal

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

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

_____ by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until December 1st, 2018, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date. ~~Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.~~

Dated this 4th day of December, 2017.

Tmm/Minnihan's Inc DBA Minnihan's Sports Bar

[Signature] Principal
Principal

WESTERN SURETY COMPANY

By [Signature]
Paul T. Bruffat, Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

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

One Sports Bar Village of Hampshire

bond with bond number 63440715

for TMM/Minnihan's Inc DBA Minnihan's Sports Bar as Principal in the penalty amount not to exceed: \$ 1,500.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 4th day of December, 2017.

ATTEST

L. Nelson
L. Nelson, Assistant Secretary

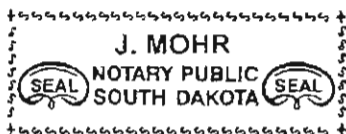
WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 4th day of December, 2017, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



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

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.





MINSPO-0

ABURBACH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/04/2017

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 Broadmoor Agency 324 W. State St. Suite 1000 Rockford, IL 61101	CONTACT NAME: PHONE (A/C, No, Ext): (815) 965-6700 FAX (A/C, No): (815) 965-6703 E-MAIL ADDRESS: CL@broadmooragency.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: BADGER MUTUAL INSURANCE 13420 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED TMM/ MINNIHAN'S INC DBA MINNIHAN'S SPORTS PUB 1000 S STATE STREET Hampshire, IL 60140		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL NSD	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			00763541	11/10/2017	11/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Liquor Liability			00763541	11/10/2017	11/10/2018	Liquor 1,000,000

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

CERTIFICATE HOLDER Village of Hampshire 234 S State St 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
--	--



1A-1131910 1807

PAID

4/2017

234 S. State Street
Hampshire, IL 60140

Phone: (847)683-2181

Fax: (847) 683-4915

www.hampshireil.org

APPLICATION FOR ALCOHOLIC LIQUOR

DATE: 4/26/2017

NAME OF BUSINESS: T-RICKS, LTD dba/Posatis SALES TAX ID: 3220-5279

NAME OF APPLICANT: ANTHONY PATTER

ADDRESS OF BUSINESS: 826 Centennial Dr, Hampshire

BUSINESS PHONE NO.: 847 683 1111

MAILING ADDRESS: 826 Centennial Dr, 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 checked="" type="checkbox"/> Class C-2 - \$1,500.00 | <input type="checkbox"/> Class H- \$ 500.00 |
| <input type="checkbox"/> Class C-3 - \$1,750.00 | <input type="checkbox"/> Class I- \$ 500.00 |

2. License Period:

Commencing on January 1, 2018 and ending December 31, 2018 or
Commencing on _____ and ending December 31, _____

3. Type of Business Entity (check one):

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

4. The following information must be provided with respect to any and all individual owners, partners, corporate officers, corporate directors, resident managers, and, if a corporation, all persons owning directly or beneficially more than 5% of the corporation stock:

NOTE: Full names must be listed with middle initials. Furthermore, the applicant must notify the Local Liquor Control Commission of change in the partnership, officers, directors, persons holding directly or beneficially more than 5% in interest of the stock or ownership interest, or managers of the establishment within ten (10) days of said change.

Name: ANTHONY PATTE / BARBARA PATTE
BIRTHDAY: 08/10/1949 / 01/26/1952
HOME ADDRESS: 28052 W NIAGARA STREET
DRIVERS LICENSE# 9300 0134 9227 HOME PHONE# 8155784575
BUSINESS STATUS: OWNER / MANAGER
PERCENTAGE OF STOCK HELD: 25% / 25%

Name: RICHARD GIGELE / MARIANA GIGELE
BIRTHDAY: 04/11/1959 / 07/22/1959
HOME ADDRESS: 1411 WEST BURNING PARKWAY
DRIVERS LICENSE# G240-7425-9104 HOME PHONE# 8474580446
BUSINESS STATUS: OWNER / MANAGER
PERCENTAGE OF STOCK HELD: 25% / 25%
(If additional space is required, please attach a separate sheet of paper)

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

If an Illinois corporation, state date of corporation: _____
If a foreign corporation, state date qualified to transact business in Illinois pursuant to the Illinois Business Corporation Act. _____

6. State the character of the applicant's business, and in case of a corporation, the objects for which it was formed. PIZZA RESTAURANT, TAKE OUT & DELIVERY

7. State the location and physical description of the premises which is to be operated under such license and the nature of the business at such location. 826 CENTENNIAL DRIVE HAMPSHIRE SERVING ITALIAN FOOD AND PIZZA FOR DINE IN / TAKE OUT

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 LAKEWOOD, STATE OF ILLINOIS
LICENSURE FROM 2005 TO PRESENT 28948 W IL ROUTE 120, CARBONARA, IL 60051

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. ALL OWNERS FINGERPRINTED 11/26/2016

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. _____

State whether said manager has been fingerprinted by the Illinois State Police and, if so the date thereof. YES, ACCURATE BIOMETRICS 11/26/2016

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? 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.

[Signature]

x [Signature]

Sec.

[Signature]

x [Signature]

STATE OF

Illinois)

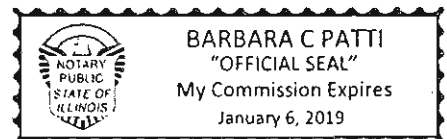
) SS

County of

Lake)

The undersigned swears that all statements are true and correct.

CORPORATE SEAL



Subscribed and sworn to before me this

26th day of November, 2017.

[Signature]

Notary Public

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER 12 XE6108-05 COMPANY CODE 0000-BLBK-IL CUSTOMER BILLING ACCOUNT 021-141-467 11

NAMED INSURED I RICKS LTD DBA ROSATIS PIZZA OF HAMPSHIRE
MAILING ADDRESS 826 CENTENNIAL DR
HAMPshire IL 60140-8352

POLICY PERIOD FROM 08/02/2016 TO 08/02/2017
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: PIZZA RESTAURANT

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

LIQUOR LIABILITY COVERAGE PART	PREMIUM \$573.00
TOTAL PREMIUM	\$573.00

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

BK 00 00 05 93

AUTHORIZED REPRESENTATIVE
John S. ...
President

...
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 076-809
MARTY WALSH
790 W BARTLETT RD
BARTLETT IL 60103-4482

PAGE 01
BRANCH 3YF 01-12
ENTRY DATE 08/23/2016

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

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

One LIQUOR LICENSE VILLAGE OF HAMPSHIRE

bond with bond number 62893474

for T RICKS LTD DBA ROSATI'S PIZZA OF HAMPSHIRE

as Principal in the penalty amount not to exceed: \$1,500.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 10 day of July, 2017.

ATTEST

L. Nelson
L. Nelson, Assistant Secretary

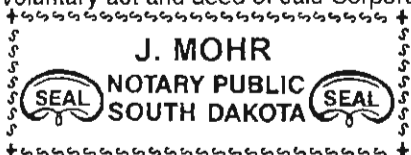
WESTERN SURETY COMPANY
By Paul T. Bruflat
Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } SS



On this 10 day of July, 2017, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

J Mohr
Notary Public

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.





Western Surety Company

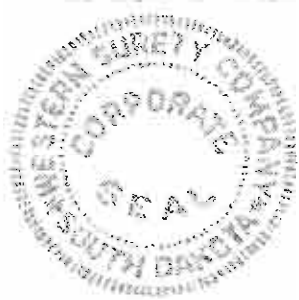
CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 62893474 briefly described as LIQUOR LICENSE VILLAGE OF HAMPSHIRE

_____ ,
 for T RICKS LTD DBA ROSATI'S PIZZA OF HAMPSHIRE
 _____ , as Principal,
 in the sum of \$ ONE THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning August 26 , 2017 , and ending August 26 , 2018 , 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 10 day of July , 2017 .



WESTERN SURETY COMPANY

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

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